



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 07/25/2020 | Report No: ESRSA00974



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Cameroon	AFRICA WEST	P174108	
Project Name	CAMEROON COVID-19 PREPAREDNESS AND RESPONSE PROJECT		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	6/25/2020	8/17/2020
Borrower(s)	Implementing Agency(ies)		
Republic of Cameroon	Ministry of Public Health		

Proposed Development Objective

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

Financing (in USD Million)	Amount
Total Project Cost	29.00

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]

The Project consists of four components to support the government to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in selected regions in Cameroon. The Project components directly respond to the National COVID-19 Response Plan of the government: 1) Component 1 –Emergency COVID-19 Response – focuses on case detection, confirmation, contact tracing, recording and reporting as well as health system strengthening. In addition, it will support increasing the capacity of existing treatment centers as well as setting up new treatment centers with COVID-19 specific medical supplies. It will also finance the development of a framework to guide sound decision-making on the implementation of social distancing measures in Cameroon as well as support to vulnerable patients, especially those who are isolated, prison inmates, IDPs and refugee populations; 2) Component 2 – Supporting National and Sub-national Prevention and Preparedness – will



strengthen polymerase-chain-reaction (PCR) based diagnosis in highly specialized laboratories through the purchase of lab equipment, reagents, diagnostic test kits and other related commodities. This will help ensure adequate laboratory case confirmation for COVID-19 throughout the seven designated laboratories in the country; 3) Component 3 – Community Engagement and Risk-Communication – finances a comprehensive behavior change and risk communication intervention to support the reduction of the spread of COVID-19 by working with private, public and civil society actors to support the development of messaging and materials; and 4) Component 4 – Implementation Management and Monitoring and Evaluation.

D. Environmental and Social Overview

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

With a population estimated at over 25 million in 2018, Cameroon is a lower-middle-income country located along the Atlantic Ocean. It shares its borders with Chad, the Central African Republic (CAR), Equatorial Guinea, Gabon, and Nigeria, all of which have reported COVID-19 cases. This population is young (41 percent under 15) and approximately 44 percent of the population lives in rural areas. Cameroon has been grappling with attacks by Boko Haram in the Far North and a secessionist insurgency in the Anglophone regions. Since September 2017, this situation has displaced more than 500,000 people internally and claimed the lives of close to 400 civilians and over 200 military, gendarmerie, and police officers. Figures from the UN Refugee Agency (UNHCR) show that Cameroon is currently hosting over 401,213 refugees, primarily from the Central African Republic (289,982) and Nigeria (108,164). The project will be implemented at a national scale, but the specific locations where project sub-components will be implemented have not yet been identified. The project is likely to be implemented in areas where three distinct indigenous groups live: (i) the Baka, with an estimated population of nearly 40,000 people occupy 75,000 km² in the East and South Regions of Cameroon; (ii) the Bakola/Bagyelis, with an estimated population of 3,700 people who occupy 12,000 km² in the southern part of the coastal region; and (iii) the Bedzan, estimated at less than a thousand, who are located in the transition zone between savannah and forest in central Region of Cameroon (Ngambé-Tikar area, Central Region). No major civil works are expected in this project, and no greenfield works will be supported under this project. Any works involving refurbishments will be carried out in the existing health care facilities and laboratories.

The ESMF prepared under the Contingency Emergency Response Component (CERC) activated for COVID19 under Health System Performance Reinforcement Project (P164954) will be updated to reflect the scope of this operation as well as the requirements of the ESF. The Project is not expected to affect natural habitats or cultural sites.

D. 2. Borrower's Institutional Capacity

In close coordination with the National COVID-19 Response Committee, the performance-based Financing Technical Unit (PBF-TU) in the Ministry of Public Health shall have overall responsibility for the implementation and coordination of the project.

The Ministry of Public Health (MoPH) has the experience to manage the project under safeguards policies, drawing especially from the implementation of the under implementation World Bank-financed Health System Performance Reinforcement Project (P164954). PBF-TU shall then be responsible for procurement, financial management, monitoring and evaluation, and environmental and social (E&S) risk management. They have demonstrated their capacity to screen, implement, monitor and report on environmental and social commitments.

As the proposed project will be implemented under the ESF, PBF-TU does not have practical experience applying the new requirements. The capacity to manage the additional requirements of the ESF is therefore limited; thus, there is a need for capacity building on the ESF for PIU/PBF-TU, MoPH, and experts in key ministries and agencies. PBF-TU has



two qualified E&S specialists, and the environmental specialist has extensive medical waste management experience and both have successfully completed the ESF online training course. However, the project will also recruit an additional social specialist with a background in Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) not later than 30 days after the Effective date. PBF-TU E&S staff shall manage E&S risks for the period following effectiveness and before the Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) is recruited. In addition, a comprehensive training plan will be prepared within 60 days of effectiveness and shall be properly resourced. The World Bank will provide guidance on preparing and implementing a capacity building and training plan to help the Borrower manage environmental and social risks throughout the project timeline. Given that component 3 is dedicated to Community Engagement and Risk-Communication, specialists in the field of public health awareness and communication will need to be assigned from the MoPH to support implementation of the community engagement and Stakeholder Engagement Plan (SEP) activities.

Medical waste management is challenging in Cameroon. A proportion of the waste stream is disposed of in open dumps in combination with municipal solid wastes while some are disposed of in incinerators. To improve medical waste management practices, the Borrower has installed incinerators, which are operational in five sites (Bonassama, Etoua, Guider, Bamenda and Eseka). Another 25 incinerators shall soon be installed in 25 health districts across the country.

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

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

Although the project will have positive long-term impacts as it should prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness, there is a number of short-term adverse risks and impacts that need to be addressed. The key potential environmental risks and impacts include: (i) workplace safety risks related to the rehabilitation and equipping of selected existing health facilities and hospitals; (ii) risks related to hazardous (including asbestos) and infected health care waste storage, transportation and disposal; (iii) risks related to occupational health and safety (OHS) including the risk of spread of the virus among health care workers; (iv) risks related to community health and safety including the risk of the spread of COVID-19 among the population at large, and (v) risks related to the operation of incinerators.

The project will finance small scale infrastructure works for the rehabilitation and equipping of selected existing health facilities and hospitals. These rehabilitation works are expected to be site-specific, and no greenfield works are envisaged; therefore, environmental risks and impacts are expected to be temporary, predictable, and manageable. Proposed management and mitigation mechanisms will be proposed in the environmental and social instruments mentioned in ESS1 discussion that follows.

Social Risk Rating

Substantial

The social risk rating of the project is Substantial. One key social risk related to the COVID-19 operations in general is that vulnerable social groups (poor, disabled, refugees, elderly, isolated communities) may be unable to access facilities and services, which could increase their vulnerability and undermine the general objectives of the project. Other social risks include the rise of social tensions that could be exacerbated by the lack of awareness regarding the behavior change required to decrease transmission (social physical distancing, hand washing and hygiene), stigma



associated with victims of COVID-19 and their families, perceived exclusion from targeted health facilities and services, increase in Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) due to home or other quarantine policies, misinformation regarding how COVID-19 is transmitted and prevented, and risks related to potential destruction of assets/structures when conducting rehabilitation works. Some of these risks will be addressed by the project related community engagement activities and information sharing and also by targeted activities contained in the draft Stakeholder Engagement Plan (SEP) that will be prepared. The project is not expected to involve land acquisition, restrictions on land use or involuntary resettlement. It is likely to be carried out in areas where Indigenous Peoples are present.

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

This Standard is relevant. The Project will have overall positive environmental and social impacts in that it will contribute to preventing, detecting and responding to the threat posed by COVID-19, as well as strengthening national systems for public health preparedness. Nonetheless, there are wide-ranging environmental and social risks and impacts that will need to be assessed and managed through a risk-based approach. The primary key risks identified include: (i) workplace safety risks related to the rehabilitation and equipping of selected existing health facilities and hospitals; (ii) risks related to hazardous (including asbestos) and infected health care waste storage, transportation and disposal; (iii) risks related to occupational health and safety (OHS) including the risk of spread of the virus among health care workers; (iv) risks related to community health and safety including the risk of the spread of COVID-19 among the population at large, and (v) risks related to the operation of incinerators, (vi) marginalized and vulnerable social groups (including poor, disabled, elderly, isolated communities, Indigenous Peoples, refugees) being unable to access facilities and services; (vi) social conflicts resulting from false rumors and misinformation; (vii) issues resulting from people being kept in quarantine, including stigma faced by those admitted to treatment or isolation facilities; and (viii) risks of SEA/SH to project workers and beneficiaries.

To mitigate these risks, the CTN-PBF will update the ESMF and prepare the SEP. The ESMF prepared and disclosed under the Health System Performance Reinforcement Project (P164954) includes measures to address relevant E&S risks like medical waste management, OHS, social risks, stakeholder engagement, the Infection Control and Medical Waste Management Plan (ICWMP), relevant parts of the COVID-19 Quarantine Guideline and WHO COVID-19 biosafety guidelines. The updated ESMF will include: (i) E&S principles; (ii) provisions for asbestos handling, transport and disposal; (iii) the environmental and social baseline (information on any external waste management facilities, including existing service providers; the national approach to testing for COVID-19, including any prioritization hierarchy for testing and the location of testing facilities in relation to the proposed project; information on disadvantaged and vulnerable groups, if any, who may be affected by the project; (iv) guidance for a close assessment of the operation of incinerators, and (v) a template for preparing site-specific Environmental and Social Management Plans (ESMPs), as necessary, for managing risks and impacts related to any civil works. In addition, the planning chapter will be updated to set out the required technical specifications, and other relevant information on



the procurement of goods and supplies e.g. equipment such as incinerators or Personal Protective Equipment (PPE) or cleaning materials. To address OHS risks associated with the procurement of goods and supplies, the MoPH/CTN-PBF, will work with relevant partners to identify and leverage all existing supply chain options and open new ones where possible to ensure that PPE and other relevant equipment, kits and material can be procured and dispatched nationwide in a timely manner, subject to the existing health PPE constraints in the global supply chain. The ESMF will be updated to a standard acceptable to the IDA and disclosed both in country on the Ministry of Public Health website and on the World Bank website not later than 30 days after the Effective Date. Between Effective Date and the disclosure and adoption of the ESMF, the Project shall strictly follow current WHO guidance on COVID-19 in a manner consistent with the ESSs.

The project Environmental and Social Commitment Plan (ESCP) includes commitments to undertake the required assessments and production of the necessary instruments for the Project. Mitigation measures for site-specific impacts will be managed through the implementation of required environmental and social instruments to be prepared as per the ESMF.

SEA/SH Risks: The project has been given a preliminary rating of moderate risk for SEA/SH, based upon the country context and project-specific indicators. This risk rating is subject to validation following project approval, and SEA/SH risks shall be further assessed and addressed during the implementation phase; this will include a review of the preliminary screening exercise and corresponding measures to prevent and mitigate identified risks.

The project shall maintain the Project Implementation Unit (CTN-PBF) with qualified staff and resources to support management of ESHS risks and impacts of the Project including environmental and social risk management specialists. The PIU will include the two current E&S specialists and recruit an additional Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) specialist.

The project may involve the army to convoy the transportation of medical equipment and supplies procured under the project in the Far North region. Such services will be entirely financed by the government. The project will ensure that the security personnel follows a strict code; the ESMF will lay out measures for security personnel. In doing so, the environmental and social assessment shall be guided by the principles of proportionality and GIIP, and by applicable law, in relation to engaging security forces, rules of conduct, training, equipping, and monitoring of security forces.

According to Decision n ° 0178 / D / MSP / SESP / SG / DPS / SDHA / SHM / BPHE of April 24, 2006, the management of hospital waste falls under the responsibility of the Hospital Hygiene Units (UHH) in public health facilities, in particular General Hospitals, Central, Regional and District Health Hospitals. These units, run by sanitary engineering technicians, placed under the authority of the head of the health facility concerned, are responsible for implementing measures to prevent and fight nosocomial infections and promote environmental health in health facilities. While in most health facilities these Hospital Hygiene Units exist, it should be noted that these structures are experiencing serious operating difficulties: absence / insufficient material / work equipment; lack of real authority in the management of hospital waste; demotivation because not being listened to by those in charge; etc. Despite the efforts noted in certain health facilities, the management of hospital waste remains generally inefficient. All persons exposed to hazardous healthcare waste are exposed to risk of being injured or infected due to the absence and or insufficiency of the appropriate Personal Protective Equipment, the inappropriate quality of the waste collection bins



and the equipment. Waste management and treatment options must first protect health care workers and populations and minimize the indirect impacts on the environment from exposure to health care waste.

ESS10 Stakeholder Engagement and Information Disclosure

This standard is relevant. A draft Stakeholder Engagement Plan (SEP) has been prepared and disclosed. The draft SEP outlines the main characteristics and interests of the relevant stakeholder groups (e.g. health professionals, community representatives, vulnerable groups), timing and methods of engagement throughout the project cycle as well as an outline for the establishment of a project Grievance Redress Mechanism (GRM). Adaptations to ensure physical distancing requirements, bans on public gatherings, lockdowns and mobility restrictions are reflected in the draft SEP. These activities are financed under Component 3. After project approval, the SEP will be updated to include more information regarding the methodologies for information sharing, stakeholder mapping and identification of existing community-based platforms that can be used to facilitate effective community engagement and participation. The SEP will be updated not later than 30 days from the project Effective date, with more details on the environmental and social risks associated with the Project activities and refined consultation strategies and modalities with due consideration of measures in place at such time. The approach to stakeholder engagement shall guide all project activities including the process of updating the ESMF. The final version of the SEP (to be updated after project's effectiveness) shall include measures to address the particular needs of IP/SSAHUTLCs and relevant information about the arrangements to the public about the use of security forces. The project-level GRM shall accept grievances related to security and the use of security personnel as is required for any other complaint, and worker and community concerns related to security personnel shall be addressed. The final version of the SEP will be shared with relevant stakeholders via culturally appropriate means (taking into account language, logistical and technological constraints). A dedicated hotline and email will be established for grievances and feedback.

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. Many activities supported by the project will be conducted by health care and laboratory workers and will include both the treatment of patients as well as the assessment of patient samples. The key risk for them is possible COVID-19 contamination (and other contagious illnesses as COVID-19 patients are likely to suffer from other illnesses that compromise the immune system). The PIU will ensure the application of OHS measures as outlined in WHO guidelines which will be reflected in an Infection Control Medical Waste Management Plan (ICMWMP) and a Labor Management Procedure (LMP), both of which will be annexed to the ESMF. These include: procedures for monitored entry into health care facilities, including minimizing visitors and undergoing strict checks before entering; procedures for protection of workers in relation to infection control precautions; provision of immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and PPE; ensuring adequate supplies of PPE (particularly face masks, gowns, gloves, handwashing soap and sanitizer); and generally ensuring adequate OHS protections in accordance with the general and industry specific Environmental, Health and Safety Guidelines (EHSs) and consistent with the evolving international best practice in relation to COVID-19 protection. Also, the PIU will ensure that they are regularly



integrating the latest COVID-19 guidance by WHO. The LMP will provide guidance regarding the policies and procedures that will govern health care workers, project staff and other workers hired under the project. It will also provide details regarding the establishment of a labor GRM to allow workers to quickly inform management of labor issues, such as a lack of PPE and unreasonable overtime. Specific prohibitions will be enacted in the deployment of security personnel, including no child labor and no forced labor.

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. The updated ESMF will include an ICMWMP and will reflect WHO COVID-19 guidance and other international good practice, to prevent or minimize contamination from inadequate waste management and disposal.

For each beneficiary structure of the project, a prior assessment of waste management capacities will be required before any project activities to ensure that adequate measures are put in place to ensure proper management of hospital waste. The implementation of these measures will be monitored in the activity reports of each structure and during supervision missions by the project’s teams and the World Bank.

ESS4 Community Health and Safety

This standard is relevant. Protecting communities from COVID-19 infection is the intention of the project but without adequate controls and procedures, project activities have the potential to contribute to the spread of the virus and may also generate social conflict.

Medical waste and other waste from the labs, health centers, quarantine and isolation centers have a high potential of being contaminated and this can infect the community at large if not properly managed. There is a possibility for infectious microorganisms to be transmitted to members of the public if not well contained within laboratories or appropriately isolated areas of hospitals and medical centers, or due to accidents or emergencies. Measures for waste management are outlined in the ICMWMP and reflect international good practice and WHO protocols including: (i) how Project activities involving the COVID-19 pathogen or waste generated in its identification and treatment will be carried out in a safe manner with (low) incidences of accidents and incidents in line with Good International Industry Practice (such as WHO guidelines); (ii) measures in place to prevent or minimize the spread of infectious diseases; and (iii) emergency preparedness measures. Information on preventive health measures to communities surrounding health facilities will be provided periodically through continuous stakeholder engagement.

The project may involve the army to convoy the transportation of medical equipment and supplies procured under the project in the Far North region. The project will ensure that the security personnel follow a strict code; the ESMF will lay out measures for security personnel. In case security forces are involved , the project will undertake a Security Risk Assessment (SRA) to review the military’s rules of engagement with civilian authorities and identify the specific risks related to providing increased security at the various project sites. The project would then propose adequate mitigation measures, and strengthen existing measures, where necessary, to ensure that the use of the military in



project activities will not result in adverse consequences to community health and safety, including in matters relating to SEA/SH.

SEA/SH risks will be assessed and addressed during project implementation, including screening and implementing measures to prevent and mitigate these risks. The will include implementing WHO's Code of Ethics and Professional Conduct for all workers in the quarantine facilities.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not currently relevant. The project will not require any land acquisition leading to restrictions on land use or economic and physical displacement.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This Standard is not currently relevant. The Project is not expected to support any activities that might jeopardize the integrity of biodiversity or living natural resources. In addition, setting up of COVID-19 diagnostic facilities will take place in existing premises.

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

ESS7 is likely to be relevant to the project, as project activities could take place in areas where Indigenous Peoples/Sub-Saharan Historically Underserved Traditional Local Communities (IP/SSAHUTLCs) are present or in areas to which they have collective attachment. Should the presence of indigenous communities be confirmed through further screening, the project will address any risks posed to them and ensure they receive culturally appropriate benefits. This will be done by ensuring that their views are sought as specified in the SEP and that a Social Assessment (SA) is carried out prior to carrying any activities that would impact indigenous communities. Following the SA, and as appropriate: (i) a stand-alone plan or framework may be developed; (ii) or key elements of risk mitigation and culturally appropriate benefits will be included in the ESMF. Public consultations with representatives of indigenous communities and their organizations are provided for in the SEP, considering their circumstances. These organizations and representatives will be consulted during the revision of the SEP. The project will exclude any activities which would require Free, Prior and Informed Consent (FPIC).

ESS8 Cultural Heritage

This standard is not currently relevant. A Chance Find procedure will be included in the updated ESMF as a precaution and any construction that would impact tangible or intangible cultural heritage will not be supported under the Project.



ESS9 Financial Intermediaries

This standard is not currently relevant.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways

No

This project does not affect International Waterways

OP 7.60 Projects in Disputed Areas

No

This project will not be implemented in Disputed Areas

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	
The ESMF shall be updated and finalized not later than 30 days after the Effective Date. Between Effective Date and the disclosure and adoption of the ESMF, the Project shall strictly follow current WHO guidance on COVID-19 in a manner consistent with the ESF.	10/2020
A comprehensive training plan shall be prepared not later than 60 days after the Effective Date.	11/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
An updated Stakeholder Engagement Plan shall be finalized and disclosed not later than 30 days after the Effective Date. The SEP shall be continuously updated as needed during project implementation.	10/2020
ESS 2 Labor and Working Conditions	
The LMP shall be prepared as part of the updated ESMF and disclosed not later than 30 days after the Effective Date.	10/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
An Infection Control Waste Management Plan (ICWMP) that integrates WHO guidance and other international good practice shall be integrated into the updated ESMF and finalized not later than 30 days after the Effective Date.	10/2020
ESS 4 Community Health and Safety	
Relevant provisions will be included under ESS1.	10/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	

Public Disclosure



ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
Should the presence of indigenous communities be confirmed through further screening, the project will address any risks posed to them and ensure they receive culturally appropriate benefits.	10/2020
ESS 8 Cultural Heritage	
ESS 9 Financial Intermediaries	

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:

N/A

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: Republic of Cameroon

Implementing Agency(ies)

Implementing Agency: Ministry of Public Health

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s): Yohana Dukhan
 Practice Manager (ENR/Social) Senait Nigiru Assefa Cleared on 24-Jul-2020 at 17:42:5 EDT



Safeguards Advisor ESSA

Nathalie S. Munzberg (SAESSA) Concurred on 25-Jul-2020 at 08:30:27 EDT

Public Disclosure