Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 04/08/2020 | Report No: ESRSA00679

BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Malawi	AFRICA	P173806	
Project Name	Malawi COVID-19 Emergency Response and Health Systems Preparedness Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/8/2020	4/7/2020
Borrower(s)	Implementing Agency(ies)		
Ministry of Finance, Economic Planning and Development	Ministry of Health		

Proposed Development Objective(s)

To prevent, detect and respond to the threat posed by COVID-19 in Malawi and strengthen national systems for public health preparedness.

Financing (in USD Million)	Amount
Total Project Cost	7.00

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 proposed emergency operation includes three components to strengthen the MOH's capacity to respond to the COVID-19 outbreak and potential future pandemics by enhancing the capacity to prevent further transmission, detecting cases at early stages, and providing appropriate and timely care for those affected by the current COVID-10 outbreak. The scope and the components of this project are fully aligned with the COVID-19 Fast Track Facility. This Project has triggered paragraph 12 of the Investment Project Financing Bank Policy to enable processing and delivery on an emergency basis.

The Project will support detection, surveillance, response and system strengthening activities prioritized in the Malawi COVID-19 Preparedness and Response Plan. It will address critical activities and fill financing gaps that have been identified and are not financed by other partners (e.g. risk communication). The Project will comprise three components, including:

Component 1: Emergency COVID-19 Response

This component would provide immediate support to Malawi to prevent COVID-19 from arriving or limiting local transmission through surveillance and containment strategies. It would 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; strengthening of case management capabilities; and provision of care for respiratory illnesses including essential medical supplies, oxygen therapy and assisted ventilation.

Component 2: Supporting National and Sub-national, Prevention and Preparedness

This component will support strengthening the capacity of the public health system for preparedness and respond to COVID-19 pandemic and to future pandemics and other threats to health security. The financing of this component will target existing institutions such as the EOC within the PHIM as well as new institutions through support for growth of health worker cadres with capacity to respond to EIDs.

Component 3: Implementation Management and Monitoring and Evaluation

Project Management and Monitoring and Evaluation (M&E). The existing Project Implementation Unit (PIU) of the ongoing Southern African Tuberculosis and Health System Strengthening Project (SATHSSP) will lead coordination of Project activities, as well as fiduciary tasks of procurement and financial management, M&E and environmental and social safeguards. If needed, the PIU will be strengthened by the appointment of additional staff/consultants responsible for specific responsibilities under the Project. To this end, this component will support costs associated with Project management and coordination, monitoring and evaluation, operational reviews to assess implementation progress and logistical support. The component will also support the grievance redress mechanism, including a WhatsApp number to provide feedback and register complaints and other activities in the Environmental and Social Commitment Plan.

D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]

This emergency operation has been prepared as a new stand-alone project which will be implemented throughout Malawi and will contribute to COVID-19 surveillance and response. While Malawi is among the WHO-identified Priority 3 countries with very low risk of COVID-19 outbreak, it borders two Priority 1 countries and has direct flight connections to these Priority 1 countries hence there is still a risk of passengers from very high-risk countries – including Ethiopia, Kenya and South Africa – going through Malawi entry ports. Additionally, Malawi's weak capacity to deal with pandemics puts the country at an elevated risk for COVID-19 outbreak spread. The majority of specific locations where project sub-components will be implemented have not yet been identified but will be implemented in urban as well as remote rural areas. No major civil works are expected though the upgrading of existing isolation

units and medical facilities is included. These works are anticipated to be minor and will take place in existing facilities within existing physical footprints. The project is not expected to impact natural habitats or cultural sites and there will be no taking of land. However, to identify risks and address impacts for all construction, Environmental and Social Management Plans (ESMPs) will be prepared based on the provisions of the Environmental and Social Management Framework (ESMF). The ESMF and project activities should consider international protocols for infectious disease control and medical waste management.

Malawi has identified the management of medical wastes as a challenge through previous World Bank-funded projects such as Southern Africa Tuberculosis and Health Systems Support Project and the resulting Infection Control and Medical Waste Management Plan for Malawi. The Malawi Standard (MS) 615: 2005: Waste Within Healthcare Facilities, Handling and Disposal outlines criteria for segregation, collection, movement, storage and on-site disposal of waste within healthcare units and biological research facilities. Within medical facilities wastes are not fully graded/segregated and PPE for waste handling staff not fully adequate. As municipal waste sites are largely simple dumps without appropriate land-fill techniques most medical waste is dealt with on site. While some of the larger medical facilities have diesel-fired high temperature incinerators, the smaller facilities are using simple chimney incinerators or practicing open burning. Additionally, the lack of diesel often means the high temperature incinerators are not used and open burning is practiced. Ash/sharps pits are usually available but not always used which is particularly problematic with open burning. An additional challenge is the lack of security around medical waste facilities allowing staff, patients and the public free access to open and chimney incinerator sites.

D. 2. Borrower's Institutional Capacity

The Borrower is the Ministry of Health and Population (MoHP), which is currently hosting the PIU of the Southern Africa Tuberculosis and Health Systems Support Project (SATBHSSP – P161791). This is the PIU that will manage this COVID-19 operation. Under this project, the PIU will hire an additional staff with expertise on medical waste management and health and safety, to support the exisiting Environment and Social Safeguard Specialist.

Health sector delivery constraints. Malawi faces a number of substantial challenges to quality health service delivery: (i) there are not enough health care workers to cope with the demand for services; (ii) physical infrastructure is overburdened; and (iii) stock outs of essential commodities are not uncommon; and, (iv) implementation of safe management of medical wastes is largely absent. To address the capacity gaps and minimize or avoid environmental and social risks associated with the project activities focusing on technical assistance including works, goods and services to plan, prevent and respond to COVID 19, all related laboratory operations and quarantine facilities and/or emergency operation centers' activities will need to have and follow an appropriate medical waste management system as well as communication and awareness process during the implementation of the Project.

The World Bank has prior experience working with the Ministry of Health and Population (MoHP) through the Malawi Nutrition and HIV/AIDS Project (MNHAP – P156129) and the Southern Africa Tuberculosis and Health Systems Support Project (SATBHSSP – P161791). However, MoPH has not implemented any World Bank projects under the updated World Bank Environmental and Social Framework (ESF). As such, the capacity of MoHP to deliver trainings, other capacity building activities as well as environment and social risk management and oversight is not clear at this stage. Therefore, environment and social capacity gaps will be assessed during implementation and gaps filled as required.

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

A. Environmental and Social Risk Classification (ESRC) Substantial

Environmental Risk Rating Substantial

The Project will support detection, surveillance, response and system strengthening activities prioritized in the Malawi COVID-19 Preparedness and Response Plan. Given that the project will support the procurement of medical supplies, the environmental and social risks will mainly be associated with handling, storage and use of clinical supplies as well as risks linked to operation of the labs or health care facilities receiving this support; for this an appropriate medical waste management system and public awareness mechanisms need to be put in place by the client to reduce substantial risks linked to clinical operations and infections generated by exposure to COVID 19. The project will also undertake the upgrading of existing isolation units, renovation of the microbiology laboratory at the National Public Health Reference Laboratories and renovations of the Emergency Operations Center office building. These works are anticipated to be relatively minor in terms of works and scale and will take place in existing facilities within existing facilities, hence individual subproject footprints are expected to be modest, with the risks associated with the operation being moderate. Risks include well understood construction-generated occupational and community health and safety impacts, construction waste management, and resource efficiency. Risks for individual subprojects will be reflected in sub-project safeguard instruments i.e. Environmental and Social Management Plans (ESMPs) cascading mitigation measures outlined in the Project's Environmental and Social Management Framework (ESMF).

There is a possibility for infectious microorganisms to be introduced into the environment if they are not contained due to accidents/ emergencies e.g. a fire response or natural phenomena event (e.g., seismic). Medical wastes can also include chemicals and other hazardous materials used in diagnosis and treatment. The contamination of the laboratory facilities, and equipment may result from laboratory procedures: performing and handling of culture, specimens and chemicals. If the contamination is due to a highly infectious agents, it may cause severe human disease, present a serious hazard to workers, and may present a risk of spreading to the community. In sum, the medical wastes from COVID-19 could cause a substantial environmental and social risk, if they are not properly handled, treated or disposed. In that sense, the project will finance improvements (goods and services) in the collection and disposal of medical waste, including biological, chemical, and material waste (e.g., sharps) in healthcare facilities, labs, field locations, and isolation units where COVID-19 patients are treated. Environmental risks remain substantial during transportation and disposal of such waste if not achieved in line with international good practices and guidelines for healthcare waste acceptance and packaging which will be documented in the ESMF and cascaded into each site's ESMP.

Social Risk Rating Substantial

The social risk rating for this project is considered Substantial. The project seeks to ensure that Malawian efforts to reduce the impact of the COVID19 epidemic are effective. This will be achieved through training, equipping, assisting and monitoring national and regional identification, prevention and control efforts in accordance with international good practice. Possible social risks may include construction generated occupational health and safety impacts, the risk of contagion to local communities, the exclusion of marginalized and vulnerable social groups, some of whom are already at a greater risk of fatality from COVID-19, such as the elderly and persons with HIV/compromised immune systems, subsequently causing them to be unable to access facilities and services. To mitigate these risks , the MoHP, in the ESCP, will commit to ensuring ESMPs are prepared and implemented for each construction, isolation/quarantine centres and to the provision of services and supplies based on the urgency of the need, in line

with the latest data related to the prevalence of COVID-19 cases. MoHP will also use the interim Stakeholder Engagement Plan (SEP) for appropriate stakeholder consultation and disclosure, ensuring engagement with local communities to provide access to information for all populations, accounting for age, disability, education, gender, sexual orientation, and the existence of pre-existing health conditions in this engagement, and take cognizance of the fact that no group is homogenous. In addition, part of the government's plan being financed by multiple partners, comprising communication preparedness activities including developing and testing messages and materials to be used in the event of a pandemic, will ensure that messages are packaged and disseminated in a manner that reaches marginalized and vulnerable social groups. International guidance for COVID-19 identification, prevention and control contains several social risk management measures designed to inform the community of impacts and risks of the virus, include marginalized people and communities in efforts to manage the spread of the disease and emphasize inclusion of marginalized people and communities, culturally appropriate two-way community engagement.
Social norms that expect women and girls to be responsible for domestic work including nursing sick family members are likely to exacerbate the risk of females catching COVID-19 in addition to the psychological and socioeconomic harm likely to be caused by this emergency. In general, crises exacerbate social risks and there is indeed empirical evidence to indicate that GBV/SEA/SH incidents may surge if restrictions on movement or quarantine measures are in place. The use of security forces, mainly to provide security, in emergencies may also pose risks of SEA/SH. Children face additional risks as when schools are closed girls may be less able to access health, hygiene, and protection messaging and their care giving burdens may increase. The economic impact of public health emergencies may force families to take their children, particularly girls, out of school to work, potentially exposing them to risks associated with transactional sex or early/forced marriages. To mitigate risks, prior to implementation and within the ESMF, the risks of Sexual Exploitation, Abuse and Harassment, the risks associated with deploying military or security personnel for security provision purposes will be assessed and mitigation measures outlined. Additionally, subproject ESMPs will cascade mitigation measures outlined in the Project's ESMF including GBV/SEA/SH response actions such as mapping of prevention and response actors, outlining a referral pathway, contractor requirements, and redesigning of the GRM to be responsive to GBV/SEA/SH.
The Project will not entail any large constructions and land taking hence risks associated with the influx of labour and economic or physical displacement are not anticipated.

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:

The project will have positive impacts as it will improve COVID-19 surveillance, monitoring and containment. However, the project could also cause substantial environment, health and safety risks due to the dangerous nature of the pathogen (COVID-19) and reagents and equipment to be used in the project-supported activities. These include risks associated with transportation and delivery of clinical supplies as well as laboratory- or health care facilities associated infections if occupational health and safety standards and specific infectious-control strategies, guidelines and requirements as suggested by WHO are not in place and implemented, leading to illness and death among laboratory workers and communities. Health care facilities which will treat COVID 19 exposed patients and laboratories which will use COVID-19 diagnostic testing will generate biological waste, chemical waste, and other hazardous biproducts and represent pathways for exposure to the virus. Hence, laboratories or clinical facilities supported by the project will increase exposure to COVID-19 that can have the potential to cause serious illness or

potentially lethal harm to patients, suppliers, laboratory staff and to the community that may be in contact with the virus. Therefore, effective administrative and infectious-controlling and engineering controls should be put in place to minimize these risks. Renovation works within existing healthcare facilities are anticipated to have moderate risks as the works are expected to be relatively minor and within existing buildings or campuses. Construction-related risks are well known and are expected to be fully addressed through the ESMF and the site-specific ESMPs. No impacts on habitats of conservation value are expected.

The PIU will prepare an Environmental and Social Management Framework (ESMF) at the implementation stage and no later than 30 days after Project Effectiveness so that the activities supported by the Project apply international good practices in COVID-19 diagnostic testing and other COVID-19 response required measures. Each medical facility, isolation unit or lab needs to implement an Infection Control and Medical Waste Management Plan in line with the requirements of the ESMF.

The ESMF will adequately cover the procedures for the safe handling, transportation, storage, and processing of COVID-19 treatment and testing materials. It will also clearly outline the implementation arrangement to be put in place by the PIU for environmental and social risk management; training programs focused on COVID-19 laboratory biosafety as well as compliance monitoring and reporting requirements. The relevant part of COVID-19 Quarantine Guideline and WHO COVID-19 biosafety guidelines will be reviewed while preparing the ESMF so that all relevant risks and mitigation measures will be covered. In addition to the ESMF, the client will implement the activities set out in the ESCP. It will also implement the SEP in the proposed timeline.

The expectation is that the social risks for this project will be Substantial with adverse impacts on the community expected to focus on any mishandling, storage or disposal of chemical waste and possible exposure to facilities where there is a risk of exposure to noxious substances, including COVID-19. The spread of COVID-19 carries with it potentially devastating social and economic consequences if it is not effectively contained. The project seeks to ensure that national efforts to reduce the impact of the COVID19 epidemic are effective. This will be achieved through training, equipping, assisting and monitoring national and regional identification, prevention and control efforts in accordance with international good practice. As such, the primary social risks associated with the project stem from failure of the project to mobilize quickly and ensure that regional efforts to control the spread of COVID19 follow established international good practice.

The primary social risks emanating from disease identification, prevention and control efforts relate to the possibility of ineffective and inappropriate communication surrounding the disease and control efforts, inadvertently harming or excluding marginalized people and communities, or maltreatment of affected communities to enforce quarantine. In seeking to ensure regional and national efforts operate in accordance with international good practice, the project is actively seeking to manage these potential social risks. Specifically, the borrower will follow and propagate international best practice as outlined in the WHO “Operational Planning Guidelines To Support Country Preparedness And Response”, annexed to the WHO “COVID-19 Strategic Preparedness and Response Plan” (February 12, 2020), “Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV” (February 11, 2020) and “Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV)” (January 26, 2020) and subsequent advice as key social risk management measures. The additional social risks associated with deploying military or security personnel for security purposes will be assessed and mitigation measures outlined in the ESMF and sub-project ESMPs.

ESS10 Stakeholder Engagement and Information Disclosure

Once approved, the project will establish a structured approach to stakeholder engagement and public outreach that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with combating COVID-19. The client will apply the preliminary Stakeholder Engagement Plan (SEP) prepared for the emergency project, to engage citizens as needed and for public information disclosure purposes. Within one month of project effectiveness, this SEP will be updated to include more information on the environmental and social risks of project activities and new modalities that take into account the need for improved hygiene and social distancing .

The updated SEP will acknowledge the particular challenges with engaging marginalized and vulnerable social groups such as children and women, persons with disabilities, especially those living in remote or inaccessible areas, while keeping a clear focus on those who are most susceptible to the transmission of the novel coronavirus, such as the elderly and people living with HIV or those with compromised immune systems due to pre-existing conditions. Stakeholder engagement strategies will point out ways to minimize close contact and follow the recommended good hygiene procedures as outlined in WHO guidance.

People affected by or otherwise involved in project-supported activities, including different types of health care workers, will be provided with accessible and inclusive means to raise concerns or lodge complaints, via the Grievance Redress Mechanism (GRM) included in the SEP. Beyond this, project implementation will need to be underlain by a strong and well-articulated broader project communication strategy in the project design, which will not only help with the implementation of the community awareness and behavioral change objectives of the project, but also help in a broader sense to address false rumors about COVID-19, to ensure equitable access to services, and to counteract the isolation and uncertainty that comes from people being kept in quarantine.

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

The Project will involve the use of a range of workers including:

- Direct workers who will be engaged directly by the MoHP to undertake technical assistance, training and capacity building in the member states as well as testing for COVID 19.
- Contracted workers who may be hired to support implementation including training and capacity building, communications, testing procedures etc. and undertake the Project-supported minor works.

At this stage the number of workers required in each group is unclear. It is expected that most of the direct workers will be civil servants and therefore subject to their existing contracts but also covered by the OHS provisions of ESS2. Due to the hazardous nature of the work no children under the age of 18 will be employed on any aspect of the Project. The use of forced labor to carry out any activities is also prohibited. Contracted workers are likely to be a mix of highly skilled individuals and low-skilled construction workers and their contracts should be in line with the requirements of ESS2 including access to OHS, details of hours of work, rest periods and compensation. It is anticipated that existing contract requirements of the MOHP will be aligned with the requirements of ESS2 and this will be confirmed within the first 4 months of project implementation. All of these measures and prohibitions will be documented in labor management procedures (LMP) that will be included in the project ESMF.

A grievance mechanism will be made available to all workers to report any issues associated with OHS and / or labor and working conditions. The grievance mechanism will be developed within one month of project effectiveness and included in the LMP. The mechanism will include contact details for submission of grievances, timelines for responses and escalation procedures.

ESS3 Resource Efficiency and Pollution Prevention and Management

Medical wastes and chemical wastes from the COVID 19 supported activities (drugs, clinical supplies and medical equipment) can have substantial impact on the environment or human health. Wastes that may be generated from medical facilities/ labs could include liquid contaminated waste, sharps, chemicals and other hazardous materials used in diagnosis and treatment. Each beneficiary medical facility/lab, following the requirements of the ESMF to be prepared for the Project, WHO COVID-19 guidance documents and other good international practices, will prepare an Infection Control and Medical Waste Management Plan to prevent or minimize such adverse impacts as part of the ESMF. The ESMF and site-specific instruments (ESMPs) for building works on existing facilities will include guidance related to transportation and management or expired chemical products as well as sustainable ways to use environmental resources (water, air, other relevant solutions/reagents).

ESS4 Community Health and Safety

In line with safety provisions in ESS2, it is equally important to ensure the safety of communities from infection with COVID19.

As noted above, medical wastes and general waste from the labs, health centers, and quarantine and isolation centers have a high potential of carrying micro-organisms that can infect the community at large if they are is not properly disposed of. There is a possibility for the infectious microorganism to be introduced into the environment if not well contained within the laboratory or due to accidents/ emergencies e.g. a fire response or natural phenomena event (e.g., seismic). The Infection Control and Medical Waste Management Plan in the ESMF and site-specific ESMPS therefore describes:

- how Project activities will be carried out in a safe manner with (low) incidences of accidents and incidents in line with Good International Industry Practice (WHO guideline)
- measures in place to prevent or minimize the spread of infectious diseases.
- emergency preparedness measures.

Laboratories, quarantine and isolation centers, and screening posts, will thereby have to follow respective procedures with a focus on appropriate waste management of contaminated materials as well as protocols on the transport of samples and workers cleaning before leaving the work place back into their communities. The project will thereby follow the provisions outlined in the ESMF, noted in ESS1.

Secondly, the operation of quarantine and isolation centers needs to be implemented in a way that both the wider public, as well as the quarantined patients, are treated in line with international good practice as outlined in WHO guidelines referenced under ESS1. This includes the following requirements:

- Infrastructure: there is no universal guidance regarding the infrastructure for a quarantine facility, but space should be respected not to further enhance potential transmission and the living placement of those quarantined should be recorded for potential follow up in case of illness
- Accommodation and supplies: quarantined persons should be provided with adequate food and water, appropriate accommodation including sleeping arrangements and clothing, protection for baggage and other

possessions, appropriate medical treatment, means of necessary communication if possible, in a language that they can understand and other appropriate assistance. Further information is also included in the Africa CDC Interim Infection Prevention and Control Recommendations for patients with confirmed COVID-19 or persons under investigation for COVID-19 in Healthcare Settings.

- Communication: establish appropriate communication channels to avoid panic and to provide appropriate health messaging so those quarantined can timely seek appropriate care when developing symptoms.
- Respect and Dignity: quarantined persons should be treated, with respect for their dignity, and fundamental freedoms and minimize any discomfort or distress associated with such measures, including by treating all quarantined persons with courtesy and respect; taking into consideration the gender, sociocultural, ethnic or religious concerns of quarantined persons.

The project will ensure the avoidance of any form of Sexual Exploitation, Harassment and Abuse by relying on the WHO Code of Ethics and Professional conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure such as segregated toilets and enough light in quarantine and isolation centers. During implementation, the risks of Sexual Exploitation, Harassment and Abuse will be assessed, and mitigation measures put in place.

The project will also ensure via the above noted provisions, including stakeholder engagement, that quarantine and isolation centers and screening posts are operated effectively throughout the country, including in remote and border areas, without aggravating potential conflicts between different groups, including host communities and refugees/IDPs.

In case security/military forces support project activities, mainly through provision of security, it will be ensured that the security personnel follow a strict code of conduct and avoid any escalation of situation, taking into consideration the protocols included in the ESMF and SEP, and the guidance provided in the World Bank technical note, “Use of Military Forces to Assist in COVID-19 Operations: Suggestions on How to Mitigate Risk”.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

Economic or physical displacement resulting from land acquisition is not expected under this project as all constructions will take place within existing structures and facilities. Any restrictions on land use undertaken or imposed in connection with project implementation will be undertaken through voluntary negotiations between the parties, to the extent possible. However, in the unlikely event that works will require physical or economic displacement, appropriate plans will be developed in accordance with ESS5 and cleared by the World Bank prior to the displacement impacts.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

No construction or rehabilitation activities are expected in this project that could affect protected areas or flora or fauna. Hence, likely impacts of the project on natural resources and biodiversity are low. However, if supplies transportation or medical and chemical wastes generated are not properly disposed of, they can have impact on living natural resources. The procedures to be established in the ESMF will describe how these impacts will be minimized.

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

This ESS is not applicable in Malawi as there are no groups that meet the criteria for ESS7 in Malawi.

ESS8 Cultural Heritage

The construction activities related to the upgrade of isolation units anticipated in the project are within existing structures and campuses hence the potential for risks to and impacts on cultural heritage are very low. A chance finds procedure will be included in the ESMF and for site-specific ESMPs for the isolation units at Kamuzu International Airport in Lilongwe and Chileka Airport in Blantyre.

ESS9 Financial Intermediaries

This ESS is not relevant as no financial intermediaries will be used.

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	
ORGANIZATIONAL STRUCTURE: The Ministry of Health and Population shall establish and maintain a PIU with qualified staff and resources to support management of ESHS risks and impacts of the Project and implement the requirements of the ESMF and SEP including a specialist with medical waste management and H&S expertise in addition to the current environment and social safeguard specialist.	04/2020
ENVIRONMENTAL AND SOCIAL ASSESSMENT/MANAGEMENT PLANS AND INSTRUMENTS/ CONTRACTORS Assess the environmental and social risks and impacts of proposed Project activities, in accordance with the ESMF to be prepared, disclosed and adopted for the Project, including to ensure that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project.	05/2020
Prepare, disclose, adopt, and implement any environmental and social management plans or other instruments required for the respective Project activities based on the assessment process, in	05/2020

accordance with the ESSs, the ESMF, the EHSGs, and other relevant Good International Industry Practice (GIIP) including relevant WHO guidelines on COVID-19 in a manner acceptable to the Association.	
Incorporate the relevant aspects of this ESCP, including, inter alia, any environmental and social management plans or other instruments, ESS2 requirements, and any other required ESHS measures, into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. Thereafter ensure that the contractors and supervising firms comply with the ESHS specifications of their respective contracts.	05/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
STAKEHOLDER ENGAGEMENT PLAN: Update, disclose, adopt, and implement a Stakeholder Engagement Plan (SEP) consistent with ESS10, in a manner acceptable to the Association.	05/2020
CASE MANAGEMENT. In line with the SEP, the Project will ensure systematic case management, allowing communication between quarantined people and their relatives.	05/2020
GRIEVANCE MECHANISM: Accessible grievance arrangements shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10, in a manner acceptable to the Association.	04/2020
ESS 2 Labor and Working Conditions	
The Project shall be carried out in accordance with the applicable requirements of ESS2, adequate occupational health & safety measures (emergency preparedness & response), grievance arrangements for workers, labor requirements in ESHS specifications	05/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Relevant aspects of this standard shall be considered, as needed, under action 1.2 above, including, inter alia, measures to manage health care wastes and other types of hazardous and non-hazardous wastes.	05/2020
ESS 4 Community Health and Safety	
Relevant aspects of this standard shall be considered under action 1.2, incl. minimize community exposure to communicable diseases, ensure disadvantaged/vulnerable access project benefits, prevent/respond to SEA, risks of use of security personnel.	05/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
Not currently relevant. In the event that any proposed activities involve land acquisition, restrictions on land use and involuntary resettlement, relevant aspects of this standard shall be considered under action 1.2 above.	05/2020
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	

Relevant aspects of this standard shall be considered, as needed, under action 1.2 above.	05/2020
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
This ESS is not relevant as there are no groups in Malawi that meet the definitions within ESS7.	
ESS 8 Cultural Heritage	
Relevant aspects of this standard shall be considered, as needed, under action 1.2 above.	05/2020
ESS 9 Financial Intermediaries	
Not relevant	

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:

None

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: Ministry of Finance, Economic Planning and Development

Implementing Agency(ies)

Implementing Agency: Ministry of Health

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	John Bosco Makumba, Toni Lee Kuguru
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 08-Apr-2020 at 22:09:14 EDT