



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 04/25/2020 | Report No: ESRSA00763



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Georgia	EUROPE AND CENTRAL ASIA	P173911	
Project Name	Georgia Emergency COVID-19 Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/24/2020	5/5/2020
Borrower(s)	Implementing Agency(ies)		
Georgia	Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Aff		

Proposed Development Objective(s)

The project development objective is to prevent, detect, and respond to the threat posed by the COVID-19 pandemic and strengthen national systems for public health preparedness in Georgia.

Financing (in USD Million)	Amount
Total Project Cost	180.00

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

No

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

The proposed project will support the Government of Georgia in responding to the threat posed by COVID-19 pandemic and strengthen national systems for public health preparedness in Georgia.

The Project comprises three Components: (1) Emergency COVID-19 Response; (2) Enabling health measures to contain the COVID-19 outbreak through temporary income support for poor households and vulnerable individuals, and (3) Project management and monitoring.



Component 1 - will provide immediate support to respond to the COVID-19 outbreak, with a focus on limiting community transmission, building capabilities to handle severe cases. This component will help to strengthen public health laboratories and epidemiological capacity for early detection and confirmation of cases. It will also contribute to the strengthening of health system preparedness, improve the quality of medical care provided to COVID-19 patients, and minimize the risks for health personnel and patients.

Component 2 - will provide immediate support to mitigate the effect of containment measures on the population by providing new temporary cash transfers to poor and vulnerable families, through the existing Targeted Social Assistance program and temporary unemployment benefits to those who became unemployed due to the COVID-19 outbreak.

Component 3 - will support the overall project management and monitoring, including procurement, financial management, as well as regular monitoring and reporting on project implementation progress.

D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social] Georgia is located in the South Caucasus and is one of the Black Sea riparian nation-states. It borders with Armenia, Azerbaijan, Russian Federation and Turkey. Georgia comprises of the following administrative units: capital city of Tbilisi, Autonomous Republic of Adjara, Autonomous Republic of Abkhazeti, and nine regions - Kvemo Kartli, Shida Kartli, Kakheti, Mtskheta-Mtianeti, Samtskhe-Javakheti, Imereti, Guria, Samegrelo-Zemo Svaneti, and Racha-Lechkhumi and Kvemo Svaneti.

All project activities will be implemented countrywide, excluding the Autonomous Republic of Abkhazeti and several municipalities of Shida Kartli currently not under de facto jurisdiction of the national government of Georgia. This includes both the health component (support for detection, tracing, medical supplies, Intensive Care Units (ICUs), equipment, personal protective equipment (PPE) and quarantine) and the social protection component (unemployment benefit and social assistance). At this time, neither the specific facilities nor their location to be supported are yet specified.

The project will involve minor civil works such as interior repairs as it supports remodeling ICUs and increasing capacity of isolation rooms. All activities of the health component will be conducted within existing healthcare facilities, such as hospitals, laboratories, and quarantine facilities. No major civil works are expected under this project, other than within the grounds of existing facilities, hospitals and clinical centers, to establish, upgrade or adapt isolation and care units within the existing footprint on vacant state-owned land, without the need for land acquisition and involuntary resettlement impacts.

Component 2 will build on the existing targeted social assistance (TSA) program, which is the flagship social assistance program targeted to extreme poor households. Until recently, the TSA had been one of the most successful programs in Eastern Europe and Central Asia in terms of coverage of the poor, targeting accuracy and poverty impact. Established in 2005, the TSA provides a monthly cash transfer to poor households identified based on a proxy means test (PMT) assessment. After the old-age pensions, the TSA is the largest social protection program in terms of both spending and coverage. As of March 2020, TSA covered about 11 percent of Georgia's population and an additional 2% was covered by the child allowance. In 2018, TSA and the child support scheme jointly covered 40 percent of



households in the poorest quintile. The targeting accuracy is among the highest in the region with 80 percent of the TSA budget accruing to the bottom decile. A joint World Bank and UNICEF study estimated that the TSA lifted 6 percent of the population out of extreme poverty, lowering the poverty rate from 9.7 to 3.9 percent. A recent World Bank analysis suggests that the TSA benefit package does not generate work disincentives.

All environment and social risks such as medical waste, worker and community safety will be addressed through the development of an Environmental and Social Management Framework (ESMF), which will set out environmental and social (E&S) risk assessment requirements of each sub-component/activity (including all repairs). It will provide guidance on the environmental and social screening of activities proposed for the project support and the preparation of site-specific Environmental and Social Management Plans (ESMPs), as required, as well as Infection Control and Waste Management Plan (ICWMP). 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.

A quick survey of medical waste management systems in the country and social assistance targeting programs that the social assistance component will build on will be carried out at the onset of project implementation.

The project is not expected to impact natural habitats or cultural sites.

The Stakeholder Engagement Plan (SEP) has identified primary stakeholders and will guide all outreach and communication for both the health and social protection activities to target beneficiary groups.

D. 2. Borrower's Institutional Capacity

The project will be implemented over a period of two years. The project implementing entity will be a Project Implementation Unit (PIU) yet to be established and housed by the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health, and Social Affairs (MoILHSA) of Georgia. MoILHSA is formally accountable for the health of the population, oversight of the health system, the quality of health services, as well as for managing the social protection and employment programs of the Government of Georgia. The Social Services Agency (SSA) is a state subordinated institution under the administration of MoILHSA, and responsible for purchasing publicly financed health services in the country, implementing social services and programs and for supporting the most vulnerable social groups. Under Component 2, the SSA will be in charge of (i) determining and verifying the eligibility to the targeted social assistance (TSA) emergency benefit and temporary unemployment benefits; and (ii) making payments to beneficiaries of Component 2 through their personal bank accounts (unemployment benefits) and through the special accounts at the Liberty Bank and connected bank cards (for TSA and emergency benefits). No cash-based payment is envisioned.

The MoILHSA does not have prior experience of applying World Bank's safeguard policies or Environmental and Social Standards (ESSs). The PIU to be established will be staffed with qualified professionals / consultants including environmental and social (E&S) specialists. The PIU will be responsible for environmental and social screening of project activities, preparation of environmental and social documents, and monitoring of their implementation for all individual investments. Selection criteria for E&S Specialists will include experience in working with the environmental and social management systems of International Finance Institutions (IFIs). The PIU staff will be further sensitized to the requirements of the World Bank's Environmental and Social Framework (ESF) via a project launch workshop delivered after Effective date.



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 and social impacts, as it should improve COVID-19 surveillance, monitoring, treatment and containment.

In the short-term, the environmental risks are considered to be Substantial. Uncertainty remains around specific activities and locations. The main environmental risks identified are: (i) insufficient OHS at the sites of small repair works in hospital premises, (ii) insufficiency of the design and quality of safety arrangements to be put in place within healthcare facilities and laboratories for avoiding internal spread of infection and its transmission to hospital personnel, (iii) inadequacy of medical waste management systems and facilities related to the handling, transportation and disposal of hazardous and infectious healthcare waste. As no civil works other than small repair works within hospital interiors are to be undertaken, environmental risks associated with these works are expected to be moderate and easy to mitigate. Organization of medical waste management is of the highest concern related to other risks associated with the project, however, readily implementable and effective mitigation measures are in place in the form of WHO guidance, Environmental Health and Safety (EHS) Guidelines of the World Bank Group and other good international industry practice (GIIP).

To mitigate the above-mentioned risks, the Borrower, via its PIU, will commit to prepare, at the early stage of the project implementation, and prior to commencement of repair works, an ESMF that covers the environmental and social mitigation measures to be implemented for the various proposed activities, including installation of adequate isolation facilities in all beneficiary hospitals and establishment of effective on-site hospital waste management, storage, transportation and disposal schemes. Mitigation measures will largely be based on World Health Organization (WHO) technical guidance on COVID-19 response, World Bank Group’s EHS Guidelines and other GIIP. Roles and responsibilities of PIU management and staff in regard to project risk management will be clearly laid out and followed through. Procurement of goods (testing kits, medical equipment such as oxygen suppliers, etc.) and consultancy activities for COVID-19 communication can be initiated as soon as the project is approved, however, procurement will be authorized conditional upon consistency of technical specifications with the WHO guidance. The ESMF and site-specific ESMPs, as required, have to be drafted to the satisfaction of the Bank, disclosed, stakeholder opinion received, and documents finalized thereafter before repair works are commenced. Reimbursement for goods purchased and works delivered prior to the project approval, based on the retroactive financing mechanism, will imply thorough review of specifications and other records of the Borrower to ensure their material consistency with the requirements of relevant ESSs.

Social Risk Rating

Substantial

The social risk is rated Substantial. The overall social impact of the project is expected to be positive by providing enhanced health services to persons suffering from COVID-19 and those who are at risk of infections; improved personal protection of medical staff engaged in addressing COVID-19; and social assistance to the population whose livelihoods were adversely affected due to economic impacts of COVID-19 pandemic in Georgia. Social risks and

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impacts of the project are considered temporary, predictable, and readily managed through project design features and mitigation measures.

A key social risk is the potential for inequitable access to project supported facilities and services particularly for vulnerable and high-risk social groups (poor, disabled, elderly, isolated groups) and exclusion from the social protection measures. These risks will be mitigated through the project E&S instruments, precise targeting, and enhancing the capacity of the PIU. The Borrower will commit through the ESCP, to the provision of services and supplies to all people, regardless of their social status, based on the urgency of the need, in line with the latest data related to the prevalence of the cases, and the implementation of WHO guidance tools for COVID-19 risk communication and engagement. Equal access to social protection benefits will be addressed in the project design by providing expanded eligibility criteria for social assistance. The project incorporates budget for outreach activities and communication campaign which will minimize the risks of the exclusion of the vulnerable especially from the social protection component. This is guided by the SEP which identifies a strategy to reach direct stakeholders and other interested parties.

All activities will be conducted within existing facilities/grounds and no major civil works are expected. At this moment no land acquisition or involuntary resettlement impacts are expected to occur under the Project. The ESMF will include screening procedures for any impacts on land.

While protecting the health of communities from infection with COVID-19 is a central part of the project, without adequate controls and procedures, project activities ranging from medical facility repairs and operation through on-ground public engagement exercises have the potential to contribute to virus transmission and other community health and safety issues. Some project activities also present increased health and safety risks for project workers, particularly those working in medical and laboratory facilities, and those engaged in interior repairs. To mitigate this risk, prevention and protection measures will be included in ESMF, and awareness-raising activities will be implemented as per SEP.

An initial assessment based on country context and nature of project activities indicates that the project risk of SEA/SH is low, however safety net interventions, including cash transfers can affect household power dynamics, which can provoke incidents of GBV/SEA/SH violence.

Social risks associated with the first component of the project will be addressed through the project's ESMF, SEP (including a Grievance Redress Mechanism (GRM)) and Labor Management Procedures (LMP), in line with the applicable Environmental and Social Standards (ESS) of the WB's ESF and the WHO COVID-19 guidance for preparedness and response.

The social risks arising from the second component and linked to exclusion from benefits are likely to be amplified unless (i) targets are precisely defined; (ii) financial assistance is premised and relates to income and living conditions; and (iii) an effective outreach program to ensure awareness and responsive service delivery. While (i) and (ii) are well defined in the tested program the project envisages budget for comprehensive outreach activities especially by using existing national broadcasting channels with the aim of reaching 95% of the population, in addition to other tools.

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

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

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



The project is expected to result in positive environmental and social impacts as it seeks to improve planning, processes and on ground service delivery for COVID-19 surveillance, monitoring, containment and response; and provision of social assistance to people whose livelihoods are adversely impacted by the COVID-19 pandemic economic impacts. However, project activities also present some environmental, social, health and safety risks for the project workforce and communities, which are temporary in nature, limited in scope, and manageable by mitigation measures. To manage these risks, the Borrower (MoILHSA) via its PIU, will prepare the following instruments:

Environmental and Social Management Framework (ESMF) to identify risks and potential environmental and social impacts and outline appropriate mitigation measures based largely on adopting WHO guidance, World Bank Group's EHS Guidelines and other GIIP. The ESMF will include a Code of Environmental Practice (CoEP) for minor repair works associated with ICU and isolation units; Infection Control and Waste Management Plan (ICWMP) for all beneficiary facilities; and Labor Management Procedures (LMP) for direct and contracted workers. The LMP sections are meant to ensure proper working conditions and management of worker relationships, occupational health and safety, and prevention of sexual exploitation and abuse (SEA) and sexual harassment (SH). With regard to the Component 2 the ESMF will include review of ongoing assessments of the most affected segments of population and propose channels how to best outreach the potential beneficiaries to be supported through the Component 2. The ESMF will be prepared to a standard acceptable to the Bank and disclosed on the MoILHSA website and on the World Bank website within 30 days after the Effective date of the Project. Until the ESMF has been approved, the project will strictly follow current WHO Guidance and not commence repair works. With regard to the second component the ESMF will include review of ongoing assessments of the most affected segments of population and proposed channels on how to best outreach the potential beneficiaries to be supported through second component.

Stakeholder Engagement Plan (SEP) will establish a structured approach for community outreach and two-way engagement with stakeholders, in appropriate languages, including the vulnerable and disadvantaged groups (poor, persons with disabilities, elderly, IDPs, rural communities, ethnic minorities.). SEP activities will be based on meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with public meetings as a result of COVID-19. A preliminary SEP, including GRM, has been prepared and will be updated by the MoILHSA and re-disclosed within 30 days after the Effective date of the Project.

To achieve positive environmental and social impacts, the aforementioned areas of risks will be addressed and mitigated as discussed below:

Medical Waste Management and Disposal. 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 contaminated fluid) and infected materials (water used; lab solutions and reagents, syringes, bed sheets, majority of waste from labs and isolation centers, etc.). The disposal of such waste requires special handling and awareness, as it 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 invest in the procurement of appropriate waste management infrastructure, including containers, PPE, high pressure autoclaves and/or incinerators, as well as training of medical, laboratory and waste



management personnel to ensure compliance with the ICWMP, WHO guidance and GIIP. This will be documented in the ICWMP as part of the ESMF.

Worker Health and Safety. Workers in healthcare facilities are particularly vulnerable to infections like COVID-19. Healthcare-associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and fatality among health and laboratory workers. The ICWMP 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. In addition, the LMP will cover occupational health and safety provisions to protect health care workers, in addition to proper working conditions and management of worker relationships.

Community Health and Safety. All project activities ranging from the operation of laboratories to community engagement activities present a risk of transmission in the community. The operation of laboratories, health centers (including isolation facilities) have a high potential of carrying micro-organisms that can infect the community at large if they are not properly managed and controlled. The project's ESMF will outline procedures for each project activity commensurate to the risk. The ICWMP to be developed will contain detailed procedures, based on WHO guidance, for the safe operation of health facilities and protection of the public from exposure to the virus as a result of these operations. In addition, the project's SEP will ensure widespread engagement with communities - and its more vulnerable groups - to disseminate information related to community health and safety, particularly about social distancing, high-risk demographics, self-quarantine, and mandatory quarantine.

Vulnerable Groups' Access to Project Services and Facilities. Medical activities and cash transfers as social assistance activities may have real or perceived exclusion from project benefits of marginalized and vulnerable social - both health and social protection - in a way that undermines the central objectives of the project. To mitigate this risk the Borrower, in the ESCP, will commit to the provision of services and supplies to all people, regardless of their social status based on the urgency of the need, in line with the latest data related to the prevalence of the cases. This is guided by the SEP which identifies a strategy to reach direct stakeholders and other interested parties. The risk of exclusion will be further addressed in project design by providing clear eligibility criteria, formulas, and accessible procedure for eligible persons and families to receive social protection benefits. Recent World Bank and UNICEF assessments of TSA program estimated that the targeting accuracy is among the highest in the region with 80 percent of the TSA budget accruing to the bottom decile and that TSA lifted 6 percent of the population out of extreme poverty. A recent World Bank analysis suggests that the TSA benefit package does not generate work disincentives.

Gender-based Violence (GBV). The initial assessment indicates that the risk of SEA/SH in Georgia and associated with project activities under both components is low. The project will include a limited number of contracted workers engaged in minor repair works, and large workforce of health care workers. SEA/SH risks will be assessed and addressed during implementation through the ESMF, including screening and design of commensurate measures to address the SEA/SH risks. The Borrower, in the ESCP, will commit to the implementation of the WHO Code of Ethics and Professional Conduct which includes provisions for SEA/SH prevention.



Consultations and disclosure for the ESMF will be carried out in line with the recommended social distancing measures for COVID-19 prevention and will make use of IT based apps and technology. Disclosure of the ESMF will be done via the MoILHSA website locally.

ESS10 Stakeholder Engagement and Information Disclosure

The standard is relevant. A preliminary SEP has been prepared for the project with consultation activities at key Governmental and Ministerial stakeholder level, taking into account global prevention efforts and combating the evolving COVID-19 situation. These measures are underlined by social distancing requirements, ban to public gatherings, lockdowns and mobility restrictions.

The SEP covers the whole project. It identifies and analyses key stakeholders (i.e. affected parties, other interested parties and disadvantaged and vulnerable groups) and describes the process and modalities for sharing information on the project activities, incorporating stakeholder feedback into the Project and reporting and disclosure of project documents.

Project preparation has included a detailed mapping of the stakeholders. Direct beneficiaries have been identified as COVID-19 infected people in hospitals and their families, people in quarantine/isolation centers and their families, frontline health workers and technicians in facilities, hospitals, laboratories, public/private health care workers (doctors, nurses, public health inspectors, midwives, laboratory technicians, sanitary workers), vulnerable groups such as elderly and immune-compromised among others; and those who will be eligible for the social protection scheme, including marginalized and vulnerable social groups, including those living in remote or rural areas.

The SEP for COVID-19 will not only help with the implementation of the community mobilization and behavioral change objectives of the project, but also help suppress false COVID-19 related information and ensure equitable access to services. Stakeholder engagement strategies will point out ways to minimize close contact and follow the recommended good hygiene procedures as outlined in WHO guidance. The project implementation will be in compliance with government actions and measures which are communicated daily through various channels and disclosed on the government's platform on corona response outreach media at <https://stopcov.ge/>. The SEP will be disclosed on the MoILHSA website (www.moh.gov.ge).

The SEP outlines the project's GRM which will enable stakeholders to raise project related concerns and grievances. The PIU will include adequately trained staff with GRM responsibilities, community awareness tools, grievance lodgment tools, and investigation and feedback processes.

The SEP will be updated within 30 days from the Effective date of the Project, 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 SEP (and GRM) will be shared with relevant stakeholders via culturally appropriate means (and having regard to language, logistical and technological constraints). A dedicated hotline and email, established for grievances and feedback, will be identified in the updated SEP.



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 under the project will be conducted by PIU staff, health care workers, and contracted workers for repair works associated with the project's health component.

The project workforce is expected to include i) direct workers including seconded civil servants and consultants engaged directly by the PIU at the MoILHSA (i.e. project management personnel, technical staff etc.); and ii) contracted workers employed or engaged through third parties such as firms who will carry out minor repair works in hospitals. Community workers will not be engaged in relation to the project. The envisaged works will be of minor scale and thus pose limited risks. Workers will have access to necessary PPE and handwashing stations. Large scale labor influx is not expected. While the health care workers employed in hospitals and laboratories, are not strictly considered direct or contracted workers under ESS 2 definition, due to health and safety risks to which they can be exposed to during COVID-19 pandemic, they will be included in the labor management procedures as contracted workers to ensure that they are provided with safety and health in the workplace.

The key risk for the project workers is infection with COVID-19 or other contagious diseases which can lead to illness and fatality. Risky environments include laboratories, hospitals and health care centers, isolation centers and the broader community where project workers may be exposed to the virus. Project workers are also at higher risk of psychological distress, fatigue and stigma due to the nature of their work. The project will ensure the application of OHS measures as outlined in WHO guidelines which will be captured in the ESMF.

The Borrower, in the ESCP, has committed to the preparation of the LMP as part of the ESMF which will: (i) respond to the specific health and safety issues posed by COVID-19; and (ii) protect workers' rights as set out in ESS2. Health and safety issues associated with project financed activities will be managed through the ESMF which will incorporate the WHO guidance tools for COVID-19 preparedness and healthcare facility management with the information, procedures, and tools required to safely and effectively work. The project will also ensure a basic, responsive grievance redress mechanism to allow workers to quickly inform management of labor issues, such as lack of PPE and unreasonable overtime via the MoILHSA.

In accordance with ESS2 and Georgian Labor Code and Labor Safety Law, due to the hazardous nature of work in many project activities, persons under the age of 18 will not be allowed to work in any project activities. The use of forced labor is also prohibited and such risk is not expected in relation to the project.

ESS3 Resource Efficiency and Pollution Prevention and Management

This standard is relevant. Medical wastes generated from the project beneficiary clinics could include liquid waste (e.g. blood, other body fluids, lab solutions, used water) and solid waste (e.g. syringes, sharps and other disposables,



used PPE, bandages, bed sheets, etc.) and will require special handling and awareness, as they may pose an infectious risk to healthcare workers in contact with the waste. Inadequate disposal may lead to contamination of soil and groundwater, but more importantly, to further spreading of the virus to nearby communities. Georgia generally lacks solid waste disposal infrastructure and has no facilities for permanent disposal of hazardous waste. While on-site separation and collection of medical waste is usually well-organized and disciplined, its final disposal is a challenge, especially in the locations outside the city of Tbilisi. In order to mitigate the risks associated with on-site management of medical waste, its transportation and disposal, the project will invest in the development of optimal waste management schemes for all beneficiary clinics, support staff training and procure equipment required to comply with WHO guidance and attain GIIP.

ESS4 Community Health and Safety

This standard is relevant. Protecting the health of communities from infection with COVID-19 is a central part of the project. Without adequate controls and procedures, project activities have the potential to contribute to the spread of the virus and may also contribute to social tensions.

The project's ESMF will outline procedures for project activities commensurate to the risk including measures for: (i) minimizing likelihood of accidents and incidents in line with GIIP and WHO guidelines; (ii) preventing or minimizing the spread of infectious diseases; and (iii) emergency preparedness. Medical wastes and general waste from the labs, health centers, and quarantine and isolation centers have a high potential of being contaminated with the coronavirus or other micro-organisms that can infect the community at large if they are not properly disposed of. The operation of laboratories, health centers and isolation centers have a high potential of carrying micro-organisms that can infect the community at large if they are not properly managed and controlled. There is also a possibility for the infectious microorganism to be introduced into the environment if not well contained within the laboratory or due to accidents/ emergencies e.g. a fire response or natural phenomena event. The ICWPM, included in the project's ESMF, will lay out procedures for the operation of these facilities.

The project's risk communication and community engagement activities coupled with broader stakeholder engagement activities will ensure that clear information is provided to the public. The PIU will oversee the implementation of the GRM with the aim of addressing concerns or grievances early.

The operation of isolation centers needs to be implemented in a way that both the wider public, as well as the patients are treated in line with international good practice as outlined in WHO guidelines. It is likely that, to ensure effective physical distancing and contain the spread of the virus, quarantine and isolation centers may have to be guarded adequately and appropriately. It is expected that these security forces will be drawn from the local police force. Gender balance will be ensured as well to ensure that female police officers/security personnel are also present. Whether security forces (including the local police) or hired private security personnel, the Project will take measures to ensure that, prior to deployment, such personnel are: (i) screened to confirm that they have not engaged in past unlawful or abusive behavior, SEA, SH, or excessive use of force; (ii) adequately instructed and trained, on a regular basis, on the use of force and appropriate behavior and conduct (including in relation to SEA and SH), as set out in ESMF; and (iii) deployed in a manner consistent with applicable national law. All the security personnel will undergo a training/orientation program before they are put into work at project financed facilities. The



World Bank note "Use of Military Forces to assist in COVID-19 Operations" (dated March 23, 2020) will be used as guidance on the above.

GBV. Initial assessment based on country context and nature of project activities indicates that the project risk of SEA/SH is low. The ESMF will include description of the GBV risk assessment and preventive measures. The project will promote the avoidance of SEA/SH by implementing the WHO Code of Ethics and Professional Conduct for all workers, as well as the provision of gender-sensitive infrastructure, such as segregated toilets and enough light in quarantines, isolation centers and screening posts.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not considered currently relevant. Project activities will not involve land acquisition, physical or economic displacement, or restriction of access to natural resources. All activities of the health component will be conducted within existing government facilities/grounds and no new land will be acquired or accessed. If the project design eventually requires land acquisition during project implementation, it will be conducted on willing buyer-willing seller basis and thoroughly screened as per guidance in ESMF. In instances where it is determined that impacts on land within the scope of ESS5 shall occur, then ESS5 will become relevant and the Borrower will have to prepare a Resettlement Plan.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This standard is not considered relevant. The project will not support new construction. Physical works will be confined to the interiors of the existing buildings. Hence, no additional environmental footprint is expected.

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

The standard is not relevant. There are no groups in Georgia who are considered Indigenous Peoples.

ESS8 Cultural Heritage

The standard is not relevant as the project will exclude activities with impacts on cultural heritage.

ESS9 Financial Intermediaries

The standard is not relevant. FIs are not involved in the project.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways

No

OP 7.60 Projects in Disputed Areas

No

Public Disclosure



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

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
To address the Borrowers capacity related risk, a PIU will be established within the MoILHSA. The PIU will designate, recruit, and maintain qualified staff and resources to support management of ESHS risks and impacts of the Project. PIU staff will include one environmental and one social standards specialists. Environmental and social standards specialists shall be hired within one month following the Effective Date of the Project and maintained throughout Project implementation.	07/2020
Prepare a project ESMF. The ESMF will be finalized no later than 1 month after the Effective date. Between project approval and the approval of the ESMF, the Project will strictly follow current WHO Guidance and avoid activities such as establishment of isolation units and treatment facilities at scale	07/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
The SEP will be updated and re-disclosed within 1 month from Effective date. The SEP will then be continuously updated during project implementation.	07/2020
Adopt the Grievance Redress Mechanism and establish a dedicated grievance / feedback hotline for the Project.The GRM will be updated and hotline established within 1 month from Effective date.	07/2020
ESS 2 Labor and Working Conditions	
The LMP as part of the ESMF will be finalized within 1 month from Effective date. Establish worker’s GRM within 1 month from Effective date.	07/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Consider relevant aspects of this standard, as needed, under ESS1 above, including, inter alia, measures to: manage health care wastes, and other types of hazardous and non-hazardous wastes.	04/2022
ESS 4 Community Health and Safety	
Consider relevant aspects of this standard, as needed, via actions specified under ESS1 above and and incorporated into the Project ESMF.	04/2022
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
ESS 8 Cultural Heritage	

Public Disclosure



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:

Use of Borrower framework is not considered for this project or any of its parts.

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: Georgia

Implementing Agency(ies)

Implementing Agency: Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Aff

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

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Public Disclosure

