



Combined Project Information Documents / Integrated Safeguards Datasheet (PID/ISDS)

Appraisal Stage | Date Prepared/Updated: 24-Jun-2020 | Report No: PIDISDSA29475



BASIC INFORMATION

A. Basic Project Data

Country Comoros	Project ID P174227	Project Name Additional Financing For Comoros Comprehensive Approach to Health System Strengthening	Parent Project ID (if any) P166013
Parent Project Name Comprehensive Approach to Health System Strengthening	Region AFRICA	Estimated Appraisal Date 16-Jun-2020	Estimated Board Date 24-Jul-2020
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) UNION OF COMOROS	Implementing Agency MINISTRY OF HEALTH, SOLIDARITY, SOCIAL PROTECTION AND GENDER PROMOTION

Proposed Development Objective(s) Parent

(i) To improve utilization of quality PHC and (ii) strengthen capacity of institutions which are critical to quality PHC

Proposed Development Objective(s) Additional Financing

(i) To improve utilization of quality PHC, (ii) to strengthen capacity of institutions which are critical to quality PHC and (iii) to provide immediate and effective response to an Eligible Crisis or Emergency

Components

Improve PHC infrastructure, workforce and service delivery platforms
Strengthening institutions and governance which are critical to (i) quality PHC and (ii) response to disease outbreaks
Citizen Engagement and Empowerment, Project Management, Monitoring and Evaluation,
Contingent Emergency Response Component

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	5.00
Total Financing	5.00
of which IBRD/IDA	5.00



Financing Gap	0.00
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DETAILS

World Bank Group Financing

International Development Association (IDA)	5.00
IDA Credit	2.50
IDA Grant	2.50

Environmental Assessment Category

B-Partial Assessment

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

B. Introduction and Context

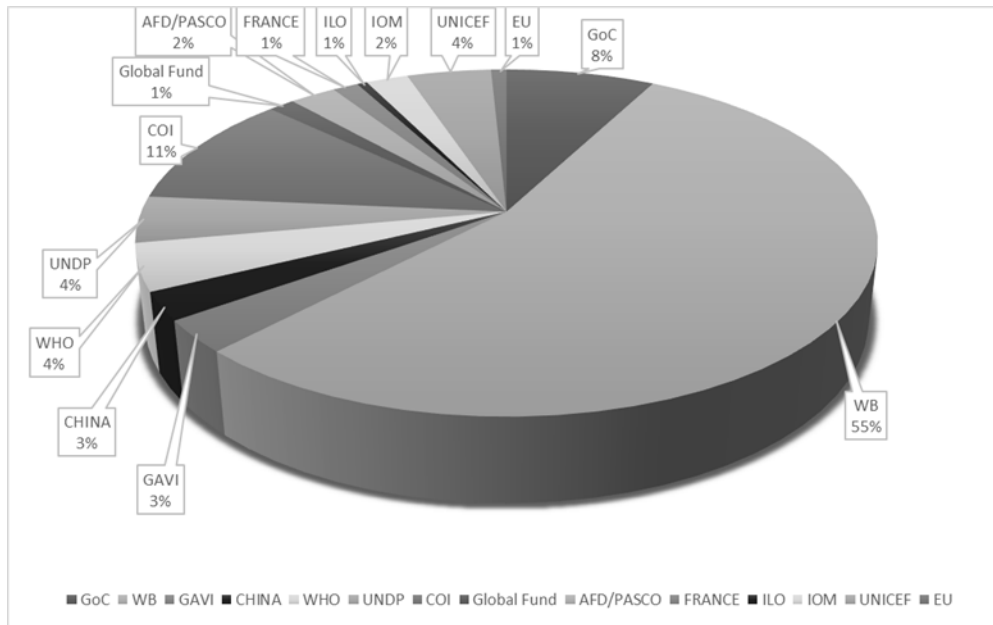
Country Context

- 1. The Union of the Comoros is facing a major health emergency with the global COVID-19 pandemic.**
 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. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spread across the world. As of June, 17 2020, the outbreak had resulted in an estimated 7,941, 791 cases and 434,796 deaths in 188 countries. COVID-19 is one of several emerging infectious disease outbreaks in recent decades that have emerged from animals in contact with humans, resulting in a major pandemic with significant public health and economic impacts. In response, the country has developed its health sector national COVID-19 preparedness and response plan, in accordance with WHO guidelines, with the support of development partners. This preliminary plan was finalized and adopted on February 13, 2020. Its total cost is US\$ 7.8 million, with US\$ 2.3 million mobilized from the government and other development partners. This budget will be re-evaluated and adjusted periodically as the pandemic evolves. Figure 1 provides a summary of each stakeholder’s contribution. A multi-sectoral management plan is being finalized to help control the spread of the Coronavirus COVID-19 and save lives by providing assistance to the affected people. The COVID-19 crisis and policy responses have increased Comoros’ fiscal and external financing gaps. The fiscal financing gap due to COVID-19 is estimated at about US\$44.4 million



or 3.7 percent of GDP and is expected to be covered mainly by official donors. The external financing gap due to COVID-19 (estimated at US\$56.3 million or about 4.5 percent of GDP) is projected to be financed mainly through official aid inflows and a drawdown in foreign reserves. The Debt Service Suspension Initiative (DSSI) will also help reduce both financing gaps. The financial assistance through the Rapid Credit Facility (RCF) and the Rapid Financing Instrument (RFI) from the International Monetary fund in the amount of US\$12.2 million (equivalent to 50 percent of quota), and a proposed Comoros COVID-19 Response Development Policy Operation (P174260), in the amount of US\$10 million, will cover a substantial proportion of Comoros’ fiscal and external financing needs.

Figure 1. Budget Allocation by DPs¹



2. **Comoros reported its first confirmed case of COVID-19 on April 30, 2020.** There have been 197 confirmed cases including three deaths as of June 17, 2020. Therefore, despite its island status, the geographic location of the Union of Comoros does not keep COVID-19 at bay. In fact, in view of the rapid spread of cases on the nearby island of Mayotte, administered by France (2310 confirmed cases and 28 deaths)², the risk of transmission of the COVID-19 into the three islands of the Comoros is high. In response, the government has adopted the following measures, among others: (i) activation of the National Coordination and Management Center for COVID-19 response, headed by the Minister of Economy; (ii) travel restrictions to other countries in the region; (iii) closing of schools and non-essential businesses; (iv) communication campaign on social distancing and hand washing; (v) limiting of mass gathering including prayer assemblies in mosques; (vi) mandatory use of masks in public settings; and (vii) economic actions such as the rescheduling of debts and the suspension of charges

¹ Government of Comoros (GoC); World Bank (WB); Global Alliance for Vaccines and Immunization (GAVI); World health organization (WHO), United Nations Development Programme (UNDP); Indian Ocean Commission (COI); Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund); French Agency for Development/health sector support project in Comoros (AFD/PASCO); International Labor Organization (ILO); International Organization for Migration (IOM); United Nations Children’s Fund (UNICEF); European Union (EU).

²WHO Coronavirus disease 2019 (COVID-19) Situation Report - 148



for loans impacted by the pandemic; and (viii) the simplification of customs measures with the possibility of customs clearance in one day, as well as the reduction of customs duties and taxes at 30% for food products, essential medicines, hygiene products and equipment. In addition, the spread of the epidemic in countries with close trade ties with the Comoros and the restriction of travel to such countries is causing a considerable economic and food crisis for Comoros.

- 3. In response to the coronavirus (COVID-19) pandemic, the Government of Comoros requested the activation of the CERC, in an amount of US\$5 million, on March 14, 2020.** The World Bank reviewed the Government's request and supporting documentation (Emergency Operational Manual for the CERC, Action Plan/CERC Implementation Plan, updated ESMF, Procurement Plan) and provided a No Objection on April 24, 2020. The CERC finances a subset of the National COVID-19 response plan on the basis of a positive list in the CERC operational manual.

Sectoral and Institutional Context

- 4. The Comoros Comprehensive Approach to Health System Strengthening (COMPASS, P166013)** was approved by the Board on July 2, 2019, became effective on April 17, 2020, and is expected to close on September 30, 2024. This US\$30 million Project is financed by an IDA credit of SDR 10.9 million (US\$15 million equivalent), and a grant of Euro 13.4 million (US\$15 million equivalent). The original Project Development Objectives (PDOs) are: (i) to improve utilization of quality primary health care (PHC) and (ii) strengthen capacity of institutions which are critical to quality PHC. The Government of Union of Comoros (GoC) had requested a Project Preparation Advance (PPA) in an amount of US\$1 million for the project preparation period from May 24, 2019 to April 17, 2020. As of June 12, 2020, US\$0.853 million (85%) of the PPA was disbursed and committed. On April 29, 2020, the Contingent Emergency Response Component (CERC) was activated in an amount of US\$ 5 million to support the country's COVID-19 response.
- 5. The project supports the strengthening of the foundational elements of a quality primary health care (PHC) system.** These include infrastructure, workforce, service delivery platforms, governance, institutions for quality, and citizen engagement/empowerment, to bring quality PHC closer to the people. It includes four components: (1) Improving PHC infrastructure, workforce, and service delivery platforms (US\$22 million equivalent); (2) Strengthening institutions and governance which are critical to quality PHC and response to disease outbreaks (US\$5 million equivalent); (3) Citizen engagement and empowerment, project management, M&E, (US\$3 million); and (4) Contingent Emergency Response Component (CERC), (US\$0 million). The project covers all 17 districts on the country's three islands and is expected to benefit its entire population.
- 6. The Project performance.** During the PPA one-year implementation period, the ownership and proactivity of Ministry of Health (MOH) and Project Implementing Unit (PIU) have been high. Progress towards achievement of the PDO and overall implementation progress have both been rated satisfactory over the past two Implementation Status and Results Report (ISR) ratings. Completed PPA activities include: (a) staffing, equipping the PIU and rehabilitating its office; (b) provision of operating costs; (c) implementation readiness activities and assessments including preparation of the Project-related safeguards instruments, Project implementation manual and the Project Procurement Strategy for Development (PPSD); (d) stakeholders consultations to facilitate greater ownership; (e) data collection for facility surveys to provide baseline data on quality of care; (f) fiduciary capacity



building activities for the PIU and initial RBF training in Benin of MoH technical team and PIUs to ensure implementation readiness. As a result, the foundational elements for implementation readiness are mostly completed. All components are rated satisfactory as reflected in the last ISR. Further, performance in financial management, project management, monitoring and evaluation and procurement are all rated satisfactory. The Project is compliant with key loan covenants, including audit and financial management reporting requirements. A full-time Environmental and Social Safeguard Specialist was hired in December 2019 and is working full time with the project. The PIU has satisfactorily revised the safeguards instruments in light of Covid-19 response for project effectiveness (April 17, 2020) and Contingent Emergency Response Component (CERC) activation (April 29, 2020).

7. **The CERC Component activation and progress.** With the project now effective and the CERC special account established, disbursements for COVID-related activities have started. As of June 18, 2020, US\$1.4 million has been committed (out of the US\$5 million CERC allocation) to procure specific COVID-19 equipment (including mobile X-ray machines, electrocardiograph machines, ventilators, oxygen concentrators, ultrasound scanners) with suppliers identified through the Bank Hands-on Expanded Implementation Support (HEIS) under the Bank’s procurement framework to support the Project Implementation Unit. The process to procure medicalized ambulances with UNOPS, Personal Protective Equipment and incinerators for medical waste management has started. The Project is expected to disburse more rapidly as it is being implemented.

C. Proposed Development Objective(s)

Original PDO

(i) To improve utilization of quality PHC and (ii) strengthen capacity of institutions which are critical to quality PHC

Current PDO

8. **PDO** will be amended as follows: (i) to improve utilization of quality PHC, (ii) to strengthen capacity of institutions which are critical to quality PHC, and (iii) to provide immediate and effective response to an Eligible Crisis or Emergency.

Key Results

9. PDO indicator: Percentage of identified close contacts of confirmed COVID-19 cases investigated based on national guidelines.
10. New intermediate results indicators related to COVID-19 response to be added:
 - (a) Number of designated GeneXpert center with SARS-CoV-2 diagnostic capacity;
 - (b) Number of designated health facilities with COVID-19 case management capacity.

D. Project Description



11. This AF will support the replenishment of the Project to ensure originally planned activities would be adequately financed and implemented. The CERC activation for COVID-19 response has created a financing gap for principal activities under Components 1, 2 and 3 of the project. Specifically, activities with the financing gap include: (i) Sub-Component 1.1 (Supporting rehabilitation of district centers and health posts and provision of PHC equipment and vehicles); (ii) Sub-Component 1.2 (Improving PHC workforce: pre-service and in-service training for selected health cadres as well as recruitment of PHC health workers); and (iii) Sub-Component 1.4 (Scaling-up of the community health and nutrition platform, piloted under the Comoros Social Safety Net Project); (iv) Component 2 (Strengthening institutions and governance which are critical to (i) quality PHC and (ii) response to disease outbreaks); and (v) Component 3 (Citizen engagement and empowerment, project management, M&E).. This AF will close such a financing gap under Components 1, 2 and 3 to ensure the achievement of the PDO.

12. A project restructuring is also proposed. This is to: (i) extend the Project closing date by one year to September 30, 2025 in order to complete all activities, taking into account the disruptions and delays to various Project initiatives caused by the urgent pandemic response; (ii) revise the PDO and modify the Results Framework to reflect the CERC activation response to COVID-19; and (iii) allocate the US\$5 million in funding to Component 1, 2 and 3. Further details are provided below:

- **Revision of the PDO.** The PDO of the original project does not reflect the CERC activities, in particular the preparedness and response to COVID-19. Hence, the PDO will be amended as follows: (i) to improve utilization of quality PHC, (ii) to strengthen capacity of institutions which are critical to quality PHC, and (iii) to provide immediate and effective response to an Eligible Crisis or Emergency.
- **Modification of the Results Framework of the project.** The Results framework will be adjusted to reflect the new CERC activities related to COVID-19 response both at PDO indicator level and intermediate result indicator level. Details of the changes are presented in Section VIII.
 - (i). New PDO indicator related to COVID-19 response to be added: Percentage of identified close contacts of confirmed COVID-19 cases investigated based on national guidelines;
 - (ii). New intermediate results indicators related to COVID-19 response to be added:
 - Number of designated GeneXpert centers with SARS-CoV-2 diagnostic capacity (baseline: 0, target: 3 out of 5 existing GeneXpert centers in the country);
 - Number of designated health facilities with COVID-19 case management capacity (baseline: 0, target: 3 health facilities out of 10 existing public hospitals).
- **Replenishment of Components 1, 2 and 3 of the Project.** The proposed AF will replenish each of the original project sub-components with the exact amount that was reallocated to CERC, specifically US\$5 million in IDA funds will be added to Component 1 (Sub-component 1.1, Sub-component 1.2, and Sub-component 1.4), Component 2 and Component 3.



E. Implementation

Institutional and Implementation Arrangements

13. **The Institutional arrangements remain the same.** MOH is responsible, under the leadership of the General Director for Health (Direction Générale de la Santé, DGS), for the overall project implementation and technical oversight. The MOH Project Implementation Unit (UGP-Unité de Gestion des Projets) is the CERC fiduciary responsible. The UGP is in charge of monitoring the implementation and day-to-day management of the COVID-19 response emergency activities. UGP will ensure close coordination with the other Development Partners supporting the national preparedness and response plan of the country

F. Project location and Salient physical characteristics relevant to the safeguard analysis (if known)

The project will be implemented in selected geographic areas of Comoros across the islands of Ngazidja, Anjouan and Mohéli. Targeted sub regions (districts), such as the five poorest will be prioritized for more intensive support to ensure equity of access to quality health and nutrition services and to make optimal use of limited resources. Health facilities will be supported to improve project beneficiaries access to quality services by addressing supply side constraints, and strengthening referral and counter referral systems. It is proposed to renovate and rehabilitate existing health facilities.

G. Environmental and Social Safeguards Specialists on the Team

- Erik Reed, Environmental Specialist
- Andrianjaka Rado Razafimandimby, Social Specialist
- Mario Rizzolio, Social Specialist
- Hasina Tantelinirina Ramarson Ep Rafalimanana, Social Specialist

SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	This policy is triggered due to the fact that the project will finance minor rehabilitation of health infrastructure and the installation of incinerators. This minor rehabilitation and installation of incinerators will have adverse risks and impacts on



the environment (both physical and natural), and also on social linked to the risk of Gender-Based Violence and HIV/ AIDS spreading by construction site staff to women in communities close to rehabilitation / renovation works. As all project sites are not known during project preparation, an Environmental and Social Management Framework (ESMF) has been prepared, amply consulted upon and publicly disclosed both in-country and on the World Bank website prior to appraisal.

As regards the investments in healthcare centers, the Government has prepared a National Medical Waste Management Plan (NMWMP) including a Guide for the Destruction of Expired or Damaged Medicines that provide procedures for safe handling and disposal of medical waste and medicines during project implementation. The NMWMP has been amply consulted upon and publicly disclosed both in-country and on the World Bank's website prior to project appraisal.

Performance Standards for Private Sector Activities OP/BP 4.03	No	The policy is not applicable for this project.
Natural Habitats OP/BP 4.04	No	The Policy is not triggered as the Project will not affect natural habitats.
Forests OP/BP 4.36	No	The Policy is not triggered as the Project will not have any adverse impact on forests, nor engage in afforestation.
Pest Management OP 4.09	No	The policy is not triggered as the project will not finance pesticides procurement nor support targeted pest management measures beyond what is covered in the NMWMP.
Physical Cultural Resources OP/BP 4.11	No	This policy is not triggered as the project will involve rehabilitation but not the construction of new infrastructure and thus no excavation.
Indigenous Peoples OP/BP 4.10	No	The Policy is not triggered as there are no Indigenous People, as defined by the policy, in Comoros
Involuntary Resettlement OP/BP 4.12	No	The Policy is OP 4.12 is not triggered for this project as the project will finance minor rehabilitation of health infrastructure (including the installation of small incinerators at the sites of health centers). The planned activities will not require involuntary taking of land that could result in relocation or loss of



		shelter; loss of assets or access to assets; or loss of income or livelihoods.
Safety of Dams OP/BP 4.37	No	The Policy is not triggered as the Project activities will not affect dams nor depends on waters from such dams.
Projects on International Waterways OP/BP 7.50	No	The Policy is not triggered as the Project will not occur in international waterways
Projects in Disputed Areas OP/BP 7.60	No	The Policy is not triggered as Project activities will not occur in disputed areas.

KEY SAFEGUARD POLICY ISSUES AND THEIR MANAGEMENT

A. Summary of Key Safeguard Issues

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:

The proposed project has been assessed as Category B (Partial Assessment), no potential large scale, significant and/or irreversible impacts have been identified in the project, and OP 4.01 (Environmental Assessment) has been triggered. Project activities aim to improve the quality of health and nutrition services at the community level and in primary care health centers at the commune level in target areas. All of this is expected to yield positive social and environmental benefits. Environmental impacts are expected in specific locations as a result of rehabilitation or renovation of existing health centers and installation of incinerators. In addition, the improvement of access and utilization of health services could increase medical and pharmaceutical waste production in the different types of health facilities, which could adversely affect the environment and local populations, and for which there is currently limited treatment. Incinerators will be purchased and placed at strategic locations within the different target districts as part of the implementation of the medical waste management plan which was developed. Negative social impacts expected could arise from improves access and utilization of health services as this could increase the medical and pharmaceutical waste production in health facilities, and adversely affect the health of local population affecting their capacity to work and generate revenue, affecting their livelihoods. Other social negative effects are linked to the risk of Sexual Exploitation and Abuse/ Sexual Harassment (SEA-SH)and HIV/ AIDS spreading by construction site staff to women in communities close to rehabilitation / renovation works. Despite the fact that some negative impacts are expected from this project, there are also significant positive impacts that may counteract the negative ones. The positive impacts include: improved health status for the beneficiaries of health centers, safe and healthy environments, improved livelihoods and economic stimulation as a result of a much healthier population, amongst others.

The CERC was recently used in response to COVID-19 but CERC related activities did not trigger new operational policies: the project will not involve any activities that will result in land acquisition, physical displacement, economic displacement or any other form of involuntary resettlement as defined by OP 4.12. ; they remain covered by OP 4.01 operational policy. COVID-19 operations may however exacerbate SEA/SH risks (particularly in quarantine and isolation sites) and lead to possible exclusion. Moreover, the activities to be financed under the CERC present the possibility for the public, the patients and the health sector personnel (including their families) to be exposed to people and samples contaminated by COVID-19 following the activities of the project. Given the high infectiousness and rate of transmission, containment efforts will require special care to avoid or minimize exposure by designing and



implementing adequate measures that take into account, in particular: (i) medical waste management; (ii) the identification of potential risks for health sector personnel and the public; (iii) the establishment of preventive and protective guidelines, including the initiation of health awareness and education initiatives.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area: Long term environmental and social impacts are expected to be positive, including through more effective treatment of medical waste and expired medicines.

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts. Different options for medical incinerators have been considered and the most effective, efficient and practical have been selected based on the country's sector wide engagement. Placement of incinerators will be guided by an expert during implementation.

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.

OP/BP 4.01 (Environmental Assessment) is triggered due to generation of health care waste and environmental and social risks associate with the rehabilitation of existing health infrastructure. The EA category for this project is Category B, owing to the location specific and manageable nature of the potential environmental impacts at the selected health facilities. To this end, an Environmental and Social Management Framework (ESMF) and a national medical waste management plan (NMWMP) including a destruction guide for expired medications was finalized, submitted to the Bank and disclosed. Environmental and Social Screenings will be conducted for each rehabilitation work including public consultation, and environmental and social mitigation measures will be included in all works contracts as outlined in the ESMF. A new project implementing entity was established, with oversight from the Ministry of Health (MoH). The Direction des Etablissement Sanitaires Publiques Privés (DESPP) and its decentralized units at regional and district levels will be responsible for implementing the national Medical Waste Plan. An Environmental and Social Specialist has been recruited as part of the project implementing unit full time to ensure the proper implementation of the NMWMP and evaluation of small works. The Bank will ensure that the PIU staff has adequate capacity to manage environmental and social safeguards. The Bank will provide close supervision to ensure that the basic recommendations of the ESMF and NMWMP are fully embedded in the client's overall project implementation strategy.

In order to manage the risks associated with the CERC financed activities the Project prepared and made available to the public a revised medical waste management plan prior to the triggering of the CERC that includes considerations for COVID-19 response including WHO recommendations on quarantine and biosecurity. An EMP checklist is implemented to manage the risks and impacts associated with the rehabilitation of treatment centers financed under the CERC. The environmental and social risks and impacts are managed by the CERC- Environment and Social Management Framework (CERC-ESMF) to filter the activities against the negative list, the positive list and the safeguard policies triggered. The CERC-ESMF was prepared to cover the emergency activities which did not fall within the scope of the instruments prepared for the parent project. COVID-19 response measures reinforce positive social development outcomes expected from the project. SEA/SH mitigation measures are embedded in the CERC-ESMF through the requirement for the contractor to develop a risk mitigation and response action plan for SEA/SH cases. This will be part of a broader project SEA/SH action plan which will consist on : (i) the establishment (including signing and training) of Codes of Conduct (CoC) for all persons working on the sub-projects with clear language on the prohibition of sexual exploitation and abuse (SEA) and sexual harassment (SH) and clear sanctions related thereto, (ii) raising awareness among the local communities and users on prohibited behaviors among workers such as forms of



SEA/SH (iii) a mapping and analysis of GBV service providers' needs to serve as a basis for a referral system for the GRM, and (iv) a GRM adapted to SEA/SH/GBV cases, which ensures an ethical response and supports service providers in caring for survivors (including through telehealth methodology if needed). Assessment and management of SEA/SH risks related to the implementation of the COVID-19 operation will be reinforced in implementation, including screening and complementing measures to prevent and mitigate the SEA/SH risks.

While capacity for medical waste management is generally limited in the Comoros, the limited size and population of the islands (fewer than 1 million people) and existing capacity means that the existing capacity can be scaled up and built upon relatively quickly. Each of the three islands will focus on one hospital as a COVID 19 response center. The largest and most populous island, Ngazidja, has experience with the implementation of medical waste management and destruction using incineration. The project also has experience implementing WB procedures. The two other islands (Anjouan and Moheli) can build on the capacity and experience from Ngazidja to apply practices and procedures for medical waste management. Rapid evaluations during preparation of the parent project indicated that there is awareness of needs and procedures for medical waste management such as sorting and treatment, including at community health centers and at centralized health centers. The lack of incinerators (or other adequate disposal sites) has so far limited implementation of effective medical waste management. The project integrates significant capacity building and training, as well as financing of PPE and incinerators. Capacity for operating and even building incinerators exists among the islands, especially on Ngazidja, and thus can be applied without exclusive reliance on international expertise. Training and capacity building for COVID-19 will be integrated into the planned capacity building plans, in coordination with WHO and other partners.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.

Key Stakeholders consulted during the preparation of the instruments included ministry authorities, technical partners, private distributors of medicines (destruction of medicines), local authorities and health center operators at different levels, as well as planning authorities on the three target islands. The instruments designed are primarily at policy level related to medical waste managements thus consultations focused on raising awareness of better health and nutrition are an integral part of the project activities. As specific rehabilitation sites are identified environmental and social screenings will be conducted and public consultations will be carried out. The Ministry of Health will develop a Stakeholder Engagement Plan (SEP) to improve and facilitate decision making and create an atmosphere of understanding that actively involves relevant stakeholders in a timely manner, to ensure these groups are provided sufficient opportunity to voice their opinions and concerns that may influence Project decisions. The SEP will identify in detail the key stakeholders as well as the mechanisms of consultation for project implementation.

This ESMF and NMWMP were published in country and released through the WB website on March 12, 2019; and most recently CERC-ESMF and revised NMWMP were approved by the Regional Safeguards Adviser (RSA) on April 17, 2020 and published in-country on April 27, 2020 as well on the WB website on April 29, 2020. In order to ensure the active participation of all stakeholders in decision-making processes, a social mobilization plan, as described in the disclosed CERC-ESMF, will be implemented. A GRM (grievance redress mechanism) will be run to deal with grievances, complaints and denunciations relating to the implementation of the CERC. The complaint management structures and the operation of the mechanism are specified in the CERC-ESMF as well. All along its implementation, the project will pay attention to social inclusion.



B. Disclosure Requirements (N.B. The sections below appear only if corresponding safeguard policy is triggered)

Environmental Assessment/Audit/Management Plan/Other

Date of receipt by the Bank 28-Apr-2020	Date of submission for disclosure 29-Apr-2020	For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors
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"In country" Disclosure

Comoros
27-Apr-2020

Comments

- * Updated National Medical Waste Management Plan (NMWMP)
- * CERC-ESMF

If the project triggers the Pest Management and/or Physical Cultural Resources policies, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.

If in-country disclosure of any of the above documents is not expected, please explain why:

C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting) (N.B. The sections below appear only if corresponding safeguard policy is triggered)

OP/BP/GP 4.01 - Environment Assessment

Does the project require a stand-alone EA (including EMP) report?
NA

The World Bank Policy on Disclosure of Information

Have relevant safeguard policies documents been sent to the World Bank for disclosure?
Yes

Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?
Yes



All Safeguard Policies

Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?

Yes

Have costs related to safeguard policy measures been included in the project cost?

Yes

Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?

Yes

Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?

Yes

CONTACT POINT

World Bank

Voahirana Hanitriniala Rajoela
Senior Health Specialist

Borrower/Client/Recipient

UNION OF COMOROS
Said Ali Said Chayhane
Union of Comoros
elaziz.elaziz@gmail.com

Implementing Agencies

MINISTRY OF HEALTH, SOLIDARITY, SOCIAL PROTECTION AND GENDER PROMOTION
Jean Youssef
General Secretary Ministry of Health, Solidarity, Social Pro
jeanyoussef@yahoo.fr



FOR MORE INFORMATION CONTACT

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: <http://www.worldbank.org/projects>

APPROVAL

Task Team Leader(s):	Voahirana Hanitriniala Rajoela
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Approved By

Safeguards Advisor:	Nathalie S. Munzberg	28-Jun-2020
Practice Manager/Manager:	Ernest E. Massiah	28-Jun-2020
Country Director:	Rasit Pertev	30-Jun-2020