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Report No: PAD3839

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT APPRAISAL DOCUMENT

ON A

PROPOSED CREDIT

IN THE AMOUNT OF 18.2 MILLION EURO
(US\$ 20 MILLION EQUIVALENT)

TO THE

REPUBLIC OF SENEGAL

FOR THE

SENEGAL COVID-19 RESPONSE PROJECT

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

USING THE MULTIPHASE PROGRAMMATIC APPROACH (MPA)
WITH AN IBRD AND IDA FINANCING ENVELOPE OF
US\$1.3BILLION IDA AND \$2.3BILLION EQUIVALENT

APPROVED BY THE BOARD ON APRIL 2, 2020

Health, Nutrition & Population Global Practice
Africa Region

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CURRENCY EQUIVALENTS

(Exchange Rate Effective {Feb 28, 2020})

Currency Unit =

= US\$1

US\$ = EUR 0.908757

FISCAL YEAR

January 1 - December 31

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ABBREVIATIONS AND ACRONYMS

AMR	Antimicrobial Resistance
APS	Accredited Procurement Specialist
COVID-19	Coronavirus Disease
DC	Direct Contracting
DAGE	Direction de l'Administration générale et de l'Équipement
DHIS2	District Health Information System 2
EVD	Ebola Virus Disease
FM	Financial Management
GBV	Gender-based Violence
GRS	Grievance Redress Service
FCV	Fragility, Conflict, and Violence
ICT	Information and Communication Technology
IDSR	Integrated Disease Surveillance Response
IFC	International Finance Corporation
IHR	International Health Regulations
IMF	International Monetary Fund
ISMEA	Investing in Maternal, Child and Adolescent Health
JEE	Joint External Evaluation
JMP	Joint Monitoring Program
LIC	Low-income Country
MDBs	Multilateral Development Banks
MAER	Ministry of Agriculture and Rural Equipment
MEDD	Ministry of Environment and Sustainable Development
MoHSA	Ministry of Health and Social Action
MEPA	Ministry of Livestock and Animal Production
MEA	the Ministry of Water and Sanitation
MoU	Memorandum of Understanding
M&PEF	Monitoring and Prospective Evaluation Framework
NGOs	Non-governmental Organizations
PPE	Personal Protective Equipment
PS	Procurement Specialist
PCU	Project Coordination Unit
PHEOC	Public Health Emergency Operation Center
PPSD	Project Procurement Strategy for Development
REDISSE	Regional Disease Surveillance Systems Enhancement
RFQ	Request for Qualification
SARS-CoV-2	2019 Novel Coronavirus
SOP	Standard Operating Procedure



SPRP	Strategic Preparedness and Response Program
SDG	Sustainable Development Goals
STEP	Systematic Tracking of Exchanges in Procurement
TA	Technical Assistance
UN	United Nations
VDC	Village Development Committee
VSG	Village Support Group
WBG	World Bank Group
WHO	World Health Organization



TABLE OF CONTENTS

DATASHEET	1
I. STRATEGIC CONTEXT	7
PROGRAM CONTEXT.....	7
A. MPA Program Context	7
B. Updated MPA Program Framework.....	8
C. Learning Agenda	10
A. Country Context.....	10
B. Sectoral and Institutional Context	11
C. Relevance to Higher Level Objectives.....	13
II. PROJECT DESCRIPTION.....	15
A. Project Development Objective	15
B. Project Components	15
C. Project Beneficiaries	20
III. IMPLEMENTATION ARRANGEMENTS	20
A. Institutional and Implementation Arrangements	20
B. Results Monitoring and Evaluation Arrangements.....	20
C. Sustainability.....	21
IV. PROJECT APPRAISAL SUMMARY	21
A. Technical, Economic and Financial Analysis	21
B. Fiduciary.....	22
C. Legal Operational Policies.....	25
D. Environmental and Social.....	26
V. GRIEVANCE REDRESS SERVICES	27
VI. KEY RISKS	27
VII. RESULTS FRAMEWORK AND MONITORING	29
ANNEX 1: PROJECT COSTS	35
ANNEX 2: FINANCIAL MANAGEMENT AND DISBURSEMENTS ARRANGEMENTS.....	36



DATASHEET

BASIC INFORMATION

Country(ies)	Project Name	
Senegal	Senegal COVID-19 Response Project	
Project ID	Financing Instrument	Environmental and Social Risk Classification
P173838	Investment Project Financing	Substantial

Financing & Implementation Modalities

<input checked="" type="checkbox"/> Multiphase Programmatic Approach (MPA)	<input type="checkbox"/> Contingent Emergency Response Component (CERC)
<input type="checkbox"/> Series of Projects (SOP)	<input type="checkbox"/> Fragile State(s)
<input type="checkbox"/> Disbursement-linked Indicators (DLIs)	<input type="checkbox"/> Small State(s)
<input type="checkbox"/> Financial Intermediaries (FI)	<input type="checkbox"/> Fragile within a non-fragile Country
<input type="checkbox"/> Project-Based Guarantee	<input type="checkbox"/> Conflict
<input type="checkbox"/> Deferred Drawdown	<input checked="" type="checkbox"/> Responding to Natural or Man-made Disaster
<input type="checkbox"/> Alternate Procurement Arrangements (APA)	

Expected Project Approval Date	Expected Project Closing Date	Expected Program Closing Date
02-Apr-2020	31-Mar-2021	29-Dec-2023

Bank/IFC Collaboration

No

MPA Program Development Objective

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	20.00
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Proposed Project Development Objective(s)

To prevent, detect and respond to the COVID-19 disease outbreak in Senegal.

Components

Component Name	Cost (US\$, millions)
Component 1. Emergency COVID-19 Response	16.50
Component 2. Community Engagement and Risk Communication	2.00
Component 3. Project Management and Monitoring	1.50

Organizations

Borrower: Ministry of Finances and Budget

Implementing Agency: Ministry of Health and Social Action

MPA FINANCING DETAILS (US\$, Millions)

MPA Program Financing Envelope:	20.00
of which Bank Financing (IBRD):	0.00
of which Bank Financing (IDA):	20.00
of which other financing sources:	0.00

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	20.00
Total Financing	20.00
of which IBRD/IDA	20.00
Financing Gap	0.00



DETAILS

World Bank Group Financing

International Development Association (IDA)	20.00
IDA Credit	20.00

IDA Resources (in US\$, Millions)

	Credit Amount	Grant Amount	Guarantee Amount	Total Amount
Senegal	20.00	0.00	0.00	20.00
Crisis Response Window (CRW)	20.00	0.00	0.00	20.00
Total	20.00	0.00	0.00	20.00

Expected Disbursements (in US\$, Millions)

WB Fiscal Year	2020	2021	2022
Annual	0.11	2.02	3.66
Cumulative	0.11	2.12	5.79

INSTITUTIONAL DATA

Practice Area (Lead)

Health, Nutrition & Population

Contributing Practice Areas

Climate Change and Disaster Screening

This operation has not been screened for short and long-term climate change and disaster risks

Explanation

Due to the urgency of this project, the screening has not taken place. However, it was considered in the development of the proposal. The team will conduct the screening at effectiveness.



SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

Risk Category	Rating
1. Political and Governance	● Moderate
2. Macroeconomic	● Moderate
3. Sector Strategies and Policies	● Moderate
4. Technical Design of Project or Program	● Substantial
5. Institutional Capacity for Implementation and Sustainability	● Substantial
6. Fiduciary	● Substantial
7. Environment and Social	● Substantial
8. Stakeholders	● Moderate
9. Other	● Moderate
10. Overall	● Moderate

Overall MPA Program Risk

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



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

Schedule 2, Section 1, A3(b): The Recipient shall: (a) not later than one (1) month after the Effective Date or at any later date agreed upon in writing with the Association, (A) recruit (i) one (1) accountant for the Project and (ii) one (1) health and safety specialist, both with terms of reference, qualifications and experience satisfactory to the Association, and (B) assign an external auditor to the Project, in accordance with the Procurement Regulations; and (b) not later than three (3) months after the Effective Date or any later date agreed upon in writing with the Association, engage in discussions with the Association to review the need to promptly recruit additional staff for the PCU, as the need arises, including inter alia one (1) procurement specialist, one (1) financial management specialist, and one (1) monitoring and evaluation officer; all with terms of reference, qualifications and experience satisfactory to the Association.

Schedule 2, Section 1, B1: The Recipient shall by no later than one (1) month after the Effective Date or at any later



date agreed upon in writing with the Association, prepare and adopt a Project implementation manual (“Project Implementation Manual”) containing detailed guidelines and procedures for the implementation of the Project, including with respect to: administration and coordination, monitoring and evaluation, financial management, procurement and accounting procedures, environmental and social safeguards, corruption and fraud mitigation measures, a grievance redress mechanism, Personal Data collection and processing in accordance with applicable national law and good international practice, roles and responsibilities for Project implementation, and such other arrangements and procedures as shall be required for the effective implementation of the Project, in form and substance satisfactory to the Association.

Schedule 2, Section 1, C2(a): the Recipient shall: (a) by no later than one (1) month after the Effective Date, prepare a draft Work Plan and Budget, in accordance with paragraph 1.

Conditions

Type

Disbursement

Description

Schedule 2, Section 3, B1: Notwithstanding the provisions of Part A above, no withdrawal shall be made for payments made prior to the Signature Date, except that withdrawals up to an aggregate amount not to exceed EUR 7,280,000 may be made for payments made prior to this date but on or after March 25, 2020, for Eligible Expenditures under Category (1).



I. STRATEGIC CONTEXT

PROGRAM CONTEXT

1. This Project Appraisal Document (PAD) describes the emergency response for the Republic of Senegal under the World Bank Group’s COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the World Bank Group’s Board of Executive Directors on March 20, 2020 with an overall Program financing envelope of International Development Association (IDA) US\$1.3 billion and of International Bank for Reconstruction and Development (IBRD) US\$2.7 billion.

A. MPA Program Context

2. **An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China.** Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. Figure 1 provides details about the global spread of COVID-19. As of March 20, 2020, the outbreak has resulted in an estimated 209,839 cases and 8,778 deaths in 168 countries.

Figure 1: Novel Coronavirus (COVID-19) Situation, as of March 20, 2020



Source: World Health Organization, Esri | WHO, Available at: <https://experience.arcgis.com/experience/685d0ace521648f8a5beeee1b9125cd>

3. **COVID-19 is one of several emerging infectious diseases (EID) outbreaks in recent decades that have emerged from animals in contact with humans, resulting in major outbreaks with significant public health and economic impacts.** The last moderately severe influenza pandemics were in 1957 and 1968; each killed more



than a million people around the world. Although countries are now far more prepared than in the past, the world is also far more interconnected, and many more people today have behavior risk factors such as tobacco use¹ and pre-existing chronic health problems that make viral respiratory infections particularly dangerous². With COVID-19, scientists are still trying to understand the full picture of the disease symptoms and severity. Reported symptoms in patients have varied from mild to severe, and can include fever, cough and shortness of breath. In general, studies of hospitalized patients have found that about 83% to 98% of patients develop a fever, 76% to 82% develop a dry cough and 11% to 44% develop fatigue or muscle aches³. Other symptoms, including headache, sore throat, abdominal pain, and diarrhea, have been reported, but are less common. While 3.7% of the people worldwide confirmed as having been infected have died, WHO has been careful not to describe that as a mortality rate or death rate. This is because in an unfolding epidemic it can be misleading to look simply at the estimate of deaths divided by cases so far. Hence, given that the actual prevalence of COVID-19 infection remains unknown in most countries, it poses unparalleled challenges with respect to global containment and mitigation. These issues reinforce the need to strengthen the response to COVID-19 across all IDA/IBRD countries to minimize the global risk and impact posed by this disease.

4. This project is prepared under the global framework of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility (FCTF) and the Regional Disease Surveillance Systems Enhancement (REDISSE) Phase I.

B. Updated MPA Program Framework

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

¹ Marquez, PV. 2020. "Does Tobacco Smoking Increases the Risk of Coronavirus Disease (Covid-19) Severity? The Case of China." <http://www.pvmarquez.com/Covid-19>

² Fauci, AS, Lane, C, and Redfield, RR. 2020. "Covid-19 — Navigating the Uncharted." *New Eng J of Medicine*, DOI: 10.1056/NEJMe2002387

³ Del Rio, C. and Malani, PN. 2020. "COVID-19—New Insights on a Rapidly Changing Epidemic." *JAMA*, doi:10.1001/jama.2020.3072



Table 1. MPA Program Framework

No.	Project ID	Sequential or Simultaneous	Phase's Proposed DO*	IPF, DPF or PforR	Estimated IBRD Amount (\$ million)	Estimated IDA Amount (\$ million)	Estimated Other Amount (\$ million)	Estimated Approval Date	Estimated Environmental & Social Risk Rating
	P173838 Senegal COVID-19 Response	Simultaneous	Please see relevant PAD	IPF	00.00	US\$20.00	US\$915,000 (from REDISSE I project)	TBC	Substantial
			Total		935.00	344			
	Available amounts for the countries joining later	TBD on the basis of country requests			1,775.00	934.00			
Total			Board Approved Financing Envelope		\$2,700.00	\$1,300.00			



6. The Program framework will be updated as more countries join SPRP. All projects under SPRP are assessed for ESF risk classification following the Bank procedures and the flexibility provided for COVID-19 operations.

C. Learning Agenda

7. The country project under the MPA Program will support adaptive learning throughout the implementation, as well as from international organizations including WHO, IMF, CDC, UNICEF, and others. The global MPA includes the following:

- *Forecasting*: modeling the progression of the pandemic, both in terms of new cases and deaths, as well as the economic impact of disease outbreaks under different scenarios
- *Technical*: Cost and effectiveness assessments of prevention and preparedness activities; research may be financed for the re-purposing of existing anti-viral drugs and development and testing of new antiviral drugs and vaccines
- *Supply chain approaches*: Assessments may be financed on options for timely distribution of medicines and other medical supplies
- *Social behaviors*: Assessments on the compliance and impact of social distancing measures under different contexts

8. This Project Appraisal Document (PAD) describes the emergency response to Senegal under the COVID-19 Strategic Preparedness And Response Program (SPRP) (P173789) using the Multiphase Programmatic Approach (MPA), approved by the World Bank's Board of Executive Directors, with an overall Program financing envelope of International Development Association (IDA) US\$1.3 billion and of International Bank for Reconstruction and Development (IBRD) US\$2.7 billion.

A. Country Context

9. **Senegal is considered one of Africa's most stable countries and a democratic success.** With a population estimated at 15.9 million in 2018, approximately half of the population lives in urban areas. Senegal is a stable democracy and has strengthened its democratic structures in recent years (three peaceful political transitions and four presidents since its independence in 1960). The country's political system was further strengthened by the 2016 constitutional referendum that reduced presidential mandates from seven to five years and by the recent peaceful presidential elections (Macky Sall was reelected in February 2019).

10. **Senegal has recently been classified by the World Bank as a lower-middle-income country (LMIC).** The pace of economic growth has improved, following long periods of volatility. Senegal's GDP growth reached 6.1 in 2019 (slightly lower than the rate of 6.4 percent in 2018) and inflation remains under control. According to official estimates, the primary sector (excluding agriculture) expanded rapidly (+8.6 percent), mostly driven by fisheries. While both industry and services grew moderately (respectively +3.8 and +4.8 percent) over 2019. At the same time, fiscal pressures were high. Expenditures increased significantly over 2019 (+14.3 percent), driven by current spending (notably wages and interest payment) as well as investment. Revenues grew robustly by 15.3 percent thanks to tax revenues, implying a fiscal deficit of 3.7 percent of GDP. Therefore, good resources mobilization in end-2019 helped to reach the target of 3 percent of GDP – excluding a one-off operation to clear unpaid obligations to SENELEC amounting to 0.7 percent of GDP-. The economic outlook is favorable with progressively higher growth rates expected in the coming years.

11. **Although still in its early stages, the COVID-19 pandemic is expected to have substantial negative**



impact on the economy. The effects of a pandemic-driven global economic downturn are impossible to predict. However, China and other highly affected countries are experiencing dramatic reductions in economic activity, with a high risk of damage to financial markets. The anticipated slowdown in the global economy will likely reduce trade, money transfer from emigrants, local productivity and tourism. Senegal will be impacted by the disruption of the global supply of goods. Price deflation on agricultural commodity exports may also occur due to low demand in the Eurozone. Tourism and air travel will be disrupted due to restrictions on population movement further impacting growth of the services sector and potentially leading to higher poverty rates. Senegal received 1.13 million tourists on average between 2013 and 2017⁴, which may significantly reduce as airlines are beginning to suspend flights to Dakar. Moreover, Senegal remains vulnerable to external shocks as a net importer and its heavy dependence on remittance flows and international aid.

12. **Poverty and inequality may increase if certain measures are not taken to limit local transmission of the virus.** Although poverty has declined from 36.7 percent in 2014 to 33.4 percent in 2018⁵, inequalities persist. Poverty is highly concentrated in rural areas where they are mostly engaged in the agricultural industry and suffer from multiple deprivations. In urban areas, the poor are mainly underemployed or working in the informal sector, typically in commerce and other services, which will be significantly impacted by COVID-19 due to restrictions on the movement of people. Gender inequality is still a challenge in Senegal with women being the main victims of gender-based violence (GBV), which can be heightened during public health emergencies.

B. Sectoral and Institutional Context

13. **Senegal is vulnerable to disease outbreaks due to multiple factors.** First, there is the issue of porous borders with population movements across borders; Senegal is surrounded by 6 countries (shares maritime border with Cabo Verde). Many of these countries also have weaker disease surveillance capabilities, which could increase the number of COVID-19 cases in Dakar as well as in communities along the borders. Second, the urban areas, particularly Dakar, are densely populated increasing the risk of local transmission; 23 percent of the total population lives in the greater Dakar region, which accounts for 0.3 percent of the country's geographic territory. Last, there is limited accessibility to quality health services, low density of health centers, poor geographic distribution of qualified health workers and frequent stockouts of certain essential medicines. Out-of-pocket expenditures are also high, representing 51.77 percent of current health expenditures⁶, and gross government expenditures on health is very low at 6.15 percent⁷, less than half of The Abuja Declaration target of 15 percent. Only 47 percent of the total population are financially protected against health-related risks.

14. **Local transmission of COVID-19 has commenced in Senegal.** Senegal is the second country in sub-Saharan Africa to report its first imported case of COVID-19 and the Government has reported 67 confirmed cases as of March 22, 2020 (27 cases in Dakar, 25 in Diourbel, 13 in Thies, 1 Saint-Louis and 1 case in Ziguinchor). Although Senegal is not on the WHO AFRO comprehensive COVID-19 risk mapping and prioritization⁸ due to the low volume of travelers from China compared to other African countries, the country is a popular tourist

⁴ UN World Tourism Organization. 2018. Compendium of Tourism Statistics dataset. UNWTO, Madrid.

⁵ Macro Poverty Outlook, World Bank, October 2019.

⁶ WHO. 2016. Global Health Expenditure Database.

⁷ WHO. 2016. Global Health Expenditure Database.

⁸ The WHO AFRO comprehensive COVID-19 risk mapping and prioritization, which includes 13 top priority countries for preparedness measures due to their direct links or high volume of travel to China. The countries are: Algeria, Angola Cote d'Ivoire and the Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Mauritius, Nigeria, South Africa, Tanzania, Uganda and Zambia.



destination and all imported cases came from France, United Kingdom, and Italy, which are all hotspots of the virus.

15. **Senegal has successfully contained disease outbreaks in recent years due to timely identification and response.** Outbreaks such as the West Africa Ebola Virus Disease (EVD) epidemic in 2014 reiterated the importance of strengthening national disease surveillance systems and inter-country collaboration for more effective response. Senegal, compared to other countries in the sub-region, has a better functioning and more effective surveillance system. However, at the global level, Senegal has some deficiencies. The Joint External Evaluation (JEE) in November-December 2016 assessed Senegal's International Health Regulations (IHR) core capabilities and found that out of the 48 indicators for the 19 technical areas assessed on a scale of 1 (no capacity) to 5 (sustainable capacity), four indicators had a favorable rating of 4 (demonstrated capacity) while the majority of the technical areas rated as 2 (20 indicators) or 3 (17 indicators). The JEE found that measures needed to be taken on the following: (i) improved coordination and integration of relevant sectors to implement the IHR (2005); (ii) surveillance of infections caused by antimicrobial resistance (AMR) and AMR stewardship activities; (iii) establishment of mechanisms to respond to zoonoses; (iv) risk communication planning; and (v) more effective public health response at points of entry. The Government has expressed strong commitment to strengthening its capacity to be more effective and efficient in addressing outbreaks and is improving its national disease surveillance systems through the Regional Disease Surveillance Systems Enhancement Phase I (REDISSE I) project ongoing since December 2016.

16. **Cross-sectoral collaboration and surveillance, particularly as it relates to zoonotic diseases, needs to be strengthened.** The risk of zoonotic diseases impacting the human population remains high due to the heavy reliance on animals and animal product. However, the Government has put in place surveillance systems for zoonotic diseases, which include rift valley fever, rabies, avian influenza, Lassa fever, and EVD⁹. There are some gaps and weaknesses that impact the surveillance of these diseases. For instance, surveillance of diseases from humans and animals is conducted separately. Most of the animal health staff in the national public health system is centralized and there are insufficient resources to ensure surveillance and management of zoonotic diseases. Furthermore, the One Health platform that was established under the REDISSE I project has been revitalized this year. Senegal is also vulnerable to climate variability and change¹⁰, which has been known to result in the emergence of zoonoses, trigger disease outbreaks such as cholera, and increase the prevalence of vector-borne and/or parasitic diseases such as schistosomiasis due to increased temperatures.

17. **Low access to handwashing facilities may increase the number of COVID-19 cases in Senegal.** Handwashing often with soap and water is one of the key ways to reduce the spread of COVID-19 and many other diseases. However, the lack of reliable access to water for handwashing, particularly in rural communities in Senegal, may propagate the virus. In 2017, 54 percent of the Senegalese population had no handwashing facility at home¹¹. The disparities are even more striking between the poorest and wealthiest in access to basic and limited handwashing facilities; 7 percent and 61 percent, respectively¹². Government buildings and non-hospitals have also been known to have unreliable water supply¹³. However, hand hygiene material at the point of care in health facilities are high; 93 percent nationally, 94 percent in urban areas compared to 81 percent in

⁹ JEE, 2017

¹⁰ USAID. 2015. Climate Change and Health Risks in Senegal: Technical Report.

¹¹ UNICEF and WHO. 2019. Progress on household drinking water, sanitation and hygiene – 2000-2017: Special focus on inequalities.

¹² Basic handwashing facilities is a facility with soap and water; limited handwashing facility is a facility that is lacking either water or soap.

¹³ UNICEF and WHO. 2019. WASH in Healthcare Facilities – Global Baseline Report 2019.



rural areas¹⁴. Improving access and maintenance of water services is supported through the Investing in Maternal, Child and Adolescent Health (ISMEA) project that was approved by the Board in September 2019.

18. **The Government of the Republic of Senegal has developed a comprehensive National COVID-19 Response Plan, which is aligned with WHO's Strategic Preparedness and Response Plan.** The Plan focuses on scaling-up and strengthening the Government's capacity to respond to the COVID-19 outbreak. The National Epidemics Management Committee will oversee the overall coordination and implementation of the Plan. It has the following main strategic priorities: (a) strengthen surveillance capacity for early detection of cases; (b) increase the capacity to rapidly isolate and provide optimized care for persons suspected or confirmed to have COVID-19; (c) implement optimal infection and control measures in healthcare settings and communities; (d) increase awareness and informed decision-making among communities through risk communication and community engagement; and (e) strengthen coordination of preparedness and response operations at national and subnational levels.

19. The Government has requested financial and technical support to help assure appropriate and timely implementation of key activities under this Plan, the provision of specific supplies and logistical support for the health system to contain the pandemic, as well as mitigation of its effects including appropriate treatment to minimize morbidity and mortality. The Plan complements the longer-term strategy and current interventions in the health sector, including the REDISSE I Project (P154807), which aims to build national and regional inter-sectoral capacities for enhanced disease surveillance and epidemic preparedness and response.

C. Relevance to Higher Level Objectives

20. **The project is aligned with WBG's strategic priorities, particularly the WBG's mission to end extreme poverty and boost shared prosperity.** The Program is focused on preparedness is also critical to achieving Universal Health Coverage (UHC), It is also aligned with the World Bank's support for national plans and global commitments to strengthen pandemic preparedness through three key actions under Preparedness: (i) improving national preparedness plans including organizational structure of the government; promoting adherence to the IHR; and utilizing international framework for monitoring and evaluation of IHR. The economic rationale for investing in the MPA interventions is strong, given that success can reduce the economic burden suffered both by individuals and countries. The project complements both WBG and development partner investments in health systems strengthening, disease control and surveillance, attention to changing individual and institutional behavior, and citizen engagement. Further, as part of the proposed IDA19 commitments, the World Bank is committed to "support at least 25 IDA countries to implement pandemic preparedness plans through interventions (including strengthening institutional capacity, technical assistance, lending and investment)." The project contributes to the implementation of IHR (2005), Integrated Disease Surveillance and Response (IDSR), and the OIE international standards, the Global Health Security Agenda, the Paris Climate Agreement, the attainment of UHC and of the Sustainable Development Goals (SDG), and the promotion of a One Health approach.

21. **The WBG remains committed to providing a fast and flexible response to the COVID-19 epidemic, utilizing all WBG operational and policy instruments and working in close partnership with government and other agencies.** Grounded in One-Health, which provides for an integrated approach across sectors and disciplines, the proposed WBG response to COVID-19 will include emergency financing, policy advice, and

¹⁴ UNICEF and WHO.2019. WASH in Healthcare Facilities – Global Baseline Report 2019.



technical assistance, building on existing instruments to support IDA/IBRD-eligible countries in addressing the health sector and broader development impacts of COVID-19. The WBG COVID-19 response will be anchored in the WHO's COVID-19 global Strategic Preparedness and Response Plan outlining the public health measures for all countries to prepare for and respond to COVID-9 and sustain their efforts to prevent future outbreaks of emerging infectious diseases.



II. PROJECT DESCRIPTION

A. Project Development Objective

22. **The project objectives are aligned to the results chain of the WBG's COVID-19 Strategic SPRP.** Critical interventions are needed to reduce morbidity and mortality rates from existing and emerging infectious diseases across Senegal. The implementation of Senegal's COVID-19 Response Plan will strengthen the capacity of the Senegalese Government, and more specifically, the Ministry of Health and Social Action (MoHSA) to detect and respond to infectious diseases in a timely manner. This will include the improvements in coordination, surveillance, and response and promote timely information sharing with the public.
23. **PDO Statement:** To prevent, detect and respond to the COVID-19 disease outbreak in Senegal.
24. **PDO level Indicators:** The PDO will be monitored through the following PDO level outcome indicators:
- Suspected cases of COVID-19 cases reported and investigated per approved protocol (number);
 - Diagnosed cases treated per approved protocol (number);
 - Health staff trained in infection prevention per MOHSA-approved protocols (number); and
 - District health centers/district hospitals with personal protective equipment (PPE) and infection control products and supplies (percentage);

B. Project Components

25. **The proposed project intends to fill critical gaps in implementing the REDISSE I project, strengthen the prevention activities, rapid detection, preparedness and response to COVID-19 outbreak.** The budget will be utilized within 12 months to enhance preparedness activities for COVID-19 and strengthen the health system both at national and subnational levels. The proposed project is in line with Senegal's COVID-19 Response Plan and the COVID-19 SPRP prepared by WHO. The Ministry of Economy and Finance requested on March 17, 2020 US\$20 million from the COVID-19 Fast Track Facility. The activities financed through the project will remain aligned to the National COVID-19 Response Plan (*Plan de riposte contre le coronavirus*) and the WBG's and WHO's COVID-19 SPRP and will support critical activities up to the allocated amount for the project.

Component 1: Emergency COVID-19 Response [US\$16.5 million].

26. This component will provide immediate support to Senegal to prevent COVID-19 and to limit local transmission through containment strategies. It will support enhancement of disease detection capacities through provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing, consistent with WHO's SPRP for COVID-19. It will enable countries to mobilize surge response capacity through trained and well-equipped frontline health workers. This component is complementary to the REDISSE I project since it will focus mainly on the contact tracing, testing and risk communication for COVID-19, while the REDISSE I project will continue its focus on surveillance. There are three sub-components: *Sub-component 1: Case Detection, Confirmation, Contact Tracing, Recording, Reporting [US\$5 million]; Sub-component 2: Health System Strengthening [US\$8 million]; Sub-component 3: Social and Financial Support to Households [US\$3.5 million].*



27. **Sub-component 1: Case Detection, Confirmation, Contact Tracing, Recording, Reporting [US\$5 million].** This sub-component will: (i) strengthen disease surveillance systems, public health laboratories, and epidemiological capacity for early detection and confirmation of cases; (ii) combine detection of new cases with active contact tracing; (iii) support epidemiological investigation and improve laboratory capacity; (iv) strengthen risk assessment capabilities, and (v) provide on-time data and information for guiding decision-making and response and mitigation activities. Additional support will be provided to strengthen health management information systems to facilitate recording and on-time virtual sharing of information. The sub-component will finance, among others: (i) medical and information and communication technology (ICT) equipment; (ii) supplies and reagents for the diagnosis of COVID-19, influenza-type illnesses and other respiratory diseases; and (iii) relevant training activities.

28. **Sub-component 2: Health System Strengthening [US\$8 million].** This sub-component will support efforts to strengthen the public health system's capacity to provide optimal medical care to patients at risk, measures for contingency planning (surge capacity) as well as maintain essential health care services and minimize risks for patients and health personnel¹⁵. Additional support will be provided to support basic handwashing as well as strengthening medical waste management and disposal systems in permanent and temporary healthcare facilities on an as needed basis¹⁶. The sub-component will finance, among others: (i) medical supplies, specific equipment for intensive care units and medical equipment for public health facilities; (ii) protective equipment and goods for health personnel involved in patient case management; (iii) training of health personnel; and (iv) supplies/kit for handwashing facilities using JMP standards¹⁷ in critical areas.

29. **Sub-component 3: Social and Financial Support to Households [US\$3.5 million].** This sub-component will support patients and their families that need support, especially those who are isolated. There is a need to provide food and basic supplies to quarantined populations. This will be especially critical in female headed households as they are more vulnerable than other population groups. These activities will be complemented with the Senegal Safety Net Operation (P133597), which covers 15-20 percent of households in Senegal (poorest quintile) with a cash transfer program. This sub-component will finance food and other supplies¹⁸.

Component 2: Community Engagement and Risk Communication [US\$2 million]

30. This component will support activities that will ensure effective risk communication and community engagement to raise public awareness and knowledge on prevention and control of COVID-19 among the general population. There are two sub-components: *Sub-component 1: Community Engagement for Prevention [US\$.75 million]* and *Sub-component 2: Comprehensive Behavioral Change and Risk Communication [US\$1.25 million]*.

¹⁵ As COVID-19 would place a substantial burden on inpatient and outpatient health care services, support would be provided for rehabilitating and equipping selected health facilities for the delivery of critical medical services and to help them cope with the increased demand of services likely to arise due to the pandemic, while strengthening intra-hospital infection control measures. Steps would be taken to increase hospital bed availability, including deferring elective procedures, more stringent triage for admission, and earlier discharge with follow-up.

¹⁶ Temporary health care facilities will need to factor in safe water, sanitation and hygiene facilities (meeting quality standards; separation of infected vs. non-infected patients).

¹⁷ Handwashing facilities include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents.

¹⁸ Regional Vice-President approval was obtained to finance food expenditures under the proposed project.



million].

31. **Sub-component 1: Community Engagement for Prevention [US\$.75 million].** This sub-component will support the development of systems for community-based disease surveillance, event-based public health surveillance, and multi-stakeholder engagement, including addressing issues such as inclusion and healthcare workers safety. This allows community health workers and volunteers to play a role in detection and timely reporting to health facilities and local government agencies. It will also include community-based animal disease surveillance (zoonotic diseases) and the strengthening of early warning networks for a robust emergency reporting and feedback system against notifiable diseases. This sub-component will finance: (i) development of reporting tools; (ii) training for animal health workers, farmers, extension professionals, paraprofessionals, community health workers and volunteers; (iii) incentives to motivate reporting; and (iv) treatment of infected animals.

32. **Sub-component 2: Comprehensive Behavioral Change and Risk Communication [US\$1.25 million].** This sub-component will support a comprehensive behavior change and risk communication intervention to support the reduction of the spread of COVID-19 by working with private, public and civil society actors to support the development of messaging and materials. This will include handwashing promotion, social distancing measures, proper care of livestock, and good animal husbandry practices to minimize zoonosis. Furthermore, implementation of immediate term responses, i.e., classic “social distancing measures” such as school closings and limiting interactions during religious holidays, including Ramadan, which is expected to commence at the end of April, will also be supported.¹⁹ This will also include building awareness of the risks of COVID-19 from mother-to-child transmission and breastfeeding to gender-based violence. This sub-component will finance: (i) development and testing of messages and materials; (ii) development of guidelines on social distancing measures (e.g., in phases) to operationalize existing or new laws and regulations; and (iii) identification and advocacy to key influencers (i.e., religious leaders, celebrities, etc.).

Component 3: Project Management and Monitoring and Evaluation (M&E) [US\$1.5 million].

33. This component has two sub-components: (i) project management and (ii) M&E.

34. **Sub-component 1: Project Management [US\$1 million].** Support will be provided for the strengthening of public structures for the coordination and management of the project, including central and local (decentralized) arrangements for coordination of activities, financial management and procurement. Existing coordination structures operating in the health sector or working to support Bank-financed operations in the sector would be entrusted with coordination of project activities, as well as fiduciary tasks of procurement and financial management. The relevant structure will be strengthened by the recruitment of additional staff/consultants responsible for overall administration, procurement, financial management, and environmental and social specialists under the project. To this end, the project will support costs associated with project coordination.

35. **Sub-component 2: Monitoring and Evaluation (M&E) [US\$.5 million].** This component will support monitoring and evaluation of prevention, preparedness, response and building capacity for clinical and public

¹⁹ It is important to clarify that the Bank will not support the enforcement of such measures when they involve actions by the police or the military, or otherwise that require the use of force.



health research, including veterinary, and joint-learning within Senegal. This sub-component will support training in participatory M&E at all administrative levels, evaluation workshops, and development of an action plan for M&E and replication of successful models.

36. **This project will follow the MPA’s Monitoring and Prospective Evaluation Framework (M&PEF).** The MPA’s M&PEF includes baseline assessments, benchmarking, rapid learning, and multi-country analysis to inform tactical adaptations within and across countries. The M&PEF will focus on: (i) strategic relevance to the near-term support for disease outbreak detection and response, with clarity of pathways from WBG contributions to the expected outcomes; (ii) client responsiveness; (iii) WBG capacity to sustain client efforts to prevent future outbreaks of emerging infectious diseases; and (iv) timeliness and agility of co-convening functions with country policymakers and strategic partners who complement the WBG’s comparative advantages. The M&PEF will provide a menu of options to be customized for each operation, together with performance benchmarks. The indicators will include those for: measuring elements of emergency COVID-19 Response; strengthening mission-critical national institutions for policy development and coordination of prevention and preparedness, using the “One Health” approach in ways that have clear pathways from interventions to results; enabling regional, national, and sub-national estimates and projections of equipment and supplies for disease prevention, detection, response and recovery requirements; building regional and national capacity for biomedical, clinical, and public and veterinary health research and technical resource networks; and building systems to perform disease surveillance at the community level.



Table 2: Components and key activities by costs

No	Components	Sub-component	Activities	Budget
1	Emergency COVID-19 Response	Case Detection, Confirmation, Contact Tracing, Recording, Reporting	Medical and Information Technology (IT) equipment; Supplies and reagents for the diagnosis of COVID-19, influenza-type illnesses and other respiratory diseases; Training for Staff; Technical expertise mobilization; Support epidemiological investigation	US\$ 5.0 million
		Health System Strengthening	Medical supplies, Equipment for intensive care units and medical equipment for public health facilities; Protective equipment and goods for health personnel involved in patient case management; Training of health personnel; Supplies for handwashing facilities using JMP standards; Medical waste management and disposal systems in permanent and temporary healthcare facilities on an as needed basis.	US\$ 8 million
		Social and Financial Support to Households	Food and other supplies.	US\$ 3.5 million
				US\$ 16.5 million
2	Community Engagement and Risk Communication	Community Engagement for Prevention	Development of systems for community-based disease surveillance; Development of reporting tools; Training for animal health workers, farmers, extension professionals, paraprofessionals, community health workers and volunteers; Incentives to motivate reporting; and Treatment of infected animals.	US\$ 0.75 million
		Comprehensive Behavioral Change and Risk Communication	Development and testing of messages and materials; Develop guidelines on social distancing measures (e.g., in phases) to operationalize existing or new laws and regulations; and Identification/use and advocacy to key influencers (i.e., religious leaders, celebrities, etc.); Implementation of the BCC campaigns.	US\$ 1.25 million
				US\$ 2 million
3	Implementation Management and Monitoring & Evaluation	Project Management	Coordination, procurement, financial management, environmental and social risk management, monitoring and evaluation, reporting, and operating costs; Consultants	US\$ 1 million
		Monitoring and Evaluation	M&E activities; capacity building, joint learning activities; trainings; evaluation workshops.	US\$ 0.5 million
				US\$ 1.5 million
	TOTAL			US\$ 20 million



C. Project Beneficiaries

37. The expected project beneficiaries will be the population at large given the nature of the disease, infected people, at-risk populations, particularly the elderly and people with chronic conditions, people living along Senegal's borders, medical, laboratory and emergency personnel, and public health agencies engaged in the response in Senegal.

III. IMPLEMENTATION ARRANGEMENTS

A. Institutional and Implementation Arrangements

38. **The MoHSA will be the implementing ministry of the project.** In coordination with MoHSA and its Secretary General, technical activities will be undertaken by the relevant directorates and agencies. The General Secretariat (SG) of the MoHSA will be the unit responsible for the overall technical coordination of implementation of the project, in close coordination with Ministry of Livestock and Animal Production (MEPA), Ministry of Agriculture and Rural Equipment (MAER), the Ministry of Environment and Sustainable Development (MEDD), and the Ministry of Water and Sanitation (MEA). Other Ministries (such as the Ministry of Armed Forces and the Ministry of Interior and Public Safety) will also support the project and facilitate implementation. The MoHSA's *Direction de l'Administration Générale et de l'Équipement* (DAGE) will have the overall fiduciary responsibility and it will rely on the existing fiduciary arrangements in place for the ongoing REDISSE I and ISMEA projects.

39. **Overall governance of the project will be provided by the Multisectoral Steering Committee of REDISSE I (One Health Platform).** All entities involved in the project's implementation will be overseen by a Steering Committee. In accordance with aid harmonization and alignment, the proposed project will be implemented by the MoHSA, in close collaboration with the involved key ministries. Other ministries and institutions will also support the project and facilitate implementation (MEPA; MAER; MEDD; Ministry of Armed Forces and the Ministry of Interior and Public Safety; Ministry of Education; Ministry of Women, Family and Gender). A technical committee for epidemic management has been set up at the MoHSA which will ensure regular monitoring of project implementation. This committee meets once a week.

40. **The existing Project Coordination Unit (PCU) will be strengthened with technical staff.** Fiduciary support to the DAGE will be mutualized with support provided through the two other projects (ISMEA project approved by the Board in September 2019 and REDISSE project closing in January 2023). Additional staff will be recruited within the PCU, such as an M&E specialist, financial management (FM), procurement specialists and environmental and social specialists to support the DAGE. The PCU will be responsible for the day-to-day management of the project and will (a) coordinate the project activities; (b) ensure the FM of the project activities in all components under oversight of the DAGE; and (c) prepare consolidated annual work plans, budgets, M&E, and the implementation report of the project to be submitted to the Steering Committee and the WBG. The proposed institutional arrangements are based on lessons learned from coordination and implementation of the two ongoing health projects.

B. Results Monitoring and Evaluation Arrangements



41. **The proposed operation will use the same M&E modalities put in place under the ISMEA and REDISSE projects.** M&E activities will be the responsibility of the MoHSA. The progress and results of project implementation will be monitored on a routine basis throughout the life of the project, to provide timely information on implementation status and effectiveness of the interventions.
42. **Reporting:** The MoHSA will produce a quarterly report based on agreed targets and the progress made of implementation of critical project activities. This report will contain tables of performance against indicators for the proposed project.
43. **Supervision and implementation support:** An experienced in-country WBG team of health, operational, environmental and social specialists, and fiduciary specialists will provide day-to-day implementation support to the MoHSA with additional regular support from staff from other WBG offices; implementation support missions will be carried on a regular basis and will include relevant partners.

C. Sustainability

44. **In addition to preparing the public health system to respond to the COVID-19 disease outbreak, many of the activities envisaged under the project also contribute to strengthening the health system capacity for dealing with other public health emergencies.** This will lead to greater preparedness and response capabilities to combat future disease outbreaks and is also pertinent to the health sector's day-to-day functions. The focus of some of the project activities on training and capacity building will further enhance the sustainability of the project. Funds will be used to build capacity of local health care workers and other essential staff (port of entry border officers, etc.) to detect and manage COVID-19, which will enhance the sustainability of the project interventions. Healthcare facilities across the country will be equipped with PPE, other critical equipment, isolation rooms/ facilities and certain hygiene regulations will be put in place that will enable more rapid response in this outbreak and for future outbreaks. This project will also enable a new risk communication strategy due to the highly contagious nature of the virus. The Government will have to use the precautionary approach by avoiding/minimizing public gatherings, including public hearings, workshops and community meetings. Therefore, face-to-face meetings to provide more information regarding the risks of the virus will be difficult. Social media, traditional media, and alternative communication strategies will have to be used. Critical outputs and key outcomes of this project are expected to have a sustainable impact on the health systems capacity in the areas of disease surveillance, pandemic preparedness, and response. This will help the MoHSA to effectively respond to any future pandemics tapping on resources of both public and private providers and other key stakeholders.

IV. PROJECT APPRAISAL SUMMARY

A. Technical, Economic and Financial Analysis

45. Although there are very significant gaps in knowledge of the scope and features of the COVID-19 pandemic, it is apparent that one main set of economic effects will derive from increased sickness and death among humans and the impact this will have on the potential output of the global economy. In the Spanish Influenza pandemic (1918-19) 50 million people died -about 2.5% of the then global population of 1.8 billion. The most direct impact would be through the impact of increased illness and mortality on the size and



productivity of the world labor force. The loss of productivity as a result of illness which, even in normal influenza episodes is estimated to be ten times as large as all other costs combined will be quite significant.

46. Another significant set of economic impact will result from the uncoordinated efforts of private individuals to avoid becoming infected or to survive the results of infection. The SARS outbreak of 2003 provides a good example. The number of deaths due to SARS was estimated at “only” 800 deaths and it resulted in economic losses of about 0.5% of annual GDP for the entire East Asia region, concentrated in the second quarter. The measures that people took resulted in a severe demand shock for services sectors such as tourism, mass transportation, retail sales, and increased business costs due to workplace absenteeism, disruption of production processes and shifts to more costly procedures. Prompt and transparent public information policy can reduce economic losses.

47. A last set of economic impacts are those associated with governments’ policy efforts to prevent the epidemic, contain it, and mitigate its harmful effects on the population. These policy actions can be oriented to the short, medium or long-term or, in spatial terms to the national, regional or global levels.

B. Fiduciary

(i) Financial Management

48. The proposed project is a US\$20 million credit which will support the implementation of Senegal’s COVID-19 Response Plan endorsed by the MoHSA (on March 17, 2020).

49. An assessment of the FM arrangements under the MoHSA’ DAGE was carried out in March 2020, the assessment entailed a review of its capacity and its ability to record, control, and manage all project resources and produce timely, relevant and reliable information for key stakeholders. The objective of the assessment was to determine whether the FM arrangements in place are acceptable. The FM assessment was carried out in accordance with the FM Practices Manual issued by the FM Board on March 1, 2010 and retrofitted on February 4, 2015.

50. This project will be managed through the existing FM arrangements in place for the ongoing ISMEA Project and REDISSE projects under MoHSA’s DAGE. These arrangements include an FM team fully dedicated to the two projects and familiar with WBG procedures. This FM team comprises one administrative and financial officer and two accountants.

51. Conclusion of the FM assessment: The conclusion of the assessment is that the financial management arrangements in MOHSA’s DAGE are adequate and satisfy the WBG’s minimum requirements under Bank Policy and Directive on Investment Project Financing (IPF) effective in 2017. The overall risk for the project is rated Substantial. FM actions plan proposed in annex 2 will reinforce the internal control environment and ensure readiness for implementation.

52. The inherent risk of Senegal’s public financial management system is rated as Substantial. However, it would not materially impact the project as the project is not executed through the country public financial management system.

(ii) Procurement



53. **Procurement for the project will be carried out in accordance with the WBG's Procurement Regulations for IPF Borrowers for Goods, Works, Non-Consulting and Consulting Services, dated July 1, 2016 (revised in November 2017 and August 2018).** The Project will be subject to the WBG's Anticorruption Guidelines, dated October 15, 2006, revised in January 2011 and July 1, 2016. The Project will use the Systematic Tracking of Exchanges in Procurement (STEP) to plan, record and track procurement transactions as well as clearance processes where needed.

54. The major planned procurement includes medical/lab equipment and consumables, medical equipment, refurbishment and equipment of medical facilities, healthcare waste equipment and materials, equipment for a call center, and materials to support communication strategy. Given the emergency nature of the requirements, it was agreed that the Borrower develops a streamlined Project Procurement Strategy for Development (PPSD) during the project preparation phase and finalizes it early during the implementation. An initial procurement plan for the first three months has been agreed with the Borrower and will be updated during implementation where all activities, procurement, methods, thresholds, etc. will be defined for WBG's approval. The project will use the operations manual that has already been adopted (**since 2018**) for REDISSE I to process the Direct Contracting (DC), Request for qualification (RFQ), Limited bidding or National bidding.

55. **The proposed procurement approach prioritizes fast track emergency procurement for the required emergency goods, works and services, particularly for the prevention phase and the relief phase.** In this regards, key measures to fast track procurement include the following:

- DC and/or Limited Competition and RFQs with identified manufacturers, suppliers and providers for most of the items;
- Use of alternative procurement arrangements through contracting of UN agencies and NGOs for quick response and any other fit for purpose methods that the Accredited Procurement Specialist (APS) has approved in the procurement plan;
- Other measures like shorter bidding time, no bid security, advance payments, direct payments will be applied on a case-by-case basis upon advice/guidance from the APS;
- Retroactive financing i.e., procurement before effectiveness of the project financing; and
- Conducting post reviews.

56. All procurement under the project will be undertaken by the existing PCU within MoHSA with support from the DAGE for the ongoing health projects. The MoHSA has experience with WBG's procurement guidelines project since it is currently handling the Bank-financed ISMEA and REDISSE I and just closed the Senegal Health & Nutrition Financing (P129472). The MoHSA oversees the implementation of the project under the 2011 Guidelines²⁰. The procurement activities are overseen by the Procurement Commission (Commission des marches - CM), which oversees bids/proposals opening and contracts award; and a Procurement Unit, (*Cellule de passation des marches* -CPM) in charge of quality control and procurement plans under the supervision of the Secretary General of the MoHSA. The project's procurement risk is currently rated at **Substantial**.

²⁰ (i) Procurement of goods, works, and non-consulting services; (ii) Selection and employment of consultants (under IRBD, loans and IDA credits and Grants, January 2011; revised July 2014)



57. A dedicated Procurement Specialist (PS) has been hired to handle the procurement activities but will also support the ISMEA project until an additional PS is recruited. A Senior Procurement Consultant will be hired on a part-time basis to support the increased workload.

58. Recognizing the significant disruptions in the usual supply chains for medical consumables and equipment for COVID-19 response, the Bank will provide, at borrowers' request, Bank Facilitated Procurement (BFP) to proactively assist them in accessing existing supply chains. Once the suppliers are identified, the Bank could proactively support the PCU with negotiating prices and other contract conditions. PCU will remain fully responsible for signing and entering into contracts and implementation, including assuring relevant logistics with suppliers such as arranging the necessary freight/shipment of the goods to their destination, receiving and inspecting the goods and paying the suppliers, with the direct payment by the Bank disbursement option available to them. The Bank's Procurement Framework would constitute additional support to borrowers over and above usual Hands-on Expanded Implementation Support which will remain available. If needed, the Bank could also provide hands-on support to Borrowers in contracting to outsource logistics

59. **The major risks to procurement identified are: (i) the limited knowledge of the WBG's New Procurement Framework for collaboration with UN agencies for emergency procurement; (ii) weak contract management; (iii) weak capacity** including insufficient coordination between actors/ministries in the procurement processes, from the identification of project needs to contract award and contract management. The risk is currently rated at Substantial and will be mitigated by providing technical support, including capacity building on the WBG's New Procurement Framework (NPF) for PCU staff, support throughout implementation, particularly as it relates to high value contracts.

60. **Major risks to procurement and proposed mitigation measures are summarized below.**

Risks	Mitigation Measures
Overloaded activities to conduct emergency procurement.	<ul style="list-style-type: none"> • REDISSE I will maintain staff with the appropriate capacity dedicated to the COVID-19 response. • Finalize the recruitment of the additional PS for ISMEA and senior Procurement staff (partial time) dedicated for COVID 19. • Hands-on support by the Bank • Complete archiving of documents in STEP • Arrange for information on the effectiveness of bill payments to manage and avoid any default interest. • Ensure better planning of certain activities. • Ensure better coordination of evaluations involving other actors. • Bank will provide support through a procurement accredited staff.
Managing fraud and corruption and noncompliance.	<ul style="list-style-type: none"> • Integrity and oversight: Ex ante due diligence of firms being selected will be attempted: Every year, the project is subject to an external audit with an independent firm recruited under a competitive process. • Post review of contracts will be scheduled immediately on award of contracts for all contracts that would have been usually prior reviewed. • The procurement unit has an acceptable physical record system in place but should be improve into STEP.
Capacity of the market and	<ul style="list-style-type: none"> • Proposed mobilization of existing service providers to



supply chain to meet the demand.	<p>proceed with contract extension for additional activities through amendments.</p> <ul style="list-style-type: none"> • Measures for supplier preferences like direct payments by WBG, advance payments, etc. will be applied on an as needed basis. • Interaction with UNOPS based in Dakar to handle emergency procurement.
Social impacts of emergency on markets, especially (i) on labor markets and (ii) eventual reluctance to accept foreign laborers.	<ul style="list-style-type: none"> • There are no known restrictions on use of foreign personnel.
Failed procurement due to lack of sufficient global supply of essential medical consumables and equipment needed to address the health emergency as there is significant disruption in the supply chain, especially for PPE	<ul style="list-style-type: none"> • The Bank can provide BFP leveraging as a comparative advantage as a convener with the objective of facilitating borrowers’ access to available supplies at competitive prices
BFP in identifying suppliers and facilitating contracting between them and borrowers may bring a perception that the Bank is acting beyond its role as a financier with greater reputational and potentially litigation risks	<ul style="list-style-type: none"> • The Bank and the Borrower will clearly delineate the roles and responsibilities of the Bank and the Borrowers for whom the Bank facilitates access to available supplies.

61. The new Procurement Risk Assessment System was conducted for REDISSE I Additional Financing in February 2019. The risk was rated at Substantial but should be updated to Moderate residual risk due to the mitigation activities in the action plan.

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

62. The project will have positive impacts on improving COVID-19 surveillance, monitoring and containment. However, the project could also cause significant environment, health and safety risks due to the dangerous nature of the pathogen (COVID-19) and reagents and other materials to be used in the project-supported laboratories and quarantine facilities. Healthcare associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and laboratory workers. The laboratories and relevant health facilities which will be used for diagnostic testing and isolation of patients can generate biological waste, chemical waste, and other hazardous bioproducts.

63. To mitigate against these risks, the project will develop an Environmental and Social Management Plan (ESMP), which will adequately cover environmental and social infections control measures and procedures for the safe handling, storage, and processing of COVID-19 materials including the techniques for preventing, minimizing, and controlling environmental and social impacts during the operation of project supported laboratories and medical facilities. The relevant parts of COVID-19 Quarantine Guideline and WHO COVID-19 biosafety guidelines will be incorporated into the ESMP. These guidelines include provisions to address the needs of patients, including the most vulnerable. They also include provisions on the establishment of quarantine and isolation centers and their operation considering the dignity and needs of patients.

64. A draft Stakeholder Engagement Plan (SEP) was developed during project preparation. The project will support a communication, mobilization, and community engagement campaign to raise public awareness and knowledge on prevention and control of COVID-19 among the general population. It will contribute to strengthening the capacities of community structures in promoting COVID-19 prevention messages. The project will coordinate and monitor all communication interventions and material development at both the national and regional levels. The project will ensure that activities are inclusive and culturally sensitive, making sure that vulnerable groups (e.g. elderly, children, poorest families) benefit from the project. Toward this effort, the project will prioritize communication using key influencers (i.e., religious leaders, celebrities, politicians, prominent physicians, etc.) and the production of communication materials, including text messages, TV, radio, social media and other web-based applications using different languages and pictures, as necessary. The social and behavior change communication will be carried out nationally. However, the timing and method of communication will be adapted according to each segmented audience, for example, for people living near laboratories, borders, international airport, and people who are staying

65. The Environmental and Social Commitment Plan (ESCP) sets out material measures and actions, any specific documents or plans, as well as the timing for each of these. The implementation of the material measures and actions set out in this ESCP will be monitored and reported to the WBG.



66. The project will recruit environmental and social specialists in order to support the implementation of the environmental and social documents.

V. GRIEVANCE REDRESS SERVICES

67. Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or the WB'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 WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB 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.

VI. KEY RISKS

68. The **overall risk of the proposed project is rated 'Moderate'**. The key risks and proposed mitigation measures are described in this section.

69. One key risk is the large volumes of personal data, personally identifiable information and sensitive data that are likely to be collected and used in connection with the management of the COVID-19 outbreak under circumstances where measures to ensure the legitimate, appropriate and proportionate use and processing of that data may not feature in national law or data governance regulations, or be routinely collected and managed in health information systems. In order to guard against abuse of that data, the Project will incorporate best international practices for dealing with such data in such circumstances. Such measures may include, by way of example, data minimization (collecting only data that is necessary for the purpose); data accuracy (correct or erase data that are not necessary or are inaccurate), use limitations (data are only used for legitimate and related purposes), data retention (retain data only for as long as they are necessary), informing data subjects of use and processing of data, and allowing data subjects the opportunity to correct information about them, etc. In practical terms, operations will ensure that these principles apply through assessments of existing or development of new data governance mechanisms and data standards for emergency and routine healthcare, data sharing protocols, rules or regulations, revision of relevant regulations, training, sharing of global experience, unique identifiers for health system clients, strengthening of health information systems, etc.

70. Other risks include the key areas of technical assistance required by the implementing entities, especially central-level regulatory bodies to manage project funds, as well as entities at the decentralized level. The task team will closely coordinate with the Government and key development partners to mobilize and harmonize financing. Some of the inherent risks include: (i) political and governance - lack of accountability measures to



ensure that resources supporting COVID-19 activities reach intended health care facilities and beneficiaries; (ii) Macroeconomic - Reduction in fiscal capacity of governments due to global economic disruption and slowdown, and potential unavailability of fiscal resources; (iii) Sector policies and strategies: National health policies do not provide adequate enabling environment for COVID-19 emergency response and supported activities; (iv) Technical design - Lack of sufficient quantity of drugs and other medical inputs needed to address the health needs of the general population during a pandemic; (v) Fiduciary - Financial resources not accessible in a timely manner, weak procurement management; (vi) Environmental and Social - The operation is likely to have significant or potential adverse social impacts on the poor, and/or other vulnerable groups (GBV) and have the potential to contribute directly to increased social fragility or conflict; and (vii) Stakeholders: Misinformation associated with COVID-19, which could lead to the rejection of public health interventions and controlling the spread of COVID-19 spread may expose the government to criticism for the curtailment of civil rights due to the adoption of quarantines and other related measures.

Mitigation measures that will be taken are as follows: (i) Political and Governance - Commitment and state of processes to disclose/document funding to support COVID-19 response and feedback mechanisms to confirm that financing has reached intended health care facilities, beneficiaries; (ii) Macroeconomic - The program would minimize this risk by supporting critical public health programs, in addition to the COVID-19 response and mitigation effort; (iii) Sectoral policies/ strategies - Commitment to supplementary or emergency measures to support COVID-19 emergency response and supported activities, including for prevention, mitigation, treatment, surveillance, and health system strengthening; (iv) Technical Design - Extent of government capacity and commitment to coordinate project activities with efforts undertaken by other international organizations such as WHO, to facilitate access to laboratory and medical care supplies; (v) Fiduciary - Availability of rapid disbursement procedures and simplified public sector procurement within projects in accordance with emergency operations norms; (vi) Environmental and social - These emergency operations will take specific measures to address environmental issues (including explicitly supporting established COVID-19 infection prevention and control guidelines and guidelines for medical waste management); and (v) Stakeholders - Extent to which project will support advocacy and coalition building to sensitize key groups including policy makers, the media, and religious leaders. This will be complemented by carefully designed mass communication campaigns to build support for response and mitigation measures among the wider population.



VII. RESULTS FRAMEWORK AND MONITORING

Results Framework

COUNTRY: Senegal

Senegal COVID-19 Response Project

Project Development Objective(s)

To prevent, detect and respond to the COVID-19 disease outbreak in Senegal.

Project Development Objective Indicators

Indicator Name	DLI	Baseline	End Target
To prevent, detect and response to the COVID-19 outbreak and other disease outbreaks.			
Suspected cases of COVID-19 cases reported and investigated per approved protocol (Number)		0.00	1,000.00
Diagnosed cases treated per approved protocol (Number)		0.00	1,000.00
Health staff trained in COVID-19 prevention, testing and care per MoHSA-approved protocols (Number)		0.00	2,000.00
District health centers/hospitals with personal protective equipment and infection control products and supplies (Percentage)		0.00	90.00



Intermediate Results Indicators by Components

Indicator Name	DLI	Baseline	End Target
Component 1: Emergency COVID-19 Response			
Point of entry/ border officers trained on COVID-19 prevention, control and contact tracing (Number)		0.00	45.00
Healthcare workers and community-based nurses trained on COVID-19 prevention, control and contact tracing (Number)		0.00	2,000.00
Healthcare facilities that received protective equipment and hygiene materials (Percentage)		0.00	85.00
Designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents per MOHSA guidelines (Number)		0.00	5.00
Number of eligible households provided with food and other supplies among affected populations (Number)		0.00	1,000.00
Patients that are satisfied with the treatment of COVID-19 received (Percentage)		0.00	90.00
Component 2: Community Engagement and Risk Communication			
Social Distancing communication strategy developed (Yes/No)		No	Yes
Assessment conducted to identify behavioral and socio-cultural risk factors for COVID-19 covering all the regions (Yes/No)		No	Yes
Handwashing kits distributed (Number)		0.00	1,000.00
People reached through hygiene promotion activities (Number)		0.00	1,000.00
Community health workers trained on community-based disease surveillance (Number)		0.00	2,000.00
Component 3: Program Management and Monitoring and Evaluation			
Health centers/hospitals received supervision for COVID-19 (Percentage)		0.00	100.00
Establishment of joint M&E systems supporting the One Health approach and epidemic preparedness and response (Yes/No)		No	Yes



Indicator Name	DLI	Baseline	End Target
The One Health platform meets on a weekly basis (Number)		0.00	12.00

Monitoring & Evaluation Plan: PDO Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Suspected cases of COVID-19 cases reported and investigated per approved protocol	Cumulative number of cases tested in laboratory	Weekly	Report	Routine monitoring	MoHSA
Diagnosed cases treated per approved protocol	Cumulative number of case tested and treated for COVID-19	Weekly	Report	Routine monitoring	MoHSA
Health staff trained in COVID-19 prevention, testing and care per MoHSA-approved protocols	Cumulative number of health staff trained at different level in the system	Quarterly	Report	Routine monitoring	MoHSA
District health centers/hospitals with personal protective equipment and infection control products and supplies	Cumulative number of district health and Hospital with adequate supply of PPE without stockout in preceding two weeks.	Quarterly	Report	Routine monitoring	MoHSA

**Monitoring & Evaluation Plan: Intermediate Results Indicators**

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Point of entry/ border officers trained on COVID-19 prevention, control and contact tracing	Cumulative number of border officers trained on COVID-19 (45 districts identified by the sector)	Monthly	Report	Routine monitoring	MoHSA
Healthcare workers and community-based nurses trained on COVID-19 prevention, control and contact tracing	Cumulative number of healthcare workers and community based nurses trained on COVID-19	Monthly	Report	Routine monitoring	MoHSA
Healthcare facilities that received protective equipment and hygiene materials	Numerator : Number of health care facilities (Districts health Centers and Hospital) who received the PPE and hygiene materials Denominator : The total number of Districts health centers and Hospital.	Quarterly	Report - Administrative data	Routine monitoring	MoHSA
Designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents per MOHSA guidelines	Cumulative number of Laboratories with COVID-19 diagnostic equipment, test kits and reagents	Weekly	Report - administrative data	Routine monitoring	MoHSA
Number of eligible households provided with food and other supplies among affected populations	Cumulative number of people affected or infected who received social and financial support to help to mitigate the burden of COVID-19	Monthly	Report - administrative data	Routine monitoring	MoHSA



Patients that are satisfied with the treatment of COVID-19 received	Numerator: Number of patients that test positive to COVID-19 that are satisfied with the treatment and food/supplies package received Denominator: Patients that test positive to COVID-19	quarterly	Report	Routine monitoring	MoHSA
Social Distancing communication strategy developed	Communication strategy developed	year	Report	Routine monitoring	MoHSA
Assessment conducted to identify behavioral and socio-cultural risk factors for COVID-19 covering all the regions	Conduct a survey to identify behavioral risk factors fo COVID-19	Year	Report	Survey	MoHSA
Handwashing kits distributed	Number of handwashing kits (i.e., soaps, hand sanitizer, and other hygiene supplies) distributed	Quarterly	Report - administrative data	Routine monitoring	MoHSA
People reached through hygiene promotion activities	Cumulative number of individuals reached through hygiene promotion activities	Year	Report	Survey	MoHSA
Community health workers trained on community-based disease surveillance	Cumulative number of CHW trained	Quarterly	Report	Routine monitoring	MoHSA
Health centers/hospitals received supervision for COVID-19	Numerator : Number of health centers/hospitals who received quarterly supervision Denominator : Number total of health centers/hospital	Quarterly	Report - administrative data	Routine Supervision	MoHSA



Establishment of joint M&E systems supporting the One Health approach and epidemic preparedness and response	Joint M&E system established	Year	Report	Routine monitoring	MoHSA
The One Health platform meets on a weekly basis	Number of meeting per month	Monthly	Report (Minutes of the meeting)	Routine monitoring	MoHSA

ANNEX 1: PROJECT COSTS

COUNTRY: Senegal
Senegal COVID-19 Response Project

COSTS AND FINANCING OF THE COUNTRY PROJECT

Program Components	Project Cost	IBRD or IDA Financing	Trust Funds	Counterpart Funding
Component 1: Emergency COVID-19 Response	\$16.5 million	\$16.5 million		
Sub-component 1. Case detection, confirmation, contact tracing, recording, reporting	\$5 million	\$5 million		
Sub-component 2. Health system Strengthening	\$8 million	\$8 million		
Subcomponent 3: Social and Financial support to Households	\$3.5 million	\$3.5 million		
Component 2: Community Engagement and Risk communication	\$2 million	\$2 million		
Sub-component 1. Community Engagement for prevention	\$0.75 million	\$0.75 million		
Sub-component 2: Comprehensive Behavioral change and Risk communication	\$1.25 million	\$1.25 million		
Component 3: Project Management and Monitoring	\$1.5 million	\$1.5 million		
Sub-component 1. Project Management	\$1 million	\$1 million		
Sub-component 2. Monitoring and Evaluation	\$0.5 million	\$0.5 million		
Total Costs				
Total Costs	\$20 million	\$20 million		
Front End Fees				
Total Financing Required				



ANNEX 2: FINANCIAL MANAGEMENT AND DISBURSEMENTS ARRANGEMENTS

COUNTRY: Senegal Senegal COVID-19 Response Project

The following are the financial management arrangements for the project

1. Internal Control and Internal Auditing arrangements

a) Internal Control arrangements

The existing manual of administrative and financial procedures will be updated to include all specificities of the project.

b) Internal auditing arrangements

The internal auditor in place will expand his scope and carry out ex-post reviews of the project on a quarterly basis.

2. Accounting arrangements.

The SYSCOHADA current accounting standards in use for ongoing Bank-financed projects will be applicable. Annual financial statements will be prepared by the MOHSA's DAGE in compliance with SYSCOHADA standards.

MOHSA' DAGE is equipped with a multi-project accounting software, which will be customized to integrate the proposed project accounts.

3. Budgeting arrangements

The budgeting monitoring is clearly defined in the Administrative and Accounting Manual of Procedures in place. The project will prepare the budget and procurement plan based on agreed work program for the entire period of the project. Given emergency context, the budget should be prepared during the preparation period and will be adopted by the technical committee and submitted for the Bank's non-objection before the beginning of implementation. Periodic reports of budget monitoring and variance analysis will be prepared by MOHSA's DAGE on a quarterly basis.

4. Financial Reporting arrangements

The MOHSA's DAGE will prepare each quarter an Interim Financial Report (IFRs) for the project in form and content satisfactory to the Bank. These IFRs will be submitted to the Bank within 45 days after the end of the quarter. The FM team will prepare the Project's Financial Statements in compliance with SYSCOHADA and WBG's requirements.

5. External Auditing arrangements

The audit of the Financial Statements shall cover the entire period of the project implementation. The Disbursement and Financial Information letter (DFIL) will require the submission of Audited Financial Statements for the project to IDA within six months after project closure. The audit report should reflect all the activities of the project. The TOR of ISMEA external auditor will be extended in order to include the external audit of the



COVID-19 Response Project. In accordance with World Bank Policy on Access to Information, the borrower is required to make its audited financial statements publicly available in a manner acceptable to the Association; following the World Bank’s formal receipt of these statements from the borrower, the World Bank also makes them available to the public.

6. Flow of funds and disbursement and Banking arrangements

a) Banking Arrangements

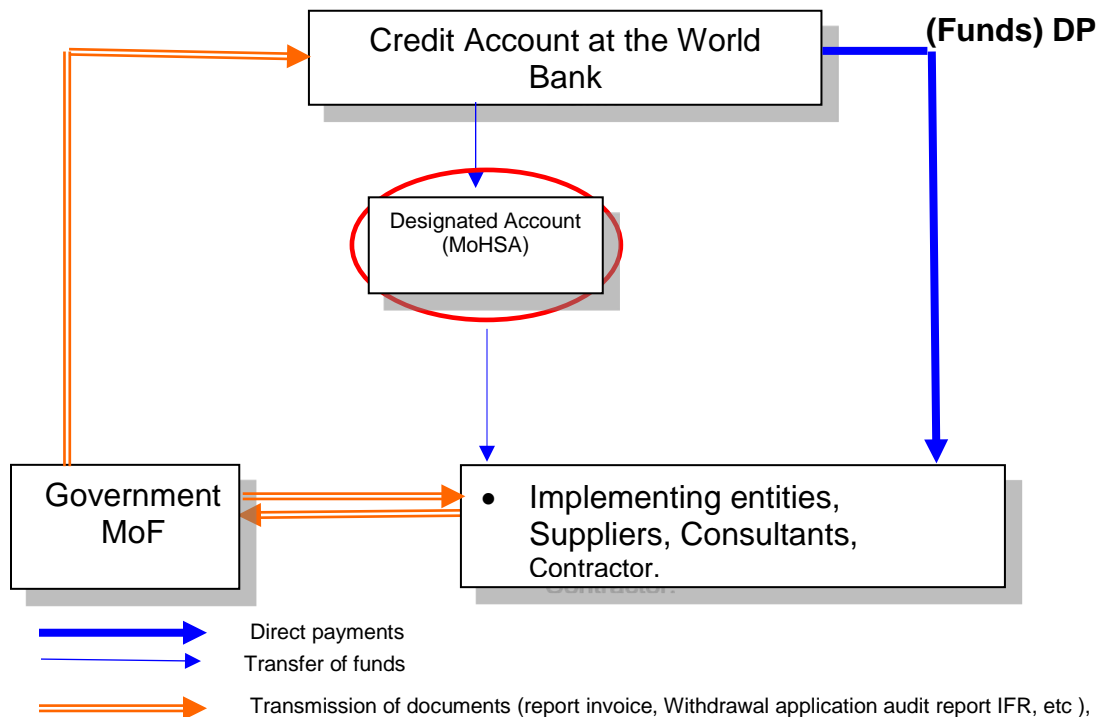
A designated account (DA) for the project will be opened in commercial banks acceptable to IDA, managed by the public expenditures directorate (DODP) the entity assigned with the overall responsibility of payments. Arrangements for the management of the DA will be described in the updated manual, and in the disbursement letter.

b) Disbursement arrangements

Disbursements will be transactions-based whereby withdrawal applications will be supported with Statement of Expenditures (SOE). The following disbursement methods may be used under the project: reimbursement, advance, direct payment and special commitment as specified in the DFIL and in accordance with the Disbursement Guidelines for Investment Project Financing, dated February 2017. Documentation will be retained at MoHSA’s DAGE FM team for review by Bank staff and auditors. The DFIL will provide details of the disbursement methods, required documentation, DAs ceiling and minimum application size. These will also be discussed and agreed during negotiations of the Financing Agreement.

Funds Flow Chart

Flow of Funds Arrangements: Flow of funds arrangements for the project is as follows:





Financial Management Action Plan

The following actions need to be taken in order to enhance the financial management arrangements for the Project:

	Action	Date due by	Responsible
1	<ul style="list-style-type: none">• set up specific procedures related to new project activities• Extend ISMEA external auditor' ToR in order to include COVID 19.• Recruit an accountant with qualification and experience satisfactory to the bank	Not later than one months after effectiveness	MoHSA' DAGE
2	<ul style="list-style-type: none">• undertake two (2) specific internal audit reviews for this operation	quarterly	Internal auditor