



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 06/04/2020 | Report No: ESRSA00873



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Albania	EUROPE AND CENTRAL ASIA	P174101	
Project Name	Albania Emergency COVID-19 Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	6/1/2020	6/12/2020
Borrower(s)	Implementing Agency(ies)		
Ministry of Finance and Economy	Ministry of Health and Social Protection		

Proposed Development Objective(s)

The Project Development Objective is to respond to the threat posed by COVID-19 and to strengthen the national health system for public health preparedness in Albania.

Financing (in USD Million)	Amount
Total Project Cost	16.20

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

No

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

The Project Development Objective will be achieved through activities that support continued containment of COVID-19 in the short term, alongside investments to strengthen Albania’s capacity for preventing and responding to public health emergencies (including further waves of the COVID-19 pandemic) in the medium- and longer-term. Albania’s current position on the epidemic curve means that investments based on both short- and longer-term concerns are essential, to not lose the gains made through Albania’s effective immediate response whilst strengthening the health system beyond the current crisis. As such, Albania has requested assistance to provide widespread population testing (including newer serologic testing); strengthen surveillance and contact tracing; start planning appropriate adjustment of physical distancing requirements and other preventive measures (carefully differentiated by region,



economic sector, age or health status); expand capacity for treatment of severe cases, should numbers increase, whilst maintaining essential medical care and minimizing risks for patients and health personnel; and, enhance communications with the public and other key stakeholders. Objectives, scope and components of this project are aligned with the COVID-19 Fast Track Facility

D. Environmental and Social Overview

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

This project includes two components:

Component 1: Supporting the health sector's COVID-19 response in the immediate and mid-term. This component will provide immediate support to Albania to strengthen its capacity to contain local transmission of SARS-CoV-2. Over the short- and mid-term it will support enhancement of disease detection capacities through investment in essential public health functions (around surveillance, early warning systems, case detection and contact tracing); provision of health care equipment and materials; provision of laboratory equipment; strengthening of capacity to assess and modify requirements for physical distancing; strengthening of means to communicate effectively with the public, consistent with the WHO's guidelines in the Strategic Preparedness and Response Plan. If numbers increase from Albania's currently stable rate of new daily cases, it will also enable the country to mobilize surge response capacity through trained and well-equipped front-line health workers.

Component 2: Project management, communications, and community engagement. This component will support the overall project administration, including project management and fiduciary functions, regular monitoring and reporting of implementation. The existing Ministry of Health structures will be used for project management and implementation. Considering the existing capacity and the fact that same MoH structures are also responsible for the management and implementation of the on-going WB funded Health System Improvement project, further capacity strengthening is envisaged, through appointment of additional staff related to procurement, environmental and social framework functions, as well as communications outreach activities.

Albania has experienced two devastating shocks in quick succession – a highly destructive earthquake in 2019 followed by the global COVID-19 pandemic in 2020. These shocks dominate recent economic developments and the near-term outlook for the economy. While the virus is yet to be contained these two crises are expected to severely depress economic activity in Albania in 2020. The COVID-19 pandemic plunged the country into a new unprecedented – and still ongoing – public health crisis. The country was hit by the global COVID-19 pandemic in March 2020, like many countries worldwide. To support the economy through this crisis, Albania has announced a package of policy measures, including: (i) increased social transfers: social transfers for the poor, small businesses, unemployment benefits (65 million USD), and (ii) humanitarian emergencies: 20 million USD on operational humanitarian emergencies.

The demographic and epidemiological transitions increase the vulnerability the population to COVID-19. The ageing of the population and prevalence of NCDs pose additional challenges in dealing with a COVID-19 emergency since those with pre-existing health conditions, are at higher risk for having severe disease and death. Albania performs well on several areas, including real-time surveillance and risk communication. A lack of resources, both human and financial, was noted, however, for national laboratory systems and emergency response operations.



Albania quickly contained spread of COVID-19 within its borders. Albania's first cases of COVID-19 were confirmed on March 8, 2020 in two travelers returning from Italy. Effective application of containment measures meant that the basic reproduction number (R0) within the country fell to 1 within three weeks demonstrating rapid containment. The numbers of patients of COVID-19 being admitted to hospital (and to intensive care) have been stable since mid-April. Albania has started relaxation of physical distancing and gradual re-opening of its economy.

Activities such as strengthening of laboratories and intensive care units, as well as quarantine and isolation centers may have adverse environmental and social impacts, such as those related to medical and general waste disposal. There is also serious risk of infection to front line workers including medical staff, laboratory technicians and community social workers. Vulnerable groups (identified below) such as the elderly, immune compromised and poor are seen as vulnerable due to the risk of them being more susceptible to infections but also unequal access to medical benefits.

Majority of project activities (e.g. physical distancing measure, outreach and communication) will be implemented countrywide while other such as expansion of surveillance of influenza like illnesses will target selected primary care facilities and hospitals in Tirana, Dures, Kujava, Lezha, Elbasan, Kruja, Shkoder, Vlora and Korca and other densely populated areas. Refurbishment works specifically aim to improve the capacity and infrastructure of Mother Theresa Universities Infectious Disease Clinic

No major civil works are expected under this project, however, works are expected on existing facilities, hospitals and clinical centers, to establish, upgrade or adapt isolation and care units. No land other than within the grounds of existing facilities, or unencumbered public land, will be used, hence no land acquisition and involuntary resettlement impacts are expected. The activities will serve the dual purpose of simultaneously strengthening the health system beyond the current crisis for the medium term complemented by adequate risk communication and community engagement, training and enhancement of emergency preparedness and response ability for this pandemic.

The Stakeholder Engagement Plan (SEP) has identified primary stakeholders and will guide all outreach and communication for all project activities to target beneficiary groups, and will include a focus on ensuring vulnerable groups are included in project information.

All environmental and social risks such as medical waste, worker safety etc. will be addressed through the Environmental and Social Management Framework (ESMF) to be developed for the Project, which sets out environmental and social (E&S) risk assessment requirements of each activity (including all refurbishments and/or construction). It provides guidance on the preparation of site specific Environmental and Social Management Plans (ESMPs) as well as Infection Prevention and Control and Waste Management Plans (IPC&WMPs) where needed. The ESMF will include Labor Management Procedures (LMP) with a section on Occupational Health and Safety (OHS) to be followed for project workers.

The ESMF will consider national and international protocols for infectious disease control and will include updated provisions on medical waste management. Any identified gaps in the medical waste management system will be addressed through the ESMF.

D. 2. Borrower's Institutional Capacity

The Project will be implemented over a period of 2 years, with the Ministry of Health and Social Protection (MoHSP) as the key implementing agency. The MoHSP will be accountable for execution of project activities and



implementation would rely on their existing structures, with the additional support of the Project Coordination Unit (PCU) that has already been established for the World Bank supported Albania Health System Improvement Project (P144688). The Minister of health will be the main project coordinator, responsible for the project oversight and coordination within the MoHSP and across key institutions. A technical working group may be established for providing technical advice and coordination during implementation.

The existing PCU is already staffed with a project manager, procurement, financial and M&E specialist, a part-time civil engineer also responsible for E&S performance (to be expanded to full time) and an IT expert. There is institutional experience in implementing WB safeguards requirements under the old Operational Policies (OPs). The parent project was categorized as environmental Category B and rated systematically Satisfactory throughout implementation. The monitoring of safeguard impacts and measures related largely to environmental performance during small scale reconstruction works under the project triggering OP 4.01.

The PCU capacity will be expanded to take into consideration the substantial risk of the Project, and expanded scope of the ESF. AS per the Environmental and Social Commitment Plan (ESCP), MoHSP will ensure additional E&S staff is appointed for the COVID-19 emergency operation and are trained to implement the SEP. Enhanced oversight from the World Bank E&S Team will be required and further capacity assessment and the rate of progress of implementation over time will identify if and where strengthening of capacity is required.

PCU will be responsible for carrying out stakeholder engagement activities. The nature of the Project requires a close coordination tie between the national, regional and local institutional stakeholders to implement behavior change communication activities. SEP implementation activities will be documented through quarterly progress reports and shared with the World Bank.

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

A. Environmental and Social Risk Classification (ESRC)

Moderate

Environmental Risk Rating

Moderate

The project's environmental risks are moderate. The project will have positive impacts as it should improve COVID-19 surveillance, monitoring and containment. However, it can also cause environment, health and safety risks due to the dangerous nature of the pathogen (COVID-19) and reagents and other materials to be used in the project supported Intensive Care Units (ICUs) and participating in the project laboratories. Infections due to inadequate adherence to occupational health and safety standards can cause spread of virus for medical staff, laboratory staff and population at large in due course of detection, transportation of patients/tests/chemicals and reagents, and treatment stages. Also, this can lead to illness and death among health workers. Furthermore, the ICUs and laboratories involving COVID-19 diagnostic testing and treatment will generate medical waste and other hazardous bio products which, in the case of inadequate management during their collection, transportation and disposal, also may cause additional health risks.

The implementing agency has committed to prepare, during project implementation and no later than 30 days after project effectiveness, an ESMF that covers the environmental and social mitigation measures to be implemented for the various proposed activities. Mitigation measures will largely be based on WHO technical guidance on COVID-19



response on limiting viral contagion in healthcare facilities, World Bank Group EHS Guidelines and other good international industry practice (GIIP). The ESMF will include an Infection Prevention and Control and Waste Management Plan (IPC & WMP) which will include specific guidance and protocols on developing site-specific plans.

Social Risk Rating

Moderate

The social risks are considered Moderate. The risks and impacts are considered temporary, predictable and can be readily managed through the Project design features and instruments designed within. In addition the Project will largely have long term positive social impacts insofar as it should improve COVID-19 detection, monitoring, treatment and containment. However without adequate controls and procedures project activities ranging from medical facility operation to on the ground public engagement exercises can add to the risk of transmission and spread from quarantined /hospitalized persons to medical and support staff.

Component 1 activities are the source of all social risks of the Project. One central social risk is the exposure to health and safety risks for project workers, particularly those on the front-line working in medical, quarantine and laboratory facilities, stemming from improper disposal of medical waste, contacts with infected persons, and/or inadequate OHS measure. The risks of infection in addition to above groups pose a risk to the public at large as well. Access to Personal Protective Equipment (PPE), procedures around medical waste disposal, relevant OHS measures and clear communication of risks and prevention measures to all persons at risk is required.

Another central social risk is around vulnerable and disadvantaged groups (elderly, disabled, chronically diseased, people with no health insurance, migrants, single parent headed households, economically marginalized and disadvantaged groups especially residing in geographically challenging areas, Roma, Egyptian, residents of shelters/care facilities, prisoners) who could experience inequitable access to project supported facilities and services because of their qualifying characteristics which could lead to social unrest and tensions and possible increase of their vulnerabilities. The outreach activities and targeted messaging will be tailored to address particular needs of each group and will be refined based on their feedback and response as captured by the M&E activities of the Project.

GBV risk associated with this Project is assessed as low. . Notwithstanding, the grievance redress mechanism (GRM) shall be strengthened with procedures to handle allegations of GBV/Sexual Exploitation and Abuse and Sexual Harassment violation risks. The ESMF shall incorporate the requirement for WHO Code of Ethics and Professional Conduct for all workers, as well as provision of gender sensitive infrastructure and segregated toilets in workplaces, isolation/quarantine centers. The ESMF will have measures to ensure female front-line workers are kept safe and free from pressure in health facilities, and in designated quarantine locations. Health care workers if and where needed can be trained to properly identify GBV risks and cases and facilitate appropriate and timely referrals.

Social risks associated with Component 1 will be addressed through the Project`s ESMF which will incorporate the Labor Management Procedures (LMPS), SEP (including the GRM) in line with the applicable Environmental and Social Standards (ESS) of the WB`s ESF and the WHO COVID-19 WHO guidance tools for COVID-19 preparedness and response. The Borrower will commit to this through the Environmental and Social Commitment Plan (ESCP).

Public Disclosure



The Project incorporates budget for outreach activities and community engagement strategies in component 1, which will be guided by the SEP, and which will minimize the risk of exclusion of the vulnerable individuals and groups, both with regard to accessing project benefits but also to be included in the Project M & E.

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

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

This standard is relevant. The project is expected to result in positive environmental and social impacts as it seeks to improve planning, processes and on ground service delivery for COVID-19 surveillance, monitoring, containment and response. However, project activities also present significant environmental, social, health and safety risks for the project workforce and communities. The Primary risk includes:

(i) Occupational Health and Safety issues. Workers in healthcare facilities, quarantine centers and laboratories are particularly vulnerable to COVID-19 contagion. Infections due to inadequate adherence to occupational health and safety standards can lead to illness and death of health workers including laboratory workers as well as further spread the disease to the community. A significant part of future infection spread risk is proper management of medical waste generated in laboratories, intensive care and testing units and other facilities alike. If not adequately handled and treated, waste can turn into a vector in spread of COVID-19.

(ii) Community health and safety related risks. All project activities ranging from operation of laboratories to community engagement interactions present a risk of transmission in the community. The operation of laboratories and health centers have a high potential of infecting the wider population if not systematically managed and controlled. The Project's ESMF will outline the procedure for each project activity, including monitoring, commensurate to the risk.

(iii) Possible risks around exclusion of Vulnerable Groups Access to Project supported Services and Facilities. A key social risk related to this kind of an operation is that marginalized and vulnerable social groups are unable to access facilities and services designed to combat the disease, in a way that undermines the central objectives of the project. Real or perceived inequities also have the potential to lead to conflicts and citizen unrest. To mitigate this risk the MOHSP, shall commit in the ESCP, to include in the POM clear mechanisms to all provision of and supplies to all people, regardless of their social status based on the urgency of the need, in line with the latest data related to the prevalence of the cases. In addition, the SEP has identified specific vulnerable groups and other interested parties with regard to project activities and includes a strategy to target these groups to enhance their access to project benefits and inclusion in Project M & E.

(v) Gender risks. There is low risk associated with the Project and in the Country in relation to Sexual exploitation, Abuse (SEA) and Sexual Harassment yet promotion of avoidance of SEA relying on the WHO Code of Ethics and Professional Conduct for all workers in the quarantine facilities and provision of gender sensitive infrastructure and segregated toilets shall be included in the ESMF. Health care workers may be trained to properly identify GBV risks and cases and facilitate appropriate and timely referrals if and when required.



(vi) Possible very low potential environmental risks during minor refurbishing activities, associated with some dust, noise and insignificant volume of solid wastes. The risks are expected to be temporary, predictable, and easily mitigated by ensuring fulfillment of the prescribed by WHO COVID-19 safety measures and WB EHS Guidelines.

(vii) The wastes that will be generated from healthcare facilities and labs have a high potential of carrying micro-organisms that can infect people who are exposed to it, as well as the community at large if it is not properly disposed of. The ESMF will include a template for the Infection Prevention and Control and Waste Management Plan (IPCWMP) to be adopted and implemented by all ICUs and laboratories to be supported by the Project, and Environmental and Social Management Plans (ESMPs) for minor civil works associated with improvement of capacity and infrastructure of ICUs.

Overall, Albania has good capacity in place in terms of medical waste management. Albania's Health Ministry distributed seven hydro-claves to hospitals and other medical institutions, including one in Tirana, as part of a government Health Sector Modernization project, supported by the World Bank.

The hydro-clave uses steam to sterilize dangerous materials, such as needles, syringes, glass vials, and gloves used for operations – all potential sources of harm and disease to the public if the materials are contaminated and spread. Hospital workers received training on how to properly separate waste before sterilizing. After sterilizing the waste than is sent to managed landfill.

This operation is being processed as an emergency response using procedures under the Fast Track COVID-19 Facility.

ESS10 Stakeholder Engagement and Information Disclosure

This standard is relevant. The urgency of this project has allowed an initial SEP to be developed as the starting point of an iterative process to develop a more comprehensive SEP. It is expected to be updated on or before 1 month from the Effective date.

Dissemination of clear messages around social distancing, high risk demographics, self-quarantine, and, when necessary, mandatory quarantine is critical. The SEP serves the following purposes: (i) stakeholder identification and analysis; (ii) planning engagement modalities that serve as an effective communication tool for consultations and disclosure; (iii) outreach strategies to vulnerable groups; (iv) enabling platforms for influencing decisions; (iv) defining roles and responsibilities of different actors in implementing the SEP; and (v) a grievance redress mechanism (GRM).

The SEP will be updated with more detailed mapping of stakeholders and refined consultation strategies and modalities with due consideration of non-pharmaceutical interventions (NPI's) in place at such time. The preliminary SEP identifies key stakeholders (i.e. affected parties, other interested parties and disadvantaged and vulnerable groups) and describes the process and modalities for sharing information on the project activities, incorporating stakeholder feedback into the Project and reporting and disclosure of project documents. Direct beneficiaries have been identified as COVID-19 patients and their families, people in quarantine/isolation centers and their families, front line health workers and technicians in facilities, hospitals, laboratories, public/private health care workers



(Doctors, Nurses, Public Health Inspectors, Midwives, laboratory technicians, sanitary workers), and vulnerable groups as identified. Other interested parties such as media, NGOs etc. have also been mapped.

The project, through the SEP and communication strategy will carry out targeted consultations with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at workplaces and in their communities. Some of the strategies that will be adopted to effectively engage and communicate to vulnerable groups are detailed in the SEP and include (a) ensuring community engagement teams are gender-balanced; (b) consider provisions for childcare, transport, and safety for women; (c) targeted messaging for Roma and Egyptian population (d) education materials for pregnant women on Covid-19 prevention; (e) tailor messages to elderly (especially women) and those with medical risks including their target family members and health care providers; and (f) provide information for disabled in accessible formats, like braille, large print; text captioning; videos etc. Communication strategies have already been put in place targeting the vulnerable groups to understand their concerns and needs in terms of accessing information, medical facilities and services and other challenges they might face in their working or home environment.

Coordinated stakeholder engagement will not only help with the implementation of the community mobilization and behavioral change objectives of the project, but also help suppress false COVID-19 related information and ensure equitable access to services, and to counteract the isolation and uncertainty that comes from people being kept in quarantine. Stakeholder engagement strategies will point out ways to minimize close contact and follow the recommended good hygiene procedures as outlined in WHO guidance. The project will allocate a special fund for communication and engagement that will support the SEP implementation. The project implementation will be in compliance and fit to government actions and measures which are daily communicated through various channels of communication and disclosed. The plan will be disclosed on the PCU and MOHSP websites and outreach media. The client has developed and put in place under the exiting project (HSIP) a GRM and this will be tailored to meet the Project standards and to enable stakeholders to air their concerns/ comments/ suggestions. This will be managed from the PCU and information on access channels will be delivered as part of the SEP and communication outreach to all potential project beneficiaries. The GRM shall include adequately trained staff with GRM responsibilities, community awareness tools, grievance lodging tools, and investigation and feedback processes and will be operational within 1 month on or about Effective date. The updated SEP will have refined consultation strategies and modalities with due consideration of measures in place at such times and the appeal process for unresolved grievances before referring to legal recourse. The approach to stakeholder engagement shall guide all project activities including the process of updating the ESMF .

The final SEP (and GRM) will be shared with relevant stakeholders via culturally appropriate means (and having regard to language, logistical and technological constraints).

B.2. Specific Risks and Impacts

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

ESS2 Labor and Working Conditions



This standard is relevant. The project workforce is expected to include i) direct workers including government health workers/staff and consultants engaged directly by the PCU, health care workers, and ii) contracted workers employed or engaged through third parties including to do the minor civil works and refurbishment activities.

The activities relate to treatment of patients, assessment of samples, medical waste disposal, outreach activities and minor civil works. While combating the virus the key risk is contamination of project workers with COVID-19 or other contagious disease which can compromise the health and lead to death. Risky environments include laboratories, hospitals and health care centers, isolation centers and interaction with the broader community where project workers may be exposed to the virus. Project workers are also at higher risk of psychological distress, fatigue and stigma due to the nature of their work. The Project will ensure the application of OHS measures as outlined in WHO guidelines captured in the ESMF. This encompasses procedures for entry into health care facilities, including minimizing visitors, undergoing stringent protocols for admittance and release of patients, ensure adequate and adequacy of PPP supply in line with general EHS Guidelines and building upon experience gained over time.

The civil works will be of minor scale, with no large scale labor influx, and thus pose limited risks from construction activities, but workers will have access to necessary safety equipment, PPE and hand washing stations at minimum.

The ESMF will include Labor Management Procedures (LMP) and sections on Environment Health and Safety (EHS) which (i) responds to the specific health and safety issues posed by COVID-19, and (ii) protect workers' rights as set out in ESS2. Health and safety issues associated with project financed activities will incorporate the WHO guidance tools for COVID-19 preparedness and healthcare facility management with the information, procedures, and tools required to safely and effectively work.

The necessary protocols for treating patients and handling medical waste, disinfectant protocols, regular testing of healthcare workers, requirements for proper disposal of sharps, along with the environmental health and safety guidelines for staff and necessary Personal Protective Equipment (PPE), will be included in Infection Control and Medical Waste Management Plan (ICWMP) to be adopted by and then implemented by specific facilities and laboratories participating in the Project.

No child or forced labor is permitted under the Project

ESS3 Resource Efficiency and Pollution Prevention and Management

This Standard is relevant. Pollution prevention and management – specifically medical waste management – will be a particularly important activity under the Project. Medical waste will be treated as described above in the ESS1.

ESS4 Community Health and Safety

The standard is relevant. The operation of quarantine and isolation centers needs to be implemented in a way that staff, patients, and the wider public follow and are treated in line with international good practice as outlined in WHO guidance for COVID-19 response as above under ESS 1 and ESS 2.



The SEP will also ensure widespread engagement with communities in order to disseminate information related to community health and safety, particularly around physical distancing, high risk demographics, self-quarantine, and mandatory quarantine.

It is unlikely that quarantine and isolation centers are to be protected by security personnel. Should these be required the Project shall ensure any security personnel engaged follows a strict code of conduct and avoid any escalation of situation. Any use of security personnel shall take into consideration the above noted needs of quarantined persons as well as the potential stress related to it. If Albania’s military or police forces or other security personnel are mobilized as part of the government’s response to the emergency, the Project will take measures to ensure that, prior to deployment such personnel are: (i) screened to confirm they have not engaged in past unlawful or abusive behaviors, including sexual exploitation and abuse (SEA), sexual harassment (SH) or excessive use of force; (ii) adequately instructed and trained, on a regular basis, on the use of force and appropriate behavior and conduct (including in relation to SEA and SH), as set out in ESMF; and (iii) deployed in a manner consistent with applicable national law. Given the level of likelihood for deployment of security personnel a full assessment of risk related to security arrangements is not required. However, such deployment shall be subject to a security personnel screening against above individual risks using the screening mechanism to be included in the ESMF.

Roma and Egyptian communities in Albania have a higher infection risk due to their living environment which is crowded and often lacks amenities like running water and waste disposal, thereby compromising hygiene. Often these groups engage in green economy activities such as collection of secondary raw materials (waste picking). This may also expose them to the infection risks. This will be mitigated by providing active outreach and targeted information sessions for these groups on COVID-19, to inform them about the virus, the disease it causes and how to protect themselves from infection by increased emphasis on hand and general hygiene and respiratory etiquette and use of PPP. These measures shall be adequately detailed in the ESMF and SEP as appropriate.

Gender-based Violence. Project activities are assessed as low risk on Gender-based Violence. Some project activities may give rise to the risk of Sexual Harassment (SH) risks. In response, the GRM shall be strengthened to handle allegations of GBV/SEA/SH. The ESMF could include a GBV risk assessment and preventive measures if and when deemed necessary, commensurate with the risk. The project will promote the avoidance of SEA/SH by implementing the WHO Code of Ethics and Professional Conduct for all workers, as well as the provision of gender-sensitive infrastructure and adequate lighting in isolation centers.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This Standard is currently not relevant. The Project is not expected to support construction or rehabilitation works of sizable extent beyond physical footprints of existing facilities. Minor works are expected to facilitate upgrade of the existing health facilities. These however will be within the existing footprint, without the need for land acquisition and involuntary resettlement impacts. The project’s ESMF will outline a screening, due diligence and public consultation process to ensure proposed project sites can be utilized for project supported civil works.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources



Standard is not relevant

All works will be conducted within the existing footprint of facilities; hence, this standard is not considered currently relevant to the proposed project interventions.

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

The standard is not relevant

ESS8 Cultural Heritage

The standard is not relevant

ESS9 Financial Intermediaries

The standard is not relevant

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways

No

OP 7.60 Projects in Disputed Areas

No

III. BORROWER’S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
To address the Borrowers capacity related risk, the PCU shall extend the current Environmental and Social specialist from part to full-time on or about 1 month after the Effective date and before carrying out the relevant Project activities	06/2020
Prepare a project ESMF Timeline: The ESMF will be finalized on or about 1 month after Effective date. Between Project approval and approval of the ESMF, the Project will strictly follow current WHO Guidance and avoid activities such as refurbishment activities, establishment of isolation units and treatment facilities at scale.	06/2020
ESS 10 Stakeholder Engagement and Information Disclosure	

Public Disclosure



Updated Stakeholder Engagement Plan (SEP). The SEP will be updated and re-disclosed on or about 1 month from Effective date and continuously updated afterwards throughout Project implementation.	06/2020
Accessible grievance mechanisms as per SEP shall be operational and made publicly available to receive / facilitate resolution of concerns and grievances in relation to the Project. The GRM to be updated on or about 1 month from Effective date.	
ESS 2 Labor and Working Conditions	
Labor Management Procedures Timeline: The LMP as part of the ESMF will be finalized on or about 1 month from the Effective date. A worker`s GRM shall be established	06/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Infection Prevention Control and Waste Management Plan Timeline: The IPC & WMP will be finalized within 1 month of Effectiveness as part of the ESMF	06/2020
ESS 4 Community Health and Safety	
Relevant aspects of this standard shall be considered and incorporated into the ESMF.	06/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
Not Relevant	
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
Not Relevant	
ESS 8 Cultural Heritage	
ESS 9 Financial Intermediaries	
Not Relevant	

Public Disclosure

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

Is this project being prepared for use of Borrower Framework?

No

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

No borrower framework will be used



IV. CONTACT POINTS

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Borrower/Client/Recipient

Borrower: Ministry of Finance and Economy

Implementing Agency(ies)

Implementing Agency: Ministry of Health and Social Protection

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s): Lorena Kostallari, Ian Forde
Practice Manager (ENR/Social) Javid Afzal Cleared on 02-Jun-2020 at 11:42:5 EDT