



Additional Financing Appraisal Environmental and
Social Review Summary
Appraisal Stage
(AF ESRS Appraisal Stage)

Date Prepared/Updated: 01/23/2021 | Report No: ESRSAFA096



BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Cabo Verde	AFRICA WEST	Ministério das Finanças	National Health Directorate
Project ID	Project Name		
P175807	COVID-19 Emergency Response Project Additional Financing on Vaccines		
Parent Project ID (if any)	Parent Project Name		
P173857	Cabo Verde: COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	12/14/2020	2/11/2021

Proposed Development Objective

Project development objective is to prepare and respond to the COVID-19 pandemic in Cabo Verde

Financing (in USD Million)	Amount
Current Financing	0.00
Proposed Additional Financing	0.00
Total Proposed Financing	0.00

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

Yes

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

Consistent with the original rationale and design of the parent project, the proposed AF for the Cabo Verde: COVID-19 Emergency Response Project (P173857) will support government efforts to further strengthen its response to COVID-19 pandemic by purchasing COVID-19 vaccines, preparing the immunization system for the deployment of the



COVID19 vaccine, and supporting the distribution of these vaccines. The AF will strengthen the national immunization and related health delivery system in a way that will promote an effective COVID-19 response and generate, as far as feasible, long-lasting resilience. Purchasing vaccines is just one step in a complex, multi-dimensional effort that involves detailed planning and implementation of a vaccine deployment program in Cabo Verde. This includes a variety of issues such as effective microplanning, safe and appropriate transportation, storage, training, ancillary materials, registration, and effective vaccine logistics and a suitable information management system. Political support, technical assistance services, training, social mobilization campaigns, and mechanisms that remove demand-side barriers to access are also essential to foster confidence and promote the early take-up of vaccines.

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 Additional Financing (AF) has been prepared to scale up the parent project's (PP) activities to better respond to the COVID-19 threat in Cabo Verde and to prepare the immunization systems for the deployment for the COVID-19 vaccine. The AF will strengthen the national immunization and related health delivery system in a way that will promote an effective COVID-19 response and generate, as far as feasible, long-lasting resilience. Purchasing vaccines is just one step in a complex, multi-dimensional effort that involves detailed planning and implementation of a vaccine deployment program in Cabo Verde. This includes a variety of issues such as effective microplanning, safe and appropriate transportation, storage, training, ancillary materials, registration, and effective vaccine logistics and a suitable information management system. Political support, technical assistance services, training, social mobilization campaigns, and mechanisms that remove demand-side barriers to access are also essential to foster confidence and promote the early take-up of vaccines. As for the PP, the AF will be implemented nationwide in existing health facilities in urban as well as remote areas.

The AF will continue supporting enhancement of disease detection capability through provision of laboratory equipment and diagnostic supplies to ensure prompt case finding. It will also enable Cabo Verde to mobilize its response capacity through well-equipped frontline health workers, increasing in the number of available beds, equipping intensive care units, providing treatment and life-support equipment to national and regional tertiary and secondary hospitals, as well as creating response capacity for primary health care facilities in isolated geographic areas. The AF will involve minor civil works as it supports the renovation of health facilities and Intensive Care Units to operationalize more beds. All activities of the health component will be conducted within existing government facilities and within existing footprints, and as such no new land will be acquired or accessed. The specific locations where project sub-components will be implemented have not yet been identified but will be implemented in urban as well as remote areas. The AF is not expected to lead to any land acquisitions, involuntary resettlement and labor influx nor is it expected to impact natural habitats or cultural sites.

All environment and social risks such as medical waste, worker safety, SEA/SH etc. will be addressed through the updated Environmental and Social Management Framework (ESMF), which sets out environmental and social (E&S) risk assessment requirements of each sub-component/activity (including the management of vaccine transport and distribution and all refurbishments and/or construction). It also provides guidance on the preparation of site-specific Environmental and Social Management Plans (ESMPs) as well as Medical Waste Management Plans (MWMPs). The ESMF will include a section on Occupational Health and Safety (OHS) of workers and relevant aspects of Labor



Management Procedures (LMP). It will consider national and international protocols for infectious disease control and will include updated provisions on medical waste management.

D. 2. Borrower’s Institutional Capacity

As with the Parent Project, this AF will be implemented by the Ministry of Health and Social Security (MHSS) through the Special Projects Management Unit, also called the Unidade de Gestão de Projetos Especiais (UGPE). The UGPE has prior experience with World Bank investment projects and has already applied the Environmental and Social Framework (ESF), but it has no experience in the health sector. The UGPE staff benefited from several rounds of training on the World Bank Operational Policies and, more recently, on the ESF. To date, a senior E&S consultant has been preparing the environmental and social risk management aspects of the PP and AF and will remain engaged throughout implementation. The UGPE has also recruited a full time Environmental and Social (E&S) Specialist, who is responsible of managing and supervising the PP and AF’s overall E&S aspects. To date the PP and its first AF’s implementation allow to share some main learned lessons. The COVID-19 pandemic poses a unique set of challenges in terms of preventive, responses and control measures that go beyond the current UGPE capacity. Specifically: i) the challenges in implementing the agreed E&S measures on time due to the extreme pressure posed by the pandemic to the MHSS and to the health structures and to the subsequent need of reassessing priorities and act upon them; ii) the need of additional human and financial resources to timely and properly address the specific needs imposed by the pandemic; iii) the criticality of coordination among the different units managing the pandemic. To this end, the UGPE hired a full time E&S to better support and coordinate the implementation and supervision of the E&S measures in timely manner. In addition, this AF will strengthen the national capacity to coordinate and collaborate with other agencies currently responding to the crisis, such as WHO and UNICEF.

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 have long term positive environmental impacts, as it should improve COVID-19 surveillance, monitoring, treatment and containment. Nevertheless, there is a number of substantial short-term environmental risks that need to be taken into account. Uncertainty remains around specific activities and locations. The main environmental risks identified are: (i) the Occupational Health and Safety issues related to testing and handling of supplies, etc. during treatment to a large extent as well as due to civil works renovations inside functional health care facilities to a lesser extent. The OHS issues are also related to the availability and supply of personal protective equipment (PPE) for healthcare workers and the logistical challenges in transporting PPE across the country in a timely manner; (ii) production and management of medical healthcare waste; and (iii) community health and safety issues related to the handling, transportation and disposal of hazardous and infectious healthcare waste. As no civil works other than refurbishing facilities on existing hospital grounds or other government owned sites are to be undertaken, environmental risks associated with these works are expected to be minor and readily mitigated.

Health care waste and chemical wastes (including water, reagents, infected materials, etc.) generated from disease detection capacities to be supported can have substantial impact on the environment and human health. Wastes that may be generated from health facilities/ labs could include liquid contaminated waste, chemicals and other hazardous materials, and other waste from labs/quarantine/isolation centers including sharps used in diagnosis and



treatment. All of this requires special handling and awareness as it may pose a risk to health care workers from occupational infections and to the communities if not disposed properly.

The UGPE will update the 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 also update the Medical Waste Management Plan template (MWMPs) which will include specific guidance & protocols on developing site-specific waste management plans.

The ESMF including relevant management plans should be finalized before deployment of the vaccine and related medical equipment. In addition, any activities that have been screened for environmental and social risks will not be carried out without the completed, consulted and disclosed ESMF.

Social Risk Rating

Substantial

As for the PP, the anticipated overall social risks for the AF remain Substantial. The proposed AF is anticipated to have positive social impacts both at the individual and community levels as it addresses the health sector responses to the COVID-19 emergency. Nonetheless, social risks related to the challenges of the COVID-19 epidemic are anticipated and these include: i) difficulties in accessing health facilities and services for the overall population; ii) marginalized and vulnerable social groups being unable to access vaccines, facilities, and services designed to combat the disease; iii) social conflict, and risks to human security resulting from diagnostics testing, limited availability of vaccines and social tensions related to the difficulties of a pandemic situation; iv) SEA/SH risks among patients and health care providers, especially in relation to distribution of lifesaving vaccines; v) labor influx resulting from the small civil works to rehabilitate existing health facilities; vi) inappropriate data protection measures and insufficient/not effective stakeholder communication on the vaccine roll-out strategy; vii) risks associated with Adverse Events Following Immunization (AEFI); viii) the risk of elite capture and/or corruption as the Covid-19 vaccine will be in short supply relative to the demand; and ix) myths and conspiracy theories around the coronavirus and COVID-19 vaccines that could jeopardize healthcare efforts and undermine the Bank’s work. There is also an institutional contextual risk, given the unique set of challenges in terms of preventive responses and control measures related to the pandemic. The Borrower will not make use of security personnel for the vaccines deployment. Under sub-component 1.1: Strengthen national and sub-national COVID-19 case detection and clinical management capacities, the second AF will invest in small works to rehabilitate existing health facilities in two main islands and it will not finance new construction or expansion of existing ones. As such, no new land will be acquired or accessed. Possible risks and impacts are considered mostly temporary, predictable and/or reversible, but some could become widespread given the highly infective nature of the COVID-19 virus.

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 AF is expected to result in positive environmental and social impacts as it seeks to improve planning, processes and on-the-ground service delivery for COVID-19 surveillance, containment and response. Nonetheless, AF activities still present significant E&S risks for the project workforce and communities.

Public Disclosure



Among the main social risks there is the potential inability of disadvantaged/vulnerable individuals or groups to access facilities, services and vaccines. The SEP has identified main disadvantaged/vulnerable individuals/groups, including: Elderly people; Chronically ill and immune depressed persons; Pregnant girls and women; Population with previous health problems; Persons with disabilities and their caregivers; Homeless, including street children; Female-headed households or single mothers with underage children; The unemployed; Illiterate people; and Populations living in remote and isolated area.

Their vulnerability varies and is related to their origin, gender, age, health condition, income, distance from health centers, marginalization and disadvantaged status in the community, and dependence on other individuals or natural resources, among others. These persons may be exposed to additional risks due to their vulnerable status, including risks of missing out on vaccination given their inability to reach health facilities. This might be the case for the elderly, disabled people or people living in remote and marginalized area. Homeless, illiterate people and people with no/limited access to main communication channels might also be at risks of not being aware of the vaccination processes. Chronically ill, immune depressed persons, and population with previous health problems are also at higher risks given their already precarious health condition and the risk of exposure to COVID-19 and other infectious diseases when accessing health facilities, including during the vaccination. In addition, increased morbidity and mortality due to interruption of essential services associated with COVID-19 containment measures hinder access to care for other health needs of the population, including maternal and child care services, routine immunization services have been affected, threatening polio eradication and potentially leading to new outbreaks of preventable diseases, with their own related deaths, illnesses and long-term costs. Simultaneous epidemics are overwhelming public health systems in different countries that had few resources to begin with, and services needed to address the needs of people with chronic health conditions, and mental and substance use disorders have been also disrupted. The National COVID-19 Vaccination Plan, whose finalization will be supported through this proposed AF, will include equitable and inclusive policy for in-country vaccine access and allocation. Specific attention will be devoted to disadvantaged/vulnerable individuals or groups to ensure their current vulnerabilities won't jeopardize their access and rights to vaccination and to any information related to it. The COVID-19 vaccination plan will also include measures and/or policies to ensure voluntary consent for vaccination. To date, the Borrower has not planned mandatory vaccination for the public or a defined group of people. If vaccination will be made mandatory for the public or a defined group of people, regulations will be integrated into the National Vaccination Plan including any provisions for exceptions, due process, grievance mechanisms and restrictive measures, such as measures that may interfere with labor and working standards described in ESS2.

Priority groups for vaccination have been defined in accordance with WHO and the SAGE values framework for the allocation and prioritization of vaccination for the 20 percent of the Cabo Verde's population. The priority groups include: Healthcare workers; Patients with underlying conditions; Population over the age of 60; Tourism industry workers; Border control and customs agents; Teachers and school's support staff; National Police; Army; Civil protection and Fire department staff, for a total of 111,372 and 222,744 doses. The identification of people belonging to the priority groups for vaccination will be carried out locally by the health centers, using the registration systems of the National Health Service and, if necessary, through the collaboration of existing services outside the SNS.

According to the respective institutional context, for frontline workers the identification of target population will be done by the managing entity or employer, in consultation with the health/police stations.

Through the parent project, medical equipment, vehicles, personal protective equipment (PPE), chemical / biological reagents and other medical or laboratory supplies or materials have been provided to health service workers.

Infectious medical wastes generated by the health facilities have been managed in accordance with the MWMPs. Regional hospitals have incinerators for the treatment of hospital waste, and health centers take the waste to be



treated in the nearest central hospitals. Medical waste generated are collected in specific containers and transported and burned in incinerators located in strategic and safe locations once or twice a week. Waste management is carried out by municipal companies in conjunction with hospital waste sanitation personnel from each island and / or municipality. The collection is done separately in order to segregate collection, storage, transport and final deposition. On the island of Santiago, the collection system is associated with two hospital incinerators, a sanitary landfill and wastewater treatment plants (Praia, Santa Cruz and Tarrafal). On the other islands, namely Boa Vista and São Vicente, waste management is carried out in the same way, except that there are no landfills, but controlled dumps. The significant increase in medical waste has been taken into account and addressed in the ESMF and MWMPs.

To manage the risks, the UGPE will prepare the following instruments:

- An updated ESMF - the Borrower will update the PP's ESMF to reflect the proposed new activities under the AF, identify additional potential risks and E&S impacts, and outline appropriate mitigation measures based largely on adopting WHO guidance, World Bank Group EHS Guidelines and other good international industry practices (GIIP). The ESMF will be updated and finalized by Effectiveness. This ESMF will include an ESMP template for minor works associated with the rehabilitation of the health facilities; cold chain needs assessment for vaccine transport, storage and distribution and associated mitigation measures, MWMP template; updated LMPs for contracted workers to ensure proper working conditions and management of worker relationships, OHS, and to prevent potential sexual harassment; and updated GBV/SEA/H Prevention and Response Action Plan (SEA/SH AP) to propose mitigation measures to address SEA/SH risks related to the AF activities. The ESMF will also devote specific attention to data protection concerns and to risks of exclusion/elite capture. The ESMF will be prepared to a standard acceptable to the World Bank and disclosed on the Ministry of Health and Social Security (MHSS) website and on the World Bank website by Effectiveness. Until the ESMF has been approved, the Project will strictly follow current WHO Guidance and avoid activities such as establishment of isolation units and treatment facilities at scale.
- An updated MWMP - the Borrower prepared the PP's MWMP. Wastes that may be generated from labs, screening posts and treatment facilities to be supported by the COVID-19 readiness and response could include liquid contaminated waste (e.g. blood, other body fluids) and infected materials (water used; lab solutions and reagents, syringes, bed sheets, majority of waste from labs and isolation centers, etc.) require special handling and awareness, as they may pose an infectious risk to healthcare workers in contact with the waste. Informal disposal may lead to contamination of soil and groundwater, but more importantly, to further spreading of the virus to nearby communities. In order to mitigate the risks associated with medical waste management and disposal, the Project will either ensure all medical waste are transported safely to the incinerators available or invest in the procurement of appropriate waste management infrastructure, including containers, and PPE, as well as training of medical, laboratory and waste management personnel to ensure compliance with the MWMPs, WHO guidance and GIIP. Worker Health and Safety. Workers in healthcare facilities are particularly vulnerable to contagions. 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 MWMPs will contain detailed procedures, based on WHO guidance, for protocols necessary for treating patients and handling medical waste as well as EHS guidelines for staff, including the necessary PPE. Proper disposal of sharps, disinfectant protocols, and regular testing of healthcare workers will be included.

ESS10 Stakeholder Engagement and Information Disclosure



Stakeholder engagement is a critical tool for social and environmental risk management, project sustainability and success. To ensure a participatory, inclusive, and culturally appropriate approach during the project’s life cycle, the Borrower prepared a Stakeholder Engagement Plan (SEP) for the parent project consistent with ESS10 requirements. To date, besides the first consultations conducted during the SEP preparation, no further consultations have been developed among stakeholders due to the pandemic’s difficulties in meeting with stakeholders and to the extreme pressure faced by the health sector, which imposed activities’ prioritization and difficulties in attending to all demands. As part of the engagement activities, the UGPE developed and started implementing an Information Education Communication Plan (IEC). The UGPE designed also a GM strategy and started implemented a project-level GM. Different uptake channels have been set up to collect complaints, including an ad hoc email and hot line and complaint boxes in those hospitals benefitting from the project. Local GM Focal Points (FP) have been identified in the hospitals benefitting from the project’s activities to collect and manage grievances at the local level. The FPs are currently receiving training on the GM functioning. At the central level, a committee for grievances management composed by the Project Manager, the Environmental and Social and the Monitoring and Evaluation Specialists has been set up to handle more complex complaints or those complaints received at the PIU.

The PP’s SEP has been updated to reflect AF activities, and potential new stakeholder, including other interested parties and vulnerable groups and/or persons. In-depth consultations has been conducted among stakeholders, including those identified vulnerable groups. During the consultations, specific attention has been given to the vaccine roll-out strategy. The SEP will be updated and disclosed by Effectiveness. Outreach modalities and communication, mobilization, and community engagement channels have also been updated based on the new investments. The Bank will also continue advising the client on various approaches to engage stakeholders without raising medical risks. The SEP will also release routine information on the project’s environmental and social performance, including opportunities for consultation. An assessment of the current GM has been conducted as part of the SEP updating to ensure the current GM is proportionate to the potential risks and impacts of the AF and includes measures that are accessible to potential new stakeholders. Based on the assessment outcomes, the current GM will be strengthened to include SEA/SH-sensitive measures, including multiple channels to initiate a complaint and specific procedures for SEA/SH, such as confidential and/or anonymous reporting with safe and ethical documenting of SEA/SH. Further training will be conducted among selected FPs to enhance their capacity of handling potential cases related to vaccines deployment.

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. Most activities of the AF will be conducted by health workers and the rehabilitation work by construction contractors.

The project workforce is expected to include: i) direct workers including government staff and consultants engaged directly by the MOH/UGPE and contractors hired for TA activities and ii) contracted workers employed or engaged through third parties including to do the minor rehabilitation civil works. The envisaged works will be of minor scale



and thus pose limited risks, but workers will have access to necessary PPE and handwashing stations. Labor influx is not expected.

The key risks for project workers (primarily direct and contracted healthcare workers and labor engaged in works within hospitals) is contamination with COVID-19 or other contagious illnesses, which can lead to illness and death of workers. Risky environments include laboratories, hospitals and health care centers, isolation centers and the broader community where project workers may be exposed to the virus. The Project will ensure the application of OHS measures as outlined in WHO guidelines, which will be captured in the ESMF.

The UGPE is updating the current Labor Management Procedures (LMP), which is integrated in the ESMF, to make sure it reflects the AF activities to respond to the specific health and safety issues, and protect workers' rights as set out in ESS2. As part of the ESMF, the LMP will be disclosed by effectiveness. Health and safety issues associated with project financed activities will be managed through the ESMF, which incorporates the WHO guidance tools for COVID-19 preparedness and healthcare facility management with the information, procedures, and tools required to safely and effectively work. To date, the PIU did not manage to develop a workers-specific GM. A workers-specific GM will be operational before AF's effectiveness to allow workers to quickly inform management of labor issues, such as a lack of PPE and unreasonable overtime via the UGPE and MHSS. No child labor or forced labor will be 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, including chemicals, contaminated PPE and equipment, and lab testing kits from healthcare facilities will need to be safely stored, transported and disposed. Wastes generated from labs, screening posts and treatment facilities to be supported by the COVID-19 emergency response project could include contaminated waste (e.g. blood, other body fluids and contaminated fluid) and infected materials (water used; lab solutions and reagents, syringes, bed sheets, majority of waste from labs and isolation centers, etc.) require special handling and awareness, as they may pose an infectious risk to healthcare workers in contact with the waste. Informal disposal may lead to contamination of soil and groundwater, but more importantly, to further spreading of the virus to nearby communities. Special attention should also be paid in the ESMF to the cold chain for vaccine transport, storage and distribution. An assessment and management of the risks associated with this activity should be added to the ESMF. The ESMF, which includes a Medical Waste Management (MWM) Plan, complements the already existing procedures and also includes WHO COVID-19 guidance and other international good practice, to prevent or minimize contamination from inadequate waste management. This Medical Waste Management Plan describes in detail the entire process and responsibilities between the generation of the infectious medical waste and its disposal. It also takes into account the challenge of moving within and between Cabo Verde islands and describes the measures to be taken for the most remote islands. The MWM plan is adapted to the islands where the project will be implemented, in particular for the landfill or incineration of infectious waste. The Plan takes account of the specific features of each island and the available waste management services and systems.

ESS4 Community Health and Safety



Medical wastes and general waste from the health care facilities have a high potential of carrying the SARS-CoV-2 and other microorganisms that can infect the community at large if they are not properly disposed of. There is a possibility for the infectious microorganism to be introduced into the environment if not well contained within the health care facilities or due to accidents/emergencies e.g. a fire or natural disasters such as volcanic eruption. The ESMF includes measures on Medical Waste Management Plans including: • 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 guidelines); • measures to prevent or minimize the spread of infectious diseases; • emergency preparedness measures. The ESMF takes into account the difficulty of moving between Cabo Verde islands and describe the measures to be taken for the most remote islands. The health care facilities will follow specific procedures and protocols, in line with WHO Guidance, on appropriate waste management of contaminated materials; on the transport of samples; and on workers disinfection before leaving the workplace back into their communities. These issues will be captured in the updated ESMF and Medical Waste Management Plan. With regards to the risk of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) risks, the UGPE has prepared and updated a SEA/H Prevention and Response Action Plan, which includes an Accountability and Response Framework. As part of the Plan, the UGPE will map out and assess SEA/SH prevention and response actors in the project implementation area. The Plan is integrated in the ESMF and will be disclosed by effectiveness. The Project will also implement specific measures to prevent SEA/SH risks relying on the WHO Code of Ethics and Professional Conduct for all workers in the facilities, as well as the provision of gender-sensitive infrastructure such as segregated toilets and enough light in quarantine and isolation centers. The Project will also ensure via the above-noted provisions, including stakeholder engagement, that facilities are operated effectively throughout the country, including in remote areas.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not relevant. The AF will invest in small works to rehabilitate existing health facilities in two main islands (Sal and Boa Vista) and it will not finance new construction or expansion of existing ones. Rehabilitation works will be conducted within existing government facilities/grounds and no new land will be acquired or accessed. As such, project activities are unlikely to lead to involuntary resettlement issues, such as land acquisition, physical or economic displacement, or restriction of access to natural resources. Nonetheless, the Borrower will conduct regular E&S screening before the start of the works to ensure AF activities will not lead to any resettlement issues.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This Standard is not currently relevant, however Infectious Medical Waste could affect natural resources, if handled and disposed of inappropriately. All personnel involved in the project must following the requirements delineated in the ESMF/ESMPs and Medical Waste Management Plan to ensure safe handling and disposal of medical and hazardous waste, outlined in ESS1 and ESS3.

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

This standard is not relevant as there are no Indigenous Peoples/Sub-Saharan Historically Underserved Traditional Local Communities in Cabo Verde.



ESS8 Cultural Heritage

This Standard is not currently relevant, as there are no civil works planned under this project.

ESS9 Financial Intermediaries

This standard is not relevant for the suggested project interventions 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

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:

The AF does not make use to the Borrower Framework

IV. CONTACT POINTS

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Borrower/Client/Recipient

Borrower: Ministério das Finanças

Implementing Agency(ies)

Implementing Agency: National Health Directorate

V. FOR MORE INFORMATION CONTACT

Public Disclosure



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VI. APPROVAL

Task Team Leader(s):	Edson Correia Araujo
Practice Manager (ENR/Social)	Aly Zulficar Rahim Cleared on 23-Jan-2021 at 13:24:18 GMT-05:00