



# Appraisal Environmental and Social Review Summary

## Appraisal Stage

### **(ESRS Appraisal Stage)**

Date Prepared/Updated: 04/06/2020 | Report No: ESRSA00659



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Project ID	Parent Project ID (if any)
Bosnia and Herzegovina	EUROPE AND CENTRAL ASIA	P173809	
Project Name	Bosnia and Herzegovina Emergency COVID-19 Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/31/2020	4/15/2020
Borrower(s)	Implementing Agency(ies)		
Bosnia and Herzegovina	Ministry of Health and Social Welfare of Republika Srpska, Ministry of Health of the Federation of Bosnia and Herzegovina		

Proposed Development Objective(s)

The project development objective is to prevent, detect, and respond to the threat posed by the COVID-19 pandemic in Bosnia and Herzegovina.

Financing (in USD Million)	Amount
<b>Total Project Cost</b>	<b>35.72</b>

**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]**

This project is in response to the request of the Government of Bosnia and Herzegovina (BiH) for support in preparing for and responding to the COVID-19 pandemic and sustaining their efforts to prevent future outbreaks of emerging infectious diseases. The project is prepared under under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the World Bank’s Board of Executive Directors on April 2, 2020 (PCBASIC0219761) with an overall Program financing envelope of up to US \$6.00 billion.



The project will have three components: (1) Responding to the COVID-19 Pandemic in Republika Srpska; (2) Responding to the COVID-19 pandemic in the Federation of Bosnia and Herzegovina; and (3) Project Management.

Component 1: Responding to the COVID-19 Pandemic in Republika Srpska. This component will provide immediate support to Republika Srpska to treat existing cases of COVID-19, limit further local transmission, and address socioeconomic impacts of the pandemic on affected households through social assistance and protection. Activities are limited to those that require immediate and urgent implementation and to be implemented under two sub-components: (1.1) health care delivery and health system strengthening and (1.2) Temporary social support and cash assistance for vulnerable households and individuals.

Component 2: Responding to the COVID-19 pandemic in the Federation of Bosnia and Herzegovina (FBiH). This component will provide immediate support to the FBiH to prevent additional arrivals of COVID-19 cases and to limit local transmission through containment strategies and to prevent individuals and household affected by the pandemic falling into destitution. The project-supported activities include (2.1) health care delivery and health system strengthening and (2.2) Temporary social support and cash assistance for vulnerable households and individuals.

Component 3. Project Management. This component will support the operation of two Project Implementation Units (PIUs), in FBiH and in Republika Srpska respectively, which provide overall administration of the project (including procurement and financial management) and undertakes regular monitoring and reporting of project implementation (including the required fiduciary assessments). Monitoring and evaluation (M&E) on social assistance will include spot checks of cash assistance and social care beneficiaries, at least one beneficiary survey and support for upgrades and improvements to the existing administrative systems (SOTAC and other) if necessary. Existing structures will be strengthened by the recruitment of additional staff/consultants responsible for overall administration, safeguards, communication and outreach, procurement, and financial management.

Through a global waiver, all IPF operations processed under the Fast Track COVID-19 Facility, including projects prepared under the Global MPA or stand-alone projects, are eligible for the application of the additional flexibility defined in paragraph 12 of Section III of the IPF Policy due to the urgent need of assistance experienced by all Bank borrowers in response to the COVID-19 pandemic.

#### **D. Environmental and Social Overview**

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]  
The project will support the preparedness, monitoring, surveillance and response to the global COVID-19 outbreak in Bosnia and Herzegovina (BiH). Bosnia and Herzegovina is split into two entities, Republika Srpska and Federation BiH (FBH) along with a District Brcko, each with their own governments and administration and therefore Ministries responsible for health. There is no central body at the level of BiH that would conduct activities related to health protection of the population. The project activities will be carried out in healthcare facilities and centers for social work located in urban areas/settlements, while the delivery of care packages and services at home and specialized institutions will also include rural areas.

No major civil works are expected in this project; works involved will focus on rehabilitation of existing health care structures within existing footprints and potential establishment of mobile and modular facilities. Refurbishment of



existing and establishment of new structures will be conducted in line with site-specific Environmental and Social Management Plans (ESMPs), prepared based on the provisions of the Environmental and Social Management Framework (ESMF). The ESMF for this project will be prepared prior to disbursements. There may also be a need to establish temporary health care facilities in areas experiencing temporary surge needs, including in border areas and sites of infection concentration. This too will be subject to provisions of the ESMF.

Social differences in BiH are marked by the rural and urban divide, education levels (which influence income) and demographic characteristics, such as gender and age. 16.9% of the population lives below the national poverty threshold (32.9% of the rural population is at-risk-of-poverty, compared to 17.3% of the urban population). Social assistance coverage among the poorest quintile remains low compared to countries of similar per capita income levels. BiH has an aging population. About one third of the population is above the age of 55 and 15% is above the age of 65 (2018 estimates). The older population, which is a high-risk group for COVID-19 infection, is highly vulnerable in BiH. In RS specifically, according to the 2011 Household Budget Survey, 1 in 5 households whose head was over 65 years of age and older were below the relative poverty line. There are geographic inequities in access to health care due to concentration of hospital services in urban areas and difficulties in staffing rural facilities (70 percent of urban residents live within 15 minutes of a health facility versus 25 percent of rural residents).

BiH, as all other countries in the world are exposed to the COVID-19 pandemic. As of March 30, 2020, 354 cases have been registered in Bosnia and Herzegovina (BiH) with ten COVID-19 associated deaths. Most cases are in Republika Sprska (RS), with the greatest concentration of cases is in Banja Luka, although most people affected have mild symptoms. In the Federation of BiH (FBiH), there are currently less than 100 cases, with clusters in Bihac, Mostar and Sarajevo. Around 35 000 people are under public health surveillance in FBiH and around 17 000 in RS. . A number of cases registered are linked with contacts with infected persons from the other countries in the region, but also from the large number of persons that were employed abroad and which are now returning home. Containment measures include establishment of tents at border crossings for quarantine and mandatory self-isolation of those entering the country. However, non-compliance with the isolation measures is a common occurrence. In both RS and FBH, there is a ban on public gatherings; schools and most shops have been closed with the exception of markets and pharmacies. In RS specifically, a Coordination Body for Planning, Implementation and Monitoring activities related to the outbreak was established in early March 2020. As part of the RS Government's COVID-19 prevention and crisis response, access to free testing and treatment is temporarily available to all RS citizens regardless of insurance status (costs covered by the RS Health Insurance Fund).

#### D. 2. Borrower's Institutional Capacity

In RS the Ministry of Health and Social Welfare (MoHSW), as an overarching authority in the health sector, will be responsible for implementation and oversight of the proposed Project. The Planning, Analysis, Financing and Project Implementation Department (PAFPID) of the Ministry will be the project implementation unit (PIU) headed by the Deputy Minister of the MoHSW, and will include staff on procurement, financial management, monitoring and evaluation, communication and technical staff responsible for social protection and health. The PIU will support relevant technical units in the Ministry, and directly implement certain technical activities, including procurement of medical supplies, equipment, other good identified for basic care packages, communication and monitoring, facility repurposing works for activities under Component 1.1 as well as selected activities under Component 1.2. For Component 1.2, the PIU will work with Centers for Social Work and relevant care institutions for the implementation of cash transfers and delivery of social care services and packages.



In FBiH the Ministry of Health (responsible for components 2.1.) will have a PIU while the FBiH Ministry of Labor and Social Policy (responsible for components 2.2,) will have a Project Implementation Team (PIT). Although the overall project management and implementation will rest with the PIU the project implementation will also be coordinated through a Coordination Body for the project. The units will be staffed adequately and will include a person responsible for environmental and social issues prior to the start of the project.

All three ministries have experience in implementing World Bank projects, including the Health Sector Enhancement Project (HSEP: P149920) that included reconstruction of a number of health care facilities (closed in 2014), and the BiH Health Sector Reform Project (P171150) currently under preparation. The Ministry of Labor and Social Policy in FBiH has currently active projects of Bosnia and Herzegovina Employment Support Program - (P152347) and Bosnia and Herzegovina Provision of Private Employment Services - (P171433). Under HSEP all works were carried out according to World Bank environmental guidelines and safeguards compliance was satisfactory. HSEP did not trigger OP 4.12 and the PIUs did not handle any other social issues, and therefore did not have this expertise on board. Due to the mandate and staffing of the ministries, the PIU does not have an environmental and social specialist at present. The PIU has an architect on board that has previous experience in implementing World Bank projects under safeguards. As per the Environmental and Social Commitment Plan (ESCP), MoHSW and FBiH PIUs will appoint, no later than 30 days after the project effectiveness date, an Environmental and Social Specialist. If such a person cannot be appointed from within the existing staff of the FBiH MOH, an external hire should be considered.

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

**A. Environmental and Social Risk Classification (ESRC)**

Substantial

**Environmental Risk Rating**

Substantial

The Environmental Risk Rating is "Substantial". The major areas of risks for the project are: (i) risks related to rehabilitation of existing healthcare facilities; (ii) environmental and community health related risks from inadequate storage, transportation and disposal of infected medical waste; and (iii) occupational health and safety issues related to the availability and supply of personal protective equipment (PPE) for healthcare workers. These risks are covered by ESS 1, ESS 2, ESS 3, ESS 4, and ESS 10.

Minor physical works, under Component 1.1, for adapting health care or other facilities for patient care and for mobile and modular hospitals is also being considered for project financing by BiH at this stage. The main environmental impacts associated with minor civil works include dust and noise, construction waste management (including demolition of any hazardous waste or asbestos containing materials), wastewater management from the facility and worker safety. These are all temporary and easily mitigable through adherence to the ESMF and the site specific ESMPs that will be developed once the activities are better defined.

Improper handling of health care waste can cause serious health problems for workers, the community and the environment. Medical wastes have a high potential of carrying micro-organisms that can infect people who are exposed to it, as well as the community at large if it is not properly disposed of. The management of medical waste is one of the main risk factors in the project, but considering that the Borrower has specifically included this item in their overall request ensures strong commitment and ownership from the Borrower side.

Public Disclosure



The PAFPID PIU is staffed with a full time architect knowledgeable of World Bank projects and safeguards and will be supported when and if needed by consultants or environmental specialists from other PIUs within the RS Ministries, especially in the light of decreased activity on other WB financed projects. The FBiH PIUs will need to appoint a person responsible for environmental and social issues, and may also include external hires either as consultants or from other World Bank financed projects, if available. The specialists will be supported by the Bank team to ensure adequate knowledge of the ESF and compliance with it. The activities within the project are of a moderate environmental impact, and the staffing is adequate. However, taking into account the risks associated with the pandemic and spread of infections, the overall risk is determined as "substantial".

**Social Risk Rating**

Substantial

The social risk rating for this project is considered Substantial. The project will provide urgently needed support to the BiH COVID-19 healthcare response and temporary social support and cash assistance to vulnerable households and individuals adversely affected by the pandemic. Needs-based home consultations and care services will be provided to ensure access to medical care and basic services for vulnerable groups. These activities are generally anticipated to have positive impacts on BiH citizens through improved healthcare services, better infection prevention, and expanded social assistance to vulnerable groups during a time of anticipated high unemployment and income loss. The major areas of social risks are: (i) difficulties in delivering temporary social assistance to vulnerable groups during COVID-19 constrains on mobility and functioning of public offices; (ii) social conflicts and unrest resulting from the crisis challenges, including competing pressures on medical services; (iii) exacerbated community and health risk due to inappropriate behavior resulting from false rumors and misinformation. Potential challenges associated with providing inclusive (social and financial) assistance for vulnerable people can be partially mitigated through COVID-19 sensitive outreach, flexible registration and in-take options (e-mail, phone, local councils, in-house), and availability of a responsive feedback/grievance channel. Risk area (ii) and (iii) will be managed through consistent and contextualized risk communication and public engagement activities and training for target groups (healthcare staff, media and businesses) on crisis response. Given the risk of limited access to vulnerable groups of the temporary social assistance program due to untested alternative registration and in-take methods, and the potential difficulty in managing the public’s response to an unprecedented medical crisis, the social risk is considered to be substantial.

Public Disclosure

**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 is anticipated to have positive environmental and social impacts through improvements in COVID-19 surveillance, detection and containment; provisions of protective equipment and implementation of COVID-19 specific OHS procedures for health care workers, improvements in medical waste management, and provision of in-kind care and emergency cash assistance for vulnerable persons and households. However, the project could also cause environmental, health and safety risks due to the dangerous nature of the pathogen and reagents and other materials to be used in the project-supported health facilities, laboratories, and mobile hospitals. The social-distancing restrictions and reduced capacity of public offices could also pose challenges to providing (social and financial) assistance to vulnerable groups. To manage these risks, the MoHSW will prepare two instruments: (i) Environmental and Social Management Framework (ESMF) that will include templates for Environmental and Social Management Plans (ESMP) and Infection Control and Medical Waste Management Plan (ICWMP) so that the health



facilities laboratories, and quarantine facilities to be supported by the Project will apply international best practices in COVID-19 diagnostic testing and other COVID-19 response activities. The ESMF will have an exclusion list for COVID-19 health care facilities and lab activities that may not be undertaken at the labs unless the appropriate capacity and infrastructure is in place). The ESMF will be prepared to a standard acceptable to the Bank and disclosed no later than 30 days after the project effectiveness date; and (ii) Stakeholder Engagement Plan (SEP) for effective outreach and citizen participation. The preliminary SEP will be updated and disclosed no later than 30 days after project effectiveness.

Minor Civil Works. Under component 1, the project anticipates refurbishment of health care facilities and establishment of mobile facilities to respond to the increasing demand for hospital beds created by COVID-19. Expected risks are typical for small civil works and include emission of dust, noise, generation of construction waste, small quantities of hazardous and other wastes, and worker health and safety. The ESMF will provide ESMP templates for both rehabilitation of facilities and for establishment of mobile facilities in areas with large demand.

Time-bound cash-assistance. Access to time-bound cash assistance and in-kind care services could be constrained by insufficient coverage (difficult to estimate demand; applications processed on a first come first serve basis) and lack of timely information and/or required documentation to access temporary benefits. The permanent social assistance program, which targets unemployed, low-income and disabled persons with high number of dependents, will be expanded to provide temporary cash assistance to households affected by the adverse economic impacts of COVID-19. The BIH permanent social assistance programs have an existing targeting mechanism which consists of an assessment of “means” of potential beneficiaries. This consists of assessment and verification of ability to work, having insufficient revenues for subsistence or not, and having family members that are legally obliged and capable to provide support or not. The most vulnerable (households with high number of dependents) are targeted through provision of slightly higher benefits (based on a formula) and people with disabilities who already receive a care-giver allowance are given temporary top-up cash benefits. Selection of beneficiaries is done on a first-come-first-serve basis with all registration being time-logged and verifiable. Similar eligibility criteria also apply for the cash allowances for elderly and people with disabilities. The SEP proposes targeted outreach to existing and potential new social assistance beneficiaries and flexible registration through online/phone applications and in-home application assistance for immobile groups. Regular registration will take place at local centers for social work as well as local council offices to make the registration process as accessible as possible. The proposed alternative forms of registration have not been tested in RS and FBH and their implementability and effects are uncertain.

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

### **ESS10 Stakeholder Engagement and Information Disclosure**

The project builds on the RS government’s Health Emergency Communication Plan and FBiH COVID-19 Preparedness and Response plan by supporting awareness raising, development of educational material and timely communication about the COVID-19 emergency response. The objective of the communication activities is to provide clear, consistent and simple messages about social distancing, personal hygiene, self-isolation, mandatory quarantine procedures, and the availability of targeted medical and social services for vulnerable groups during the COVID-19 crisis.





The preliminary Stakeholder Engagement Plan (SEP) outlines the activity-specific methods for sharing information about project benefits and engaging with affected parties during implementation, including vulnerable groups. Communication and consultation activities in SEP have been tailored to the local context with the aim of serving the specific needs of project beneficiaries during a pandemic by avoiding public gatherings, encouraging virtual and phone engagement for information sharing and feedback.

The project will use the client’s current grievance mechanisms for healthcare and social assistance services, and adapt them further to the COVID-19 emergency situation which requires minimal physical contact and mobility and people gathering. The collection and response will hence be through electronic media, hotlines etc. Local centers for social work will receive training on management of requests and grievances in a consistent manner, and the PIU will have a grievance focal point responsible for collecting grievances from different entry points, analyzing the data and monitoring any outstanding issues.

## **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 both direct workers and contracted workers. Direct workers could be either government civil servants (MoHSW staff), workers in health care facilities and centers for social work, or technical consultants engaged specifically in relation to the project, such as PIU consultants. The civil servants are governed by the RS and FBiH civil services code, while public health and social workers, and consultants are subject to the RS and FBiH labor code. As needed, the project may also cover overtime payments or hazard/ indemnity pay for health care personnel, which will be paid in line with the entity law and ESS2, and any applicable collective agreements.

Contracted workers could include workers of consultancies/organized engaged to provide services under the project (e.g. develop and implement trainings, communication and educational materials on COVID-19), private health care institutions engaged temporarily to assist the crisis response, and contractors hired for small scale refurbishments of medical facilities. Workers engaged for minor civil works, including refurbishment of existing health care facilities and establishment of temporary mobile facilities, are expected to be locally hired. Primary supply workers are those that work for companies involved in the provision of medical supplies, PPE, chemicals, reagents etc.

Workers in health care facilities, including those managing medical waste are particularly vulnerable to contagions like COVID-19. Healthcare-associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and laboratory works as well as the wider spreading of the disease within communities. The project design incorporates measures to strengthen the protection of health care workers from risks of COVID-19 infection through training on appropriate use of PPE, improved medical waste management, surveillance and prevention of the spread of infections within healthcare facilities, and distribution of PPE according to WHO guidelines. The ICWMP being developed will contain detailed procedures, based on WHO guidance, for protocols necessary for treating patients and handling medical waste as well as environmental health and safety guidelines for staff, including the necessary PPE. Proper disposal of sharps (see medical waste above), disinfectant protocols, and regular testing of healthcare workers will be included. The project will also support





improvements in medical waste management, which will contribute to minimize the risk of infection for medical waste collection and disposal workers. The client will also provide COVID-19 specific occupational health and safety directives to social workers to minimize their risk of infection when in contact with social assistance applicants and during in-home visits.

The project shall be carried out in accordance with the applicable requirements of ESS 2, including through, inter alia, implementing adequate occupational health and safety measures (including emergency preparedness and response measures), setting out grievance arrangements for project workers, and incorporating labor requirements into the ESHS specifications of the procurement documents. All civil works contracts will include industry standard Codes of Conduct that include measures to prevent Gender Based Violence/Sexual Exploitation and Abuse (GBN/SEA).

### **ESS3 Resource Efficiency and Pollution Prevention and Management**

Medical wastes and chemical wastes (including water, reagents, infected materials, etc.) from the labs, quarantine, and screening posts to be supported (drugs, supplies and medical equipment) can have a substantial impact on the environment and human health. Wastes that may be generated from medical facilities and labs could include liquid contaminated waste, chemicals, and other hazardous materials, and other waste from labs and quarantine and isolation centers including sharps, 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, GIIP and other best international practices, will prepare and follow an ICWMP to prevent or minimize such adverse impacts. Each facility will apply infection control and waste management planning following the requirements of the ESMF and relevant EHS Guidelines, GIIP, WHO etc. The ICWMP will mandate that any waste associated with COVID-19 testing or treatment will be incinerated on site whenever possible. It will also contain strict protocols for disinfecting and packing such waste for transportation to the nearest medical waste incinerator if on site destruction is not possible.

The ESMF will adequately cover environmental and social infections control measures and procedures for the safe handling, storage, and processing of COVID-19 materials including the techniques for preventing, minimizing, and controlling environmental and social impacts during the operation of project supported laboratories and medical facilities. It will also clearly outline the implementation arrangement to be put in place by MOHSP for environmental and social risk management; training programs focused on COVID-19 laboratory bio-safety, operation of quarantine and isolation centers and screening posts, as well as compliance monitoring and reporting requirements, including on waste management based on the existing ICWMP prepared as part of the ESMF. The relevant part of the COVID-19 Quarantine Guideline and WHO COVID-19 bio-safety guidelines will be applied while preparing the ESMF so that all relevant risks and mitigation measures will be covered.

The ESMF will also include guidance related to transportation and management of samples and medical goods or expired chemical products, as well as small scale rehabilitation activities.

The SEP provides general guidelines for outreach to different segments of the population a on issues related to COVID-19 response, including social distancing, hygiene, medical treatment, OHS, and quarantine. A project-specific Communication Plan will be developed for the proposed media and communication activities, education material and trainings.



Registration for the time-bound cash assistance for vulnerable groups will be conducted at local centers for social centers. To avoid risks of community transmissions, congregations will be avoided by making registration also available through local councils on a specified schedule, by e-mail and phone.

The project anticipates the establishment of specialized units in selected hospitals for COVID-19 patients and establishment of mobile health care facilities to address the need to minimize virus transmission. The operation of quarantine areas and mobile centers needs to be implemented in a way that staff, patients, and the wider public are treated in line with international guidance provide by WHO for COVID-19 response. In case quarantine and mobile health care facilities are to be protected by security personnel, it will be ensured that the security personnel follow strict rules of engagement and avoid any escalation of the situation, taking into consideration the needs of quarantined persons as well as the potential stress related to being quarantined.

The communication activities supported by the project will ensure widespread awareness of the government’s pandemic response strategy and the role of communities, individuals and businesses in implementing specific community health and safety measures, including social distancing, personal/worker hygiene practices, self-isolation and mandatory quarantine. The activities are outlined in SEP and will be further specified in a project-specific Communication Plan.

#### **ESS4 Community Health and Safety**

Medical wastes and chemical wastes (including water, reagents, infected materials, etc.) from the labs, quarantine, and screening posts to be supported (drugs, supplies and medical equipment) can have a substantial impact on the environment and human health. Wastes that may be generated from medical facilities and labs could include liquid contaminated waste, chemicals, and other hazardous materials, and other waste from labs and quarantine and isolation centers including sharps, 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 best international practices, will prepare and follow an ICWMP to prevent or minimize such adverse impacts. The ICWMP will mandate that any waste associated with COVID-19 testing or treatment will be incinerated on site whenever possible. It will also contain strict protocols for disinfecting and packing such waste for transportation to the nearest medical waste incinerator if on site destruction is not possible.

The ESMF will also include guidance related to transportation and management of samples and medical goods or expired chemical products, as well as small scale rehabilitation activities.

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security personnel follow strict rules of engagement and avoid any escalation of the situation, taking into consideration the needs of quarantined persons as well as the potential stress related to being quarantined.

The communication activities supported by the project will ensure widespread awareness of the government’s pandemic response strategy and the role of communities, individuals and businesses in implementing specific community health and safety measures, including social distancing, personal/worker hygiene practices, self-isolation and mandatory quarantine. The activities are outlined in SEP and will be further specified in a project-specific Communication Plan.

**ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement**

Civil works will be restricted to minor rehabilitation of existing health care facilities to accommodate higher number of hospital beds or establishment of mobile health care facilities (about 500 hospital beds) in areas of temporary surge needs. All mobile facilities will either be located on vacant public or private land with written voluntary consent. The project-specific ESMF will outline procedures for obtaining prior consent for temporary use of private land, and conditions for minimizing impacts on the owners, such as returning the land/property to its original state after temporary use. Involuntary acquisition or occupation of land is not expected. Based on the assessment of risks and impacts associated with ESS5, this ESS is currently not considered applicable.

**ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources**

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

Mobile hospital and any other temporary objects that would be developed within the project will be located away from protected or otherwise sensitive natural areas, including forests, habitats, waterways or otherwise sensitive areas.

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

Bosnia and Herzegovina does not have distinct social and cultural groups as covered by ESS7. Thus, this standard is not applicable.

**ESS8 Cultural Heritage**

There is a potential for minor repurposing of existing health care facilities to accommodate a higher number of hospital beds. There are no project implications on cultural heritage.

**ESS9 Financial Intermediaries**

This standard is not relevant to the proposed project interventions.



**B.3 Other Relevant Project Risks**

None noted

**C. Legal Operational Policies that Apply**

**OP 7.50 Projects on International Waterways**

No

Not relevant. No implications on waterways.

**OP 7.60 Projects in Disputed Areas**

No

Not relevant.

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

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
<b>ESS 1 Assessment and Management of Environmental and Social Risks and Impacts</b>	
<p>ORGANIZATIONAL STRUCTURE: The RS Ministry of Health and Social Welfare, the Federation of Bosnia and Herzegovina (FBiH) Ministry of Health and the Ministry of Labor and Social Policy shall establish and maintain units/departments responsible for project implementation, including relevant Project Implementation Team (PIT) with qualified staff and resources to support the management of ESHS risks and impacts of the Project including environmental and social risk management specialists.</p>	05/2020
<p>ENVIRONMENT AND SOCIAL MANAGEMENT FRAMEWORK (ESMF) Prepare an ESMF acceptable to the Association and disclose the ESMF on the Project website. The ESMF will include templates for site specific Environmental and Social Management Plans (ESMP) and Infection Control and Medical Waste Management Plan (ICWMP).</p>	05/2020
<p>ESIA/ESMP/OTHER INSTRUMENTS/CONTRACTORS a. Assess the environmental and social risks and impacts of Project activities in accordance the ESMF. b. Prepare, disclose, adopt, and implement any ESMPs or other instruments required for Project activities in a manner acceptable to the Bank. c. Incorporate the relevant aspects of this ESCP into the procurement documents and contracts with contractors and supervising firms.</p>	03/2025
<p>EXCLUSIONS: The following activities are ineligible:  <ul style="list-style-type: none"> <li>• Those that may cause permanent and/or irreversible adverse impacts on the environment</li> <li>• Those that may have significant adverse social impacts and may give rise to significant social conflict</li> <li>• Those that may affect lands or rights of indigenous people or other vulnerable minorities,</li> <li>• Those that may involve permanent resettlement or land acquisition or adverse impacts on cultural heritage</li> <li>• Excluded activities included in the ESMF.</li> </ul> </p>	03/2025

Public Disclosure



Public Disclosure

<b>ESS 10 Stakeholder Engagement and Information Disclosure</b>	
STAKEHOLDER ENGAGEMENT PLAN: Prepare, disclose, adopt, and implement a Stakeholder Engagement Plan (SEP) consistent with ESS10, in a manner acceptable to the Bank.	05/2020
<b>ESS 2 Labor and Working Conditions</b>	
LABOR MANAGEMENT: ESS 2 will be adhered to through adequate occupational health and safety measures (including emergency preparedness and response), grievance arrangements for workers, and incorporating labor requirements into procurement documents.	03/2025
<b>ESS 3 Resource Efficiency and Pollution Prevention and Management</b>	
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.	03/2025
<b>ESS 4 Community Health and Safety</b>	
ESS 4 falls under action 1.2, including: minimizing exposure to disease; ensuring vulnerable parties access to benefits; managing risks of security personnel and labor influx; and preventing/responding to sexual exploitation, abuse, or harassment.	03/2025
<b>ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement</b>	
Not considered currently relevant. All mobile health care facilities will either be located on vacant public or private land with written voluntary consent in accordance with principles of voluntary consent specified in ESS5.	03/2025
<b>ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources</b>	
Not relevant.	03/2025
<b>ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities</b>	
<b>ESS 8 Cultural Heritage</b>	
<b>ESS 9 Financial Intermediaries</b>	

**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 Borrower framework is not considered for any part of this project, or the project in whole.



#### IV. CONTACT POINTS

##### World Bank

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##### Borrower/Client/Recipient

Borrower: Bosnia and Herzegovina

##### Implementing Agency(ies)

Implementing Agency: Ministry of Health and Social Welfare of Republika Srpska

Implementing Agency: Ministry of Health of the Federation of Bosnia and Herzegovina

#### V. FOR MORE INFORMATION CONTACT

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#### VI. APPROVAL

Task Team Leader(s): Mirey Ovadiya, Ian Forde

Safeguards Advisor ESSA Nina Chee (SAESSA) Concurred on 07-Apr-2020 at 15:37:47 EDT