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Report No: PAD3838

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT APPRAISAL DOCUMENT

ON A

PROPOSED INTERNATIONAL DEVELOPMENT GRANT

IN THE AMOUNT OF SDR3.8 MILLION
(US$5.2 MILLION EQUIVALENT)
IN CRISIS RESPONSE WINDOW RESOURCES

TO THE

ISLAMIC REPUBLIC OF MAURITANIA

FOR THE

MAURITANIA COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROJECT (SPRP)

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 US$2.3BILLION EQUIVALENT

APPROVED BY THE BOARD ON APRIL 2, 2020

Health, Nutrition & Population Global Practice
Africa Region

CURRENCY EQUIVALENTS

Exchange Rate Effective February 29, 2020

Currency Unit =	Mauritania Ouguiya (MRU)
MRU 36.61 =	US$1
US$1 =	SDR 0.7282

FISCAL YEAR
January 1 - December 31

Regional Vice President:	Hafez M. H. Ghanem
Country Director:	Nathan M. Belete
Country Manager:	Laurent Msellati
Regional Director:	Amit Dar
Practice Manager:	Gaston Sorgho
Task Team Leader(s):	Moussa Dieng/ Djibrilla Karamoko

ABBREVIATIONS AND ACRONYMS

BFP	Bank Facilitated Procurement
CDC	Centre for Disease Control and Prevention
COVID-19	Coronavirus Disease 2019
CPF	Country Partnership Framework
DAF	Directorate of Financial Affairs (Direction des Affaires Financières)
ESCP	Environmental and Social Commitment Plan
FAO	Food and Agriculture Organization of the United Nations
FM	Financial Management
FCTF	Fast Track COVID-19 Facility
GRM	Grievance redress mechanism
GBV	Gender Based Violence
GRS	Grievance Redress Service
HIV-AIDS	human immunodeficiency virus - Acquired immunodeficiency syndrome
ICU	intensive care unit
IDA	International Development Association
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
IMF	International Monetary Fund
INAYA	Health System Support Project
INRSP	National Institute of Public Health Research
JEE	Joint External Evaluations
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Surveys
MoH	Ministry of Health
MPA	Multiphase Programmatic Approach
NGO	Non-governmental organization
OIE	World Animal Health Organization
PAD	Project Appraisal Document
PPSD	Project Procurement Strategy for Development
REDISSE	Regional Disease Surveillance Systems Enhancement
SARS-CoV-2	2019 Novel Coronavirus
SEP	Stakeholder Engagement Plan
SDG	Sustainable Development Goals
SPRP	Strategic Preparedness and Response Project
STEP	Systematic Tracking of Exchanges in Procurement
UN	United Nations
UNICEF	United Nations Children's Fund

WBG	World Bank Group
WHO	World Health Organization

TABLE OF CONTENTS

DATASHEET

BASIC INFORMATION

Country(ies)	Project Name	
Mauritania	Mauritania COVID-19 Strategic Preparedness and Response Project (SPRP)	
Project ID	**Financing Instrument**	**Environmental and Social Risk Classification**
P173837	Investment Project Financing	Substantial

Financing & Implementation Modalities

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

Expected Project Approval Date	Expected Project Closing Date	Expected Program Closing Date
02-Apr-2020	30-Apr-2022	31-Mar-2025

Bank/IFC Collaboration

No

MPA Program Development Objective

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

MPA Financing Data (US$, Millions)

MPA Program Financing Envelope	2,349.80
with a reduction of IBRD	1,090.00
with a reduction of IDA	560.20

Proposed Project Development Objective(s)

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

Components

Component Name	Cost (US$, millions)
Component 1. Emergency COVID-19 Response	4.20
Component 2. Implementation Management and Monitoring and Evaluation	1.00

Organizations

Borrower:	Islamic Republic of Mauritania
Implementing Agency:	Ministry of Health

MPA FINANCING DETAILS (US$, Millions)

Board Approved MPA Financing Envelope:	4,000.00
MPA Program Financing Envelope:	2,349.80
of which Bank Financing (IBRD):	1,610.00
of which Bank Financing (IDA):	739.80
of which other financing sources:	0.00

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	5.20
Total Financing	5.20

of which IBRD/IDA	5.20
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	5.20
IDA Grant	5.20

IDA Resources (in US$, Millions)

	Credit Amount	Grant Amount	Guarantee Amount	Total Amount
Mauritania	0.00	5.20	0.00	5.20
Crisis Response Window (CRW)	0.00	5.20	0.00	5.20
Total	**0.00**	**5.20**	**0.00**	**5.20**

Expected Disbursements (in US$, Millions)

WB Fiscal Year	2020	2021	2022
Annual	4.00	1.00	0.20
Cumulative	4.00	5.00	5.20

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

Emergency project. measures to address health are waste incorporated in the design.

SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

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

COMPLIANCE

Policy

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

[ ] Yes [✓] No

Does the project require any waivers of Bank policies?

[ ] Yes [✓] No

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 I.A.2. No later than one (1) month after the Effective Date or at any later date agreed upon in writing with the Association, the Recipient shall cause the Ministry of Health to a) recruit a financial officer, with terms of reference and qualifications or specifications satisfactory to the Association and b) ensure that the internal auditor includes ex-post reviews of the Project in a quarterly basis and (c) revise the terms of reference of the external auditor to include the Project.

Sections and Description

Schedule 2. Section I.B.1. The Recipient shall by no later than one (1) month after the Effective Date, prepare and adopt a Project Implementation Manual ("the 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 international guidelines, 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.

Sections and Description
Schedule 2. Section I. C.2. (a). The Recipient shall: (a) by no later than one (1) month after the Effective Date, prepare a draft Work Plan and Budget for Project implementation, in accordance with paragraph 1.

Conditions

Type	Description
Disbursement	Schedule 2. Section II.B. 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 one million five hundred and fifteen thousand Special Drawing Rights (SDR 1,515,000) 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

1. This Project Appraisal Document (PAD) describes the emergency response to Mauritania under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the World Bank's Board of Executive Directors[1] 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

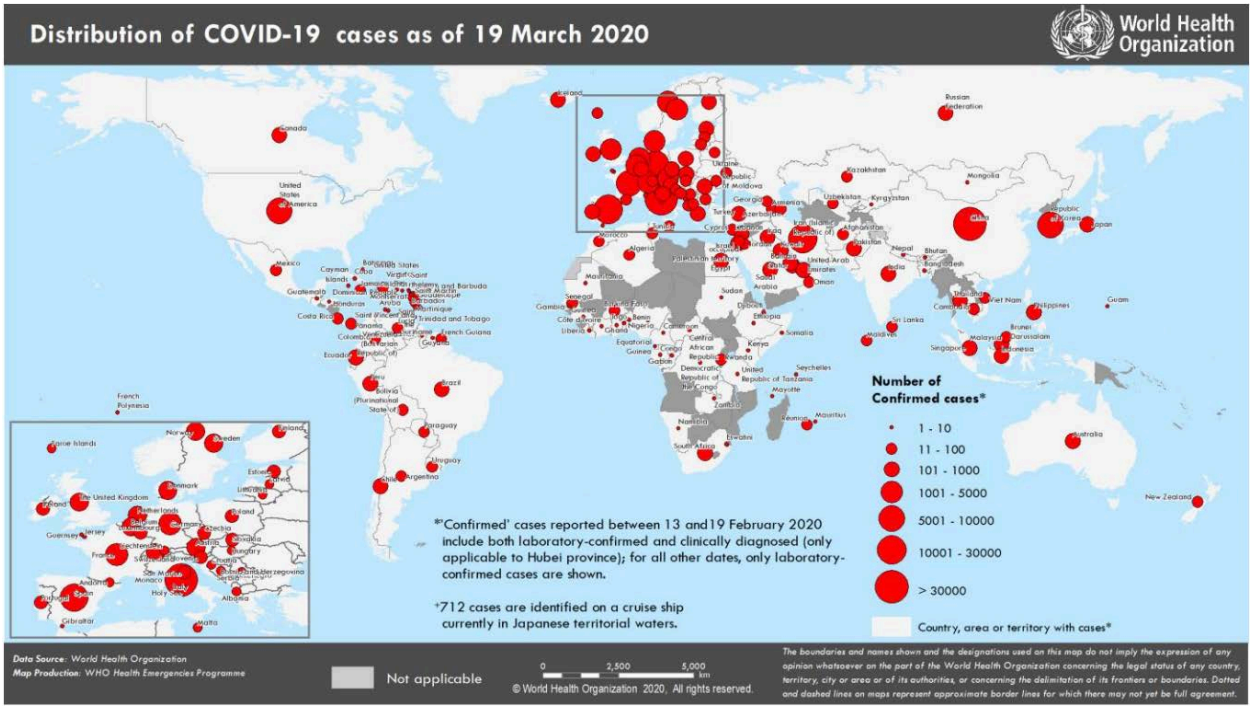
2. **An outbreak of COVID-19 caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China**. Since the beginning of March 2020, the number of cases outside China has increased rapidly and the number of affected countries continues to grow. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic. Figure 1 provides details about the spread of COVID-19. As of March 20, 2020, WHO data show that the outbreak has resulted in an estimated 266,073 confirmed cases and 11,184 confirmed deaths in 182 countries/areas/territories. The novel coronavirus pandemic has claimed the most lives in Italy and China and it is infecting thousands and spreading rapidly across the globe[2]. Current pandemic trends indicate that some population sub-groups are at higher risk of increased COVID-19 related morbidity and mortality, including older adults, and people who have serious chronic medical conditions like heart disease, diabetes, and lung disease. Underlying chronic disease risk factors such as smoking and high blood pressure also are associated with worse outcomes.

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 use[3] and pre-existing chronic health problems that make viral respiratory infections particularly dangerous[4]. 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 percent to 98 percent of patients develop a fever, 76 percent to 82 percent develop a dry cough and 11 percent to 44 percent develop fatigue or muscle aches[5]. Other symptoms, including headache, sore throat, abdominal pain, and diarrhea, have been reported, but are less common. While 3.7 percent 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

[1] On March 17, 2020, the WBG Executive Directors approved a Fast Track COVID-19 Facility (FTCF) of $14 billion for an emergency response to the virus.
[2] WHO Novel Coronavirus Situation Update DashBoard (March 18, 2020), *https://www.who.int/emergencies/diseases/novel-coronavirus-2019.*
[3] 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*
[4] Fauci, AS, Lane, C, and Redfield, RR. 2020. "Covid-19 — Navigating the Uncharted." New Eng J of Medicine, DOI: 10.1056/NEJMe2002387
[5] Del Rio, C. and Malani, PN. 2020. "COVID-19—New Insights on a Rapidly Changing Epidemic." JAMA, doi:10.1001/jama.2020.3072

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.

Figure 1: COVID-19 Cases[6]



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).

B. Updated MPA Program Framework

5. 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.

6. Table-1 provides an updated overall MPA Program framework, including the first two countries and the proposed project for Mauritania.

[6] https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200310-sitrep-50-covid-19.pdf?sfvrsn=55e904fb_2, World Health Organization

Table 1. MPA Program Framework

Phase #	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
1	[P173775] Afghanistan COVID-19 Response	Simultaneous	Please see relevant PAD	IPF		US$19.40	US$81.0 (reallocated from regular country IDA allocation)	TBC	High
2.	P173750] Ethiopia COVID-19 Response	Simultaneous	Please see relevant PAD	IPF	00.00	$42.00		TBC	Substantial
3	[P173837} Mauritania COVID-19 Response	Simultaneous	Please see relevant PAD	**IPF**	00.00	US$5.20			Substantial
2	Available amounts for the countries joining later	TBD on the basic of country requests			00.00	$1,233.40			
Total			**Board Approved Financing Envelope**		**$2,700.00**	**$1,300.00**			

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. At the country level the following will be targeted for learning:

- **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

II. Context and Relevance

A. Country context

8. Mauritania is a vast arid country situated in between North and Sub-Saharan Africa. The country contains nearly one million square kilometers of land, but only 0.5 percent of this land is arable. Its four million inhabitants, in 2019, are concentrated in Nouakchott (the capital), in the coastal provinces and in the provinces lining the Senegal River.

9. The country's impressive natural resource based-economic growth over the past decade has enabled it to graduate into the ranks of lower middle-income countries. Primary economic activities traditionally centered around the production of rice, vegetables and livestock in the south of the country and they remain the poor's main livelihood sources. In addition, in recent years, Mauritania has also successfully tapped mineral resources (iron, copper, gold, oil and gas) as well as fishing reserves. The commodity super-cycle allowed for significant Government investments in infrastructure and enabled the country to register one of the best growth performances in the region. As a result, GDP per capita increased from US$700 to US$1,218 between 2007 and 2018.

10. While poverty has declined in some regions, the overall poverty rate remains high in Mauritania, with 33 percent of the population living below the national poverty line (2014). Until the early 2000s, the average annual decline in the poverty rate was around one percentage point. Between 2008 and 2014, poverty reduction accelerated to an average annual rate of almost two percentage points. While the predominantly rural regions of Hodh Chargui, Gorgol, Brakna, Adrar and Tagant registered most progress, the highest poverty rates remain amongst rural households engaged in agriculture and livestock (Guidimakha, Tagant, Brakna, and Assaba). In the mostly urban coastal provinces, poverty rates are generally lower than elsewhere but are decreasing more slowly, and in Nouakchott, poverty rates remained largely unchanged.

11. In a country so heavily dependent on its primary sector, the impact of environmental degradation and climate change on economic development and on the livelihoods of the poor could be catastrophic since most poor rely on livestock-rearing and rainfed agriculture. Mauritania is caught between an expanding desert and an eroding coastline. Encroaching desertification, rising temperatures, increasing water scarcity, more frequent and intense droughts and flash flooding, soil erosion and decreased arable land quality, all threaten the poor's livelihood and food security. Conflicts between pastoralists and farmers, notably in oases, over diminishing natural resources threaten social stability and economic empowerment in rural areas. Rising seawater temperatures, ocean acidification, and over exploitation are depleting valuable fish stocks and depriving coastal populations of vital sources of nutrition and revenue. Annual mean temperatures have increased by approximately 3.1°C across the country since the 1950s. By 2040, mean annual temperature is projected to increase by 0.5 to 2°C.

12. Mauritania has been a bulwark against regional instability, but, in an unstable region, spillovers from transnational conflicts are high. Mauritania shares a long border with Algeria and Mali and suffered numerous terrorist attacks during 2005–11, which shut down a small, but promising desert tourism industry. Taking a hard line on terrorism, the Government has been able to reduce incidents on its territory and maintain political stability in an otherwise volatile region. Yet, continued conflict in Mali has many negative spillovers, including large numbers of refugees, trade disruptions, and illegal trafficking.

13. **Mauritania has a Human Capital Index of 0.35 and ranks 150 out of 157 countries**. This suggests that children born in Mauritania today will be on average 65 percent less productive than they would be if there was perfect survival, education and health in the country. About 8 out of 100 children do not survive to age 5; children on average have only about 6.3 learning-adjusted years of school (out of a maximum of 14 years); 28 out of 100 children are stunted;7 and only 80 percent of the population over 15 years survive to the age of 60. In addition to increasing the intrinsic benefits and values of optimal health and education of its people, Mauritania could more than double its GDP by improving its health and education outcomes.

B. Sectoral and Institutional Context

14. **Mauritania has achieved some positive outcomes, but maternal and reproductive health remains concerning**. The MDG related to tuberculosis made a good progress. The under-five mortality rate decreased significantly from 118 deaths for 1,000 live births in 2011 (MICS 2011) to 54 deaths for 1,000 live births in 2015 (MICS 2015). However, maternal mortality was estimated at 602 per 100,000 live births in 2015 compared to the MDG target of 232 per 100,000 live births (41 percent achievement). Nevertheless, despite progress made to date, Mauritania is among the countries with the highest level of maternal mortality in the region. Key intervention rates have not progressed significantly in the recent years. For example, immunization coverage (fully immunized children between ages 12 and 23 months) has only slowly increased at 48.7 percent in 2015 (from 38.4 percent in 2011, Mauritania MICS 2011 and 2015). Other countries have made better progress. The demographic transition has not yet started in Mauritania, with a total fertility rate of 5.1 (6.1 in rural, MICS 2015). Regarding HIV-AIDS, the prevalence is still low but nevertheless doubled between 1990 and 2015. The country's epidemiological profile is still marked by the predominance of infectious and parasitic disease, although noncommunicable disease, particularly cardiovascular disease and diabetes have grown to the point of becoming a worrisome public health problem.

15. **The COVID-19 situation in Mauritania is quickly evolving due to cross border concerns**. Mauritania has already reported cases of COVID-19 and is very vulnerable to a more widespread outbreak. Two imported cases of COVID-19 have been confirmed in Mauritania by March 18. But recognizing the rapidly contagious nature of the virus, the relatively free population movement over the border, and limited public health capacity, it is very likely that the virus has spread more widely than currently reported, as in other countries, and has the potential to cause substantial harm.

16. **The public health system's capacity for disease outbreak response and preparedness needs strengthening**. A Joint External Evaluation (JEE) of the core capacities in the International Health Regulations (IHR) assessed the strengths and weaknesses in Mauritania in 2017 and provided a set of recommendations on areas requiring priority interventions to improve the preparedness of the health system. These include: legislation to enable IHR implementation and coordination functions; routine capacity at points of entry, which is currently missing; strengthening capacity for real-time surveillance for surveillance staff on emerging and re-emerging diseases; improving emergency response operations to all public health events through integrating relevant IHR-related functions within the Command and Control Center under Emergency Preparedness and Response for coordinated risk assessment and response; and improving risk communication by developing a national strategic framework and plan for multi-hazard risk communication. The Government has developed a costed national action plan, which includes strengthening the basic health services package to incorporate health security considerations. However, investments and implementation have lagged.

17. **The capacity of Veterinary Services needs strengthening to prevent emergence of infectious diseases of animal origin.** Livestock plays an important socio-economic role in Mauritania. Due to this heavy reliance on animals and with the fact that many recurrent zoonosis are present in Mauritania (e.g., rabies, Q-fever, Crimean Congo Hemorrhagic Fever), the risk of these diseases impacting the human population remains high. The capacity of Veterinary Services was assessed in 2008 using the World Animal Health Organization (OIE) PVS pathway. The assessment underscores the needs to address serious shortage of well qualified veterinarians and veterinary para-professionals, the low capacity of provincial veterinary laboratories, and lack of awareness by livestock keepers and the general public about animal health.

18. **COVID-19 is expected to have negative impacts on Mauritanian's economy**. The COVID-19 outbreak is expected to reduce GDP growth during 2020. Trade disruptions is the most important transmission channel, with potential closure of border crossings and export corridors negatively, though limited in comparison to some of the neighboring countries, may also be negatively affected. COVID-19 is likely to have further negative impacts on already-low private sector confidence. The risks of major economic disruption and travel restrictions. COVID19 risks may be perceived as substantial by investors. Slower economic growth resulting from COVID-19 could negatively impact already-overstretched fiscal resources available for provision of healthcare services. For those sections of the population directly impacted by economic disruptions arising from COVID-19, reduced incomes may impact access to health services in a country where health expenditure is dominated by out-of-pocket expenditures.

19. **The Government is working closely with technical partners such as; WHO, UNICEF, World Bank and other relevant stakeholders** to rapidly expand in-country preparedness and containment capacity, to strengthen detection and surveillance capacity at points-of-entry into Mauritania, such as airports and border-crossing sites, and to continue the training of medical staff on case-management, risk communication and community engagement. The level of support and activities in all key areas will need to be expanded rapidly to manage further spread of the disease. The MoH with the support of WHO has developed and is implementing the National COVID-19 preparedness and Response Plan. The plan focuses on scaling-up and strengthening all aspect of preparedness and response including coordination, surveillance, case management, communication and social mobilization, psychosocial as well as logistics and safety. The implementation is already supported by the Regional Disease Surveillance Systems Enhancement (REDISSE III) Project (IDA-D3140). Activities that will be financed under the COVID-19 Fast-Track Facility will be coordinated by the MoH with the support of WHO to ensure that gaps are covered, and duplication is minimized.

C. Relevance to Higher Level Objectives

20. **The project is aligned with World Bank Group strategic priorities**, particularly the WBG's mission to end extreme poverty and boost shared prosperity. The Program is focused on preparedness and is also critical to achieving Universal Health Coverage, 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 International Health Regulations (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 Universal Health Coverage 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 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 (SPRP) 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.

22. **The World bank's Country Partnership Framework for the Period FY18–FY23 (CPF)** for Mauritania emphasize the need to strengthen the capacity of health systems of which disease surveillance is a key pillar, in order to improve health outcomes and reduce vulnerability. The project is prepared to allow the country to respond to urgent preparedness and response needs related to the COVID-19 outbreak. It complements the REDISSE, which aims to strengthen human health, animal health, and disaster response system in West Africa to ensure resilience to outbreaks and health emergencies. This project which is in the early stages of implementation support the country to establish a coordinated approach to detecting and swiftly responding to regional public health threats and to strengthening health information systems, including national disease surveillance capacity for early detection and response to disease outbreaks.

III. PROJECT DESCRIPTION

23. **The proposed Project will address critical country-level needs for preparedness and response for COVID-19.** The scope and the components of this project are fully aligned with the COVID-19 Fast Track Facility and adapted to the country urgent preparedness and response needs related to the COVID-19 outbreak. These needs were expressed in the request for US$5.2 million transmitted to the World Bank. The proposed Project activities are based on Mauritania's COVID-19 Preparedness and Response Plan, prepared in collaboration with the WHO.

A. Project Development Objective

PDO Statement

24. The Project Development Objective (PDO) is to strengthen the national public health preparedness capacity to prevent, detect and respond to the COVID-19 pandemic in Mauritania

PDO Level Indicators

25. The PDO-level indicators are listed below:

(i) Suspected cases of COVID-19 reported and investigated per approved protocol (percentage)
(ii) Health facilities with trained staff in infection prevention control per MoH approved protocol (Percentage)
(iii) Reference and district hospitals with personal protective equipment and infection control products and supplies, without stock-outs in preceding two weeks (Percentage)
(iv) ICU beds in prioritized ICU units that are fully equipped and operational (percentage)

B. Project Components

26. The proposed Project will consist of two components supporting the country's detection and response efforts in the fight against COVID-19. It will support activities aimed at strengthening the country's capacity to: (i) identify, isolate, and provide care for patients with COVID-19 in a timely manner to minimize disease spread, morbidity and mortality; (ii) prepare and strengthen the health system for increasing levels of demand for care; and (iii) provide timely, transparent and evidence-based information to support healthcare interventions. The total Project cost is US$5.2 million; further details are provided in Table 2 below.

Table 2: Mauritania COVID-19 Project Costs by component

Program Components	Project Cost	IDA Financing
Component 1. Emergency COVID-19 Response	**4.2**	**4.2**
Sub-Component 1.1: Case Detection, Confirmation, Contact Tracing, Recording, Reporting	*1.2*	*1.2*

Sub-Component 1.2: Health System Strengthening	*2.2*	*2.2*
Sub Component 1.3: Communication Preparedness	*0.8*	*0.8*
Component 2. Implementation Management and Monitoring and Evaluation	**1.0**	**1.0**
Sub-component 2.1: Implementation Management	*0.8*	*0.8*
Sub-component 2.2: Project Monitoring and Evaluation	*0.2*	*0.2*
Total Costs		
Total Costs	5.2	
Front End Fees	0.0	
Total Financing Required	5.2	

The project will comprise of the following components:

27. **Component 1: Emergency COVID-19 Response (US$4.2 million)**. The aim of this component is to slow down and limit as much as possible the spread of COVID-19 in the country. This component will provide immediate support to prevent COVID-19 from arriving or limiting 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 guidelines in the Strategic Response Plan. It will enable the country to mobilize surge response capacity through trained and well-equipped frontline health workers. Supported activities include:

28. ***Sub-Component 1.1:*** **Case Detection, Confirmation, Contact Tracing, Recording, Reporting (US$1.2 million)**. This sub-component will help (i) strengthen disease surveillance systems, the testing capacities of the National Institute of Public Health Research (INRSP) laboratory and other public health laboratories as deemed necessary, and epidemiological capacity for early detection and confirmation of cases; (ii) combine detection of new cases with active contact tracing; (iii) support epidemiological investigation; (iv) strengthen risk assessment, and (v) provide on-time data and information for guiding decision-making and response and mitigation activities. A particular focus will be put on the country's capacity to identify, isolate and test suspected cases at border control points, as well as safely transfer them to properly equipped isolation and quarantine centers. The project will finance related activities such as training of border officers; mobile testing units at point of entries and equipment of isolation centers. Additional support could be provided to strengthen health management information systems to facilitate recording and on-time virtual sharing of information.

29. ***Sub-Component 1.2:*** **Health System Strengthening (US$2.2 million)**. Assistance will be provided to the health care system for preparedness planning to provide optimal medical care, maintain essential community services and to minimize risks for patients and health personnel, including training health facilities staff and front-line workers on risk

mitigation measures and providing them with the appropriate protective equipment and hygiene materials. Strengthened clinical care capacity will be achieved through financing plans for establishing specialized units in selected hospitals, treatment guidelines, clinical training of health workers and hospital infection control guidelines. Strategies will be developed to increase hospital bed availability for Covid-19 patients, in particular the country will aim to increase the numbers of fully equipped intensive care unit (ICU) beds in resuscitation units for the treatment of most severe cases. Local containment will be supported through the establishment of local isolation units in hospitals and widespread infection control training and measures will be instituted across health facilities. As COVID-19 would place a substantial burden on inpatient and outpatient health care services, support will be provided develop intra-hospital infection control measures. Support will be also provided to strengthen medical waste management and disposal systems.

30. ***Sub Component 1.3:*** **Communication Preparedness (US$0.8 million).** Communication activities will support cost effective and sustainable methods such as marketing of "handwashing" through various communication channels via mass media, counseling, schools, workplace, and integrated into specific interventions as well as ongoing outreach activities of ministries and sectors, especially ministries of health, education, agriculture, and transport. Support will be provided for information and communication activities to raise awareness, knowledge and understanding among the general population about the risk and potential impact of the pandemic. Community mobilization will take place through trained community health workers. It may also involve, as necessary, institutions that reach the local population such as religious and tribal leaders. In addition, support could be provided for: (i) the development and distribution of basic communication materials (such as question and answer sheets and fact sheets in appropriate languages) on (i) COVID-19, and (ii) general preventive measures such as "dos" and "don'ts" for the general public; (iii) information and guidelines for health care providers: (iv) training modules (web-based, printed, and video); (v) presentations, slide sets, videos, and documentaries; and (vi) symposia on surveillance, treatment and prophylaxis.

Component 2: Implementation Management and Monitoring and Evaluation (US$1.0 million).

31. Sub-component 2.1: Project Management (US$0.8 million). Implementing the Project will require administrative and human resources that exceed the current capacity of the implementing institutions including central and local (decentralized) arrangements for coordination of activities, financial management and procurement. This component will support the functionality of the National Center for Emergency Operations in Public Health through the acquisition of informatics and communication equipment, furniture and logistics. To this end, project will support costs associated with project implementation.

32. **Sub-component 2.2: Project Monitoring and Evaluation (US$0.2 million).** Support will be provided to develop project monitoring and impact evaluation assessments. The aim of evaluation is to assess whether the interventions are effective, or the project activities are having the desired impact. The evaluation would include both quantitative and qualitative aspects. The quantitative aspects would rely on new information systems and surveys implemented as part of the various components of the project, currently existing data sources, and primary evaluative data collection efforts. The goal of the qualitative aspect of the evaluation would be to document perceptions of program managers, staff, patients, and local and national leaders. Qualitative information would be collected using site-visit interviews, focus groups, and respondent surveys.

C. Project Beneficiaries

33. **The scope of this project will be nationwide, covering all 15 regions of the country**. The primary 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, medical and emergency personnel, medical and testing facilities, and public health agencies engaged in the response in participating countries.

IV. IMPLEMENTATION ARRANGEMENTS

A. Institutional and Implementation Arrangements

34. **Mauritania Ministry of Health (MOH) will be the implementing agency for the project.** The MoH will be responsible for project coordination, through the Office of the Secretary General. The Financial management (FM) arrangements for this project will be based on the existing arrangements in place under the ongoing INAYA (Health System Support) project (P156165). Project oversight will be provided through the Multisectoral COVID-19 Emergency Response Committee in the MoH. The Committee meets on a regular basis. It will review progress of the project, ensure coordinated efforts by all stakeholders and conduct annual reviews of the project. The National Center of Emergency Operations ensures the technical coordination of the Covid-19 response. Through its central departments and regional directorates, the MoH will be responsible for implementation of the project. The current project's administrative, financial and procurement procedures manual will be updated to integrate the roles and responsibilities of the various actors. For the coordination between REDISSE III support and this project, a task force between the Ministry's teams and the REDISSE III project coordination unit will be established to ensure a smooth synergy in the response supported by the World Bank.

35. All procurement under the project will be undertaken by the Directorate of Financial Affairs (DAF) within the Ministry of Health. MoH identifies needs informed by WHO list. If the MoH has an existing contract, it can be amended to include supplies financed by the Bank. For items not under an existing contract, the MoH negotiates directly with one or more supplier(s) and the Bank advises with up to date market/price data. No Bank prior review, and later post review on a sample basis. The Directorate of Public Hygiene with the support of the Environmental Specialist of INAYA will ensure the proper implementation of the environmental and social framework elements of the project.

B. Results Monitoring and Evaluation Arrangements

36. The **Project's results framework will build upon and align with the REDISSE III and includes both intermediate and final outcomes indicators.** The COVID-19 Emergency Response Committee will review the design, implementation, and reports to include the proposed projects' key indicators. Joint External Evaluations (JEEs) will also be used to inform the Project's Results Framework indicators.

(a) **Reporting:** The MOH 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.

(b) **Supervision and implementation support**: An experienced in-country World Bank team of health, operational, and fiduciary specialists will provide day-to-day implementation support to the MOH with additional regular support from staff from other World Bank offices; implementation support missions will be

carried on a regular basis and will include relevant partners

C. Sustainability

37. **The sustainability of the project will depend on the capacity of MOH and the specific activities.** The focus of some of the project activities on training and capacity building will further enhance the sustainability of the project. The outcomes of the project related to strengthening disease surveillance and pandemic preparedness (informed by the COVID-19 immediate response) will be a sustainable outcome of the project. It will help the health sector effectively respond to future pandemics.

V. PROJECT APPRAISAL SUMMARY

A. Technical, Economic and Financial Analysis

38. 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-l 9) 50 million people died about 2.5 percent 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.

39. 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 percent 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.

40. 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

41. An assessment of the FM arrangements under the INAYA project coordination unit was carried out in March 2020, the assessment entailed a review of its capacity and its ability to record, control, and manages all the project

resources and produce timely, relevant and reliable information for the key stakeholders. The objective of the assessment was to determine whether the financial management arrangements in place are acceptable. The FM assessment was carried out in accordance with the Financial Management Practices Manual issued by the Financial Management Board on March 1, 2010 and retrofitted on February 4, 2015.

42. **This Mauritania COVID-19 Response Project will be managed through the existing FM arrangements in place for the ongoing INAYA project under MoH's DAF responsibility**. These arrangements include: (i) a multi-project accounting software, which will easily integrate the proposed project's accounts: (ii) an internal auditor (iii) an administrative and financial management manual in place adequate for this new project activities. The FM team is comprised of only the administrative and financial director who is not fully dedicated to the project. However, a financial officer recruitment is being finalized.

43. **The overall financial management performance of INAYA has been rated as Moderately satisfactory** given (i0 (i) the lack of sufficient FM team and (ii) a qualified opinion on the 2018 financial statements of INAYA related to non-compliance with the tax system without impact on internal control. However (a) the quarterly interim financial reports (IFR) are timely submitted and the quality is satisfactory and (b) the internal control environment is adequate. As mitigation measures, the MoH's DAF will be required no later than one (1) month after effectiveness to: (i) Finalize the financial officer recruitment; (ii) incorporate in the work program of the internal auditor ex-post reviews of the project in a quarterly basis and (iii) revise the terms of reference of the external auditor of INAYA to include a single external audit of the COVID 19 response project.

44. **Conclusion of the FM assessment**. The financial management arrangements in MOH's DAF are adequate and satisfy the Bank's minimum requirements under Bank Policy and Directive on Investment Project Financing (IPF) effective in 2017. The overall FM risk for the project is rated Substantial. FM actions plan proposed will reinforce the internal control environment and ensure readiness for implementation.

45. The inherent risk of the Mauritania 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

46. **Procurement for the project will be carried out in accordance with the World Bank'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 World Bank's Anticorruption Guidelines, dated October 15, 2006, revised in January 2011, and as of 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 were needed. The Borrower must use the Bank procurement document for the different procurement methods.

47. **The major planned procurement activities** include medical equipment, supplies and commodities, diagnostic reagents, including kits; procurement and distribution of masks; development of communication messages and materials; establishment of a call center for responding to inquiries about coronavirus; development of online education courses and associated installation of Internet bandwidth for selected Higher Education Institutions; etc. Given the emergency nature of the requirements, Borrower has agreed to develop a streamlined Project Procurement

Strategy for Development during the implementation phase of the project and finalize the same 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.

48. **The proposed procurement approach** prioritizes fast track emergency procurement for the emergency required goods, works and services. Key measures to fast track procurement include:

(a) Direct Contract with health Providers adopted by the Ministry of Health for all outpatient and inpatient medical services to be provided to the public. Unit rates established for various services will be followed in all possible areas and new uniform rates will be arrived at through negotiations with NGOs providing these services at present;
(b) Using existing framework agreements with international agencies like UNICEF, WHO and other UN agencies for procurement of medicines, medical supplies and equipment for emergency requirements;
(c) Direct Contracting and/or Limited Competition with identified manufacturers and suppliers for other urgent items;
(d) Conducting all emergency procurement under this project for relief phases as post review.
(e) Retroactive financing arrangement of eligible expenditures what could have been purchased prior to approval of project.

49. 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 DAF with negotiating prices and other contract conditions. The DAF 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.

50. **Institutional arrangements for the Project** shall be the same as for Health System Support Project P156165 (INAYA) and procurement shall be carried out by the Directorate of Financial Affairs within the Ministry of Health. Given that the procurement position of INAYA project is vacant, the Procurement Cell within the Ministry may be used to carry out all procurement activities with collaboration with the Directorate of Financial Affairs. The chief of this cell was the Procurement Specialist of INAYA project, and she has a large experience and good knowledge of Bank procurement procedures.

51. **The risks identified on the side of this are:** limited knowledge of the World Bank's New Procurement Framework, lack of realistic planning, delay in the processing of procurement activities by the Pluri-departmental procurement commission and weak contract management capacity including insufficient involvement of civil servants in procurement process, from the identification of project needs to plan contract award and contract management. The risk estimated "**high**".

52. **Major risks to procurement and proposed mitigation measures are:**

Risks	Mitigation Measures
Limited capacity to conduct emergency procurement	The INAYA Project will maintain his staff with the appropriate capacity dedicated to the malady translation response. Bank will provide the necessary support if needed.
Managing fraud and corruption and noncompliance	*Ex ante* due diligence of firms being selected will be attempted using databases available in country and externally. Post review of contracts will be scheduled immediately on award of contracts for all contracts that would have been usually prior reviewed.
Capacity of the market and supply chain to meet the demand	Proposed mobilization of existing service providers consisting in the possibility to proceed with contracts extension for additional activities through contract amendment are expected to address the emergency medical service requirements. Measures for supplier preferences like direct payments by Bank, advance payments, etc. will be applied on need basis.
Delay in the processing of procurement activities by the Pluri-departmental procurement commission	Make some efforts to accelerate the procurement process of all project activities. The majority must be carried out by the CIMAC of the Ministry of Health
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	The Bank can provide BFP leveraging its comparative advantage as 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	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.

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

53. The project will have positive impacts on improving COVID-19 surveillance, monitoring and containment. owever, the project could also cause significant environmental, 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.

54. **The environmental risk classification for the project is Substantial under the World Bank Environmental and Social Framework (ESF),** mainly because of the risks linked to the management of biomedical waste (especially handling highly infectious medical wastes that could carry the COVID-19 virus). The risks linked to the renovation of isolation and treatment centers are moderate given that they revolve largely around rehabilitation of existing facilities and are focused mainly on managing site-specific occupational health and safety for construction and project workers and construction waste management. Labor management and health and safety risks will be taken into account across the project through the application of WHO protocols. The capacity of the MOH to manage the environmental and social (E&S) risks will be built through ongoing support and training by World Bank specialists.The Directorate of Public Hygiene with the support of the Environmental Specialist of INAYA will ensure the proper implementation of the environmental and social framework elements of the project.

55. **The social risk is Substantial**. Misinformation and rumors regarding COVID-19, and stigma for those who will be quarantined or admitted to isolation and treatment centers are project risks. However, one of the components of the proposed project entails risk communication, social mobilization and community engagement to raise public awareness and knowledge on prevention and control of COVID-19 among the general population and vulnerable groups. Beyond conflicts resulting from false rumors, vulnerable groups are at risk being excluded from vital services, and quarantine interventions could entail sexual exploitation and abuse; as well as culturally inappropriate accommodation and services. The project's ESMF will outline how these risks will be managed, through both project design that focuses on public disclosure, communications, and behavior change around the pandemic, and specific application of WHO protocols for managing quarantine and isolation facilities.

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

57. The project will also ensure that the medical isolation of individuals does not increase their vulnerability (for example, to gender-based violence, GBV) especially in rural areas of the country. Handling of quarantining interventions (including dignified treatment of patients; attention to specific, culturally determined concerns of vulnerable groups; and prevention of Sexual Exploitation and Abuse/Harassment (SEA/H) as well as meeting minimum accommodation and servicing requirements) can also be listed as issues that will require close attention while managing the social risks of the project.The project will not support activities that involve land acquisition or lead to physical and/or economic displacement.

58. **To mitigate against these risks**. To mitigate against the risk of project staff contracting the virus, the project will revise and update the Environmental and Social Management Framework (ESMF) for INAYA and its AF within one month of effectiveness based on WHO protocols for managing risks associated with COVID-19. The ESMF 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 WHO's COVID-19 Quarantine Guideline and COVID-19 biosafety guidelines will be incorporated into the ESMF. These guidelines include provisions to address the needs of patients, including the most vulnerable. They also include provisions for the establishment of quarantine and isolation centers and their operation considering the dignity and needs of patients. The

proposed project will also provide emergency medical and non-medical supplies including Personal Protective Equipment (PPEs) such as gloves, surgical masks, respirators, eye protection and isolation gowns to health workers for their safety and other infection prevention and control materials (such as detergents and disinfectants, and safety/sharps boxes). The firms that will be recruited for renovation of isolation and treatment centers must develop a contractor Environmental and Social Management Plan (ESMP), integrating the risks and mitigation measures outlined in the project's ESMF into their operations during the preparation and construction phase. This document must be approved before the start of works. Further, each laboratory that is handling COVID-19 will also develop an ESMP that builds on WHO protocols to ensure safe handling and infections control. To manage healthcare waste, the final ESMF will incorporate the National Health Care Waste Management Plan (NHCWMP), developed by the Mauritanian Ministry of Health. The NHCWMP will be complemented with WHO COVID-19 specific protocols for collection, storage, transportation and final disposal of wastes.

59. **A draft Stakeholder Engagement Plan (SEP) was developed during project preparation**. Stakeholder engagement is a critical tool for social and environmental risk management, project sustainability and success. The proposed 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 and contribute to strengthening the capacities of community structures in promoting coronavirus prevention messages. The Project's draft Stakeholder Engagement Plan (SEP) will be updated throughout project implementation as the client engages in continuous, meaningful and safe consultations on policies, procedures, processes and practices (including grievances) with all stakeholders throughout the project life cycle, and provide them with timely, relevant, understandable and accessible information. The World Bank team will provide advice to the client on managing stakeholder engagement in the constrained circumstances brought on by COVID-19. A project-wide grievance redress mechanism (GRM), proportionate to the potential risks and impacts of the project, will be established in the updated SEP that will be disclosed within two months of effectiveness.

60. **An Environmental and Social Commitment Plan (ESCP) which was developed during project preparation** 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.

61. The Project will implement an operational GRM which will take all complains during the project life cycle. This GRM will also integrate GBV/ SEA for the women and children.

VI. GRIEVANCE REDRESS SERVICES

62. 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.

VII. KEY RISKS

63. The overall risk of the proposed project is rated 'Moderate'. The key risks and proposed mitigation measures are described in the table below.

64. Large volumes of personal data, personally identifiable information and sensitive data 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.

65. These will 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.

INHERENT RISK	Assessment of Mitigation measures
Political & Governance (Substantial) Lack of accountability measures to ensure that resources supporting COVID-19 activities reach intended health care facilities and beneficiaries.	Commitment and state of processes to disclose/document funding to support COVID-19 response (e.g., publication of audit results and achievements; transparency in decision and resource allocation, extent of stakeholder consultations) Availability of feedback mechanisms to confirm that financing has reached intended health care facilities, beneficiaries.

Macroeconomic (Substantial) Reduction in fiscal capacity of governments due to global economic disruption and slowdown, and potential unavailability of fiscal resources. This would negatively impact public health service delivery with respect to COVID-19 prevention, mitigation, and treatment, in addition to other essential health service delivery.	Extent of government commitment to provide fiscal resources to core COVID-19 and essential health service delivery activities. The program would minimize this risk by supporting critical public health programs, in addition to the COVID-19 response and mitigation effort.
Sector policies/strategies (Moderate) National health policies do not provide adequate enabling environment for COVID-19 emergency response and supported activities (e.g., case detection & reporting, social distancing measures, health system strengthening, communications, multi-sector policy for prevention and preparedness, infrastructure, etc.)	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.
Technical design (Moderate) Intervention activities not effective in containing the spread of COVID-19, as well of other infectious diseases of animal origin.	Extent to which project activities focus on strengthening response capacity in selected priority areas in the short- and medium terms and lay the foundations for a broader-based One Health strategy and approach, including broad awareness and communication campaigns, which would be critical to containing the spread of these diseases. **This risk would also be mitigated by selecting** evidence-based interventions, with robust monitoring and evaluation systems, allowing for modifications and redesign as needed.
Lack of timely and predictable access to expert advice and technical support	Supporting project activities that are designed and implemented in partnership with leading multilateral agencies, such as WHO and FAO, regional/subregional entities; and bilateral and other donor organizations.
Lack of sufficient quantity of drugs and other medical inputs needed to address the health needs of the general population during a pandemic	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

Lack of adequate national M&E to track progress and emerging issues	Support of national and/or project-specific M&E to flag emerging issues and to strengthen and learn from the crisis response.
Institutional capacity (Moderate)	
Low-level commitment and engagement at local and community levels means that strong central commitment does not translate into action on the ground	Extent to which implementation mechanisms explicitly address the link between the required centralized decision making (the principle of 'direct chain of command') with the needed local-level implementation, communication strategies include local-level implementing actors as targets; capacity building at different levels engaged in the response.
Inadequate or lack of multi-sectoral participation	High level of political attention given the significant economic impact is helping galvanize the need for a One-Government response strategy
Stakeholders (Low)	
The existence of denial and misinformation associated with COVID-19, which could lead to the rejection of public health interventions and information in some country contexts, contributing to the continued spread of the disease.	Extent of government and civil society outreach, advocacy and coalition building to sensitize key groups including policy makers, the media, and ensure consistent communication.
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	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.

VIII. RESULTS FRAMEWORK AND MONITORING

Results Framework

COUNTRY: Mauritania

Mauritania COVID-19 Strategic Preparedness and Response Project (SPRP)

Project Development Objective(s)

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

Project Development Objective Indicators

Indicator Name	DLI	Baseline	End Target
To support detection and response efforts in the fight against COVID-19			
Suspected cases of COVID-19 reported and investigated per approved protocol (Percentage)		0.00	100.00
Health facilities with trained staff in Covid-19 infection prevention control per MoH approved protocol (Percentage)		0.00	90.00
Reference and district hospitals with personal protective equipment and infection control products and supplies, without stock-outs in preceding two weeks (Percentage)		0.00	80.00
Percentage of ICU beds in prioritized ICU units that are fully equipped and operational for COVID-19 response (Percentage)		0.00	90.00

Intermediate Results Indicators by Components

Indicator Name	DLI	Baseline	End Target
Emergency COVID-19 Response			
Border control sites with trained teams and the necessary means of control, isolation and transport to isolation and care sites (Number)		0.00	32.00
Priority healthcare facilities that received protective equipment and hygiene materials (Percentage)		0.00	100.00
Proportion of laboratory-confirmed cases of COVID-19 responded to within 48 hours (Percentage)		0.00	100.00
Designated laboratories fully equipped with COVID-19 diagnostic equipment, test kits, and reagents per MOH guidelines (Percentage)		0.00	100.00
Isolation centers, screening sites and quarantine centers established and equipped with medical supplies and protective equipments in all regions covered by the project (Percentage)		0.00	100.00
Implementation Management and Monitoring and Evaluation			
Reference and district hospitals have submitted complete monthly reports on the number of suspected cases identified, tested and contacts traced (Percentage)		0.00	90.00
Complaints to the GRM satisfactorily addressed within 15 weeks of initial complaint being recorded (Percentage)		0.00	70.00

Monitoring & Evaluation Plan: PDO Indicators					
Indicator Name	**Definition/Description**	**Frequency**	**Datasource**	**Methodology for Data Collection**	**Responsibility for Data Collection**
Suspected cases of COVID-19 reported and investigated per approved protocol	Percentage of suspected cases of COVID-19 cases reported and investigated per approved protocol	Monthly	HMIS	Collected by the Ministry of Health (MOH)	MOH
Health facilities with trained staff in Covid-19 infection prevention control per MoH approved protocol	Numerator: Health facilities with trained staff in Covid-19 infection prevention control per MoH approved protocols Denominator: Total number of health facilities.	Semi-annual	Project reports	Data collected by MOH	MOH
Reference and district hospitals with personal protective equipment and infection control products and supplies, without stock-outs in preceding two weeks	Reference and district hospitals with personal protective equipment and infection control products and supplies, without stock-outs in preceding two weeks	Quarterly	Project reports/ HMIS	Data collected by the MOH	MOH
Percentage of ICU beds in prioritized ICU units that are fully equipped and operational for COVID-19 response		Quarterly	Project reports	Data collected by MOH	MOH

Monitoring & Evaluation Plan: Intermediate Results Indicators					
Indicator Name	**Definition/Description**	**Frequency**	**Datasource**	**Methodology for Data Collection**	**Responsibility for Data Collection**
Border control sites with trained teams and the necessary means of control, isolation and transport to isolation and care sites	Establishment of 32 control sites (airports, ports and land crossing points) with permanent presence of trained teams (three teams of two people each per site trained on COVID-19 prevention, control and contact tracing) with the necessary means of control, isolation and transport to isolation and care sites	Quarterly	Project reports	Data collected by the MOH	MOH
Priority healthcare facilities that received protective equipment and hygiene materials	Numerator: Priority healthcare facilities across the 15 regions that received protective equipment and hygiene materials Denominator: healthcare facilities identified as priorities for Covid-19 response and covered by the project	Semi-annual	Project reports	Data collected by MOH	MOH
Proportion of laboratory-confirmed cases of COVID-19 responded to within 48 hours	Numerator: Number of laboratory-confirmed cases of COVID-19 where there was deployment of a rapid	Semi-annual	Project reports	Data collected by the MOH	MOH

	response team, contract tracing was initiated, and public messaging was disseminated within 48 hours. Denominator: Number of laboratory-confirmed cases of COVID-19.				
Designated laboratories fully equipped with COVID-19 diagnostic equipment, test kits, and reagents per MOH guidelines	Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents per MOH guidelines	Semi-annual	Project reports	Data collected by MOH	MOH
Isolation centers, screening sites and quarantine centers established and equipped with medical supplies and protective equipments in all regions covered by the project	Numerator: Number of regions with isolation centers, screening sites and quarantine centers established and equipped with medical supplies and protective equipment Denominator: Regions covered by the project	Semi annual	Project reports	Data collected by MOH	MOH
Reference and district hospitals have submitted complete monthly reports on the number of suspected cases identified, tested and contacts traced	Numerator: number of reference and district hospitals who have submitted complete monthly reports on the number of suspected cases identified, tested and contacts traced Denominator: total number of reference hospitals (5 in	quarterly	Project reports/HMIS	Data collected by the MOH	MOH

	Nouakchott) and district hospitals (26)				
Complaints to the GRM satisfactorily addressed within 15 weeks of initial complaint being recorded	Numerator: Number of complaints to the GRM addressed in four weeks of initial complaint being recorded. Denominator: Number of complaints to the GRM	Quarterly	Project reports	Data collected by the MOH	MOH

ANNEX 1: 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; Surveillance equipment and logistics for entries points; 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$1.2 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$2.2 million
		Communication Preparedness	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$0.8 million
				US$4.2 million
3	**Implementation Management and**	Project Management	Coordination, procurement, financial management, environmental and social safeguard, monitoring and evaluation, reporting, and operating costs; Consultants	US$0.8 million

	Monitoring Evaluation	Monitoring and Evaluation	M&E activities; capacity building, joint learning activities; trainings; evaluation workshops.	US$0.2 million
				US$1.0 million
	TOTAL			**US$5.2 million**

ANNEX 2: FINANCIAL MANAGEMENT AND DISBURSEMENTS ARRANGEMENTS

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 remains adequate for this new project.

b) Internal auditing arrangements

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

2. Accounting arrangements

The current accounting standards in use in Mauritania are acceptable for the Bank They are used for on-going Bank-financed project and will be applicable for this new project. Although there are not in line with international standards gaps don't impact on the comprehensiveness of the financial statements. An acceptable accounting and reporting system will be set up to maintain segregated accounting records.

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 COVID-19 Emergency Response Committee and submitted to the Bank's non-objection before the beginning of activities implementation. Periodic reports of budget monitoring and variance analysis will be prepared by INAYA on a quarterly basis.

4. Financial Reporting arrangements

The INAYA CU 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 to which they relate. FM team will prepare Project' Financial Statements in compliance accounting standards in use in Mauritania and World Bank 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 INAYA 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: disbursement and Banking arrangements

a) Disbursement arrangements

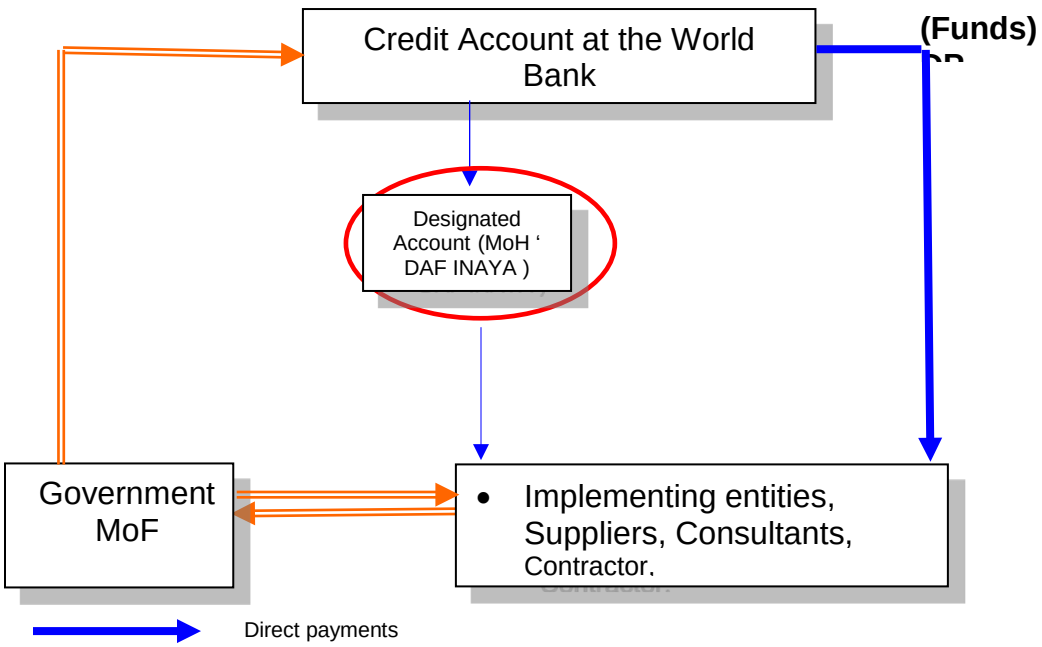
Disbursements would be transactions-based whereby withdrawal applications will be supported with Statement of Expenditures (SOE). The following disbursement methods may be used under the project: reimbursement, advance, direct payment and special commitment as specified in the DFIL and in accordance with the Disbursement Guidelines for Investment Project Financing, dated February 2017. Documentation will be retained at INAYA for review by Bank staffs and auditors. The DFIL will provide details of the disbursement methods, required documentation, DAs ceiling and minimum application size.

a) Banking Arrangements

A Designated Account (DA) for the project will be opened in the Central Bank of Mauritania and a Project Account (PA) in local currency will be opened in a commercial Bank in Nouakchott on terms and conditions acceptable to the Bank. The DA will be used for all eligible expenditures financed by the credit and consistent with the specific terms and conditions of the Financing Agreement.

Funds Flow Chart

Flow of Funds *Arrangements:* Flow of funds arrangements for the project is as follows:
(See the illustration below)



Financial Management Action Plan

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

FM Action Plan

	Action	Date due by	Responsible
1	• Finalize the recruitment of the chief Accountant'; • revise the terms of reference of the external auditor of INAYA to include a single external audit of the MR COVID 19 response project	Not later than one months after effectiveness	INAYA CU
2	• undertake two (2) specific internal audit reviews for this operation	Every 6 months	INAYA' CU Internal auditor

Implementation Support Plan

Based on the outcome of the FM risk assessment, the following implementation support plan is proposed. The objective of the implementation support plan is to ensure INAYA CU maintains a satisfactory financial management system throughout the project's life.	**Frequency**
FM Activity	
Desk reviews	
Interim financial reports review	quarterly
Audit report review of the project	Annually
Review of other relevant information such as interim internal control systems reports.	Continuous as they become available
On site visits	
Review of overall operation of the FM system	Annually for Implementation Support Mission
Monitoring of actions taken on issues highlighted in audit reports, auditors' management letters, internal audit and other reports	As needed
Transaction reviews (if needed)	As needed
Capacity building support	
FM training sessions	During implementation and as and when needed.