



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 26-Mar-2020 | Report No: PIDISDSA29090



BASIC INFORMATION

A. Basic Project Data

Country Senegal	Project ID P173838	Project Name Senegal COVID-19 Response Project	Parent Project ID (if any)
Region AFRICA	Estimated Appraisal Date 25-Mar-2020	Estimated Board Date 31-Mar-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Ministry of Finances and Budget	Implementing Agency Ministry of Health and Social Action	

Proposed Development Objective(s)

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

Components

- Component 1. Emergency COVID-19 Response
- Component 2. Community Engagement and Risk Communication
- Component 3. Project Management and Monitoring

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



Environmental and Social Risk Classification

Substantial

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

B. Introduction and Context

Country Context

1. **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).

2. **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’s movements 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 2017,¹ which may be 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.

Sectoral and Institutional Context

3. **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

¹ UN World Tourism Organization. 2018. Compendium of Tourism Statistics dataset. UNWTO, Madrid.



and prioritization² due to the low volume of travelers from China compared to other African countries, the country is a popular tourist destination and all imported cases came from France, United Kingdom, and Italy, which are all hotspots of the virus.

4. **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.

5. **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 EVD.³ There are some gaps and weaknesses that impact the surveillance of these diseases.

6. **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 home.⁴ The disparities are even more striking between the poorest (7 percent) and wealthiest (61 percent) in access to basic and limited handwashing facilities.⁵

7. **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.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

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

² 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.

³ JEE

⁴ UNICEF and WHO. 2019. Progress on household drinking water, sanitation and hygiene – 2000-2017: Special focus on inequalities.

⁵ Basic handwashing facilities is a facility with soap and water; limited handwashing facility is a facility that is lacking either water or soap.



Key Results

- 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)

D. Project Description

8. **The proposed project intends to fill critical gaps in implementing the REDISSE 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 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].

9. 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 Strategic Preparedness and Response Plan for COVID-19. It will enable countries to mobilize surge response capacity through trained and well-equipped frontline health workers. It will also provide some social and financial support to patients that are quarantined. 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].*

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

10. 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].*

Component 3: Implementation Management and Monitoring and Evaluation [US\$1.5 million].

11. This component has two sub-components: *Sub-component 1: Project Management [US\$1 million] and Sub-component 2: Monitoring and Evaluation (M&E) [US\$.5 million].*



Legal Operational Policies

Triggered?

Projects on International Waterways OP 7.50

No

Projects in Disputed Areas OP 7.60

No

Summary of Assessment of Environmental and Social Risks and Impacts

8. The Environmental and Social risks are substantial mainly because of the risks linked to the management of biomedical waste (especially handling highly infectious medical wastes such as COVID-19. 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.

9. Misinformation and rumors regarding COVID-19, and stigma for those who will be quarantined or admitted to isolation and treatment centers is a project risk. To mitigate this risk, a draft Stakeholder Engagement Plan (SEP) was developed during project preparation and component of the project was included to 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.

10. The project will also recruit environmental and social specialists in order to monitor environmental and social risks.

E. Implementation

Institutional and Implementation Arrangements

11. **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.



12. **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.

13. **Financial Management.** 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).

14. 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.

15. 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.

16. **Procurement.** 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.

17. 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.

18. **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.

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APPROVAL

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