



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 03/26/2020 | Report No: ESRSA00585



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Liberia	AFRICA	P173812	
Project Name	Liberia COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/26/2020	3/31/2020
Borrower(s)	Implementing Agency(ies)		
Republic of Liberia	Ministry of Health		

Proposed Development Objective(s)

The development objective is to prepare and respond to the COVID-19 pandemic in Liberia

Financing (in USD Million)	Amount
Total Project Cost	7.50

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 Liberia COVID-19 response project aims to strengthen the Government of Liberia’s immediate capacity to respond to the COVID-19 outbreak and in the longer-term strengthen its capacity to respond to disease outbreaks and emergencies. The project will have five components: Emergency Preparedness and Response , Laboratory system strengthening, Case management and clinical care , Risk communication, community engagement and advocacy and Project management and coordination including monitoring and evaluation.

D. Environmental and Social Overview

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



This emergency operation has been prepared as a new stand-alone project which will be implemented throughout Liberia and will contribute to COVID-19 surveillance and response. The project is national in outlook and specific locations where the different components will be implemented have not yet been identified. However, given that Liberia's population is concentrated heavily in the coastal areas primarily north and south coast it is most likely that the project will operate in urban and peri-urban locations.

A weakened health system, poor infrastructure and inadequate capacity for medical waste management has increasingly become an area of growing concern. Due to population growth and expansion of medical services, there have been an increase in the generation of hazardous waste in health facilities. The effect of this has been the exposure of healthcare workers, patients and nearby communities to toxic substances which pose threats to their health and the environment.

COVID-19 Preparedness and Response activities such as the construction, maintenance and operation of various facilities such as laboratories (equipment, reagents /chemicals) as well as quarantine and isolation centers can have environmental and social impacts, but these are time bound, manageable and reversible based on application of widely available and tested best international practice.

D. 2. Borrower's Institutional Capacity

The Ministry of Health (MOH), working through the National Public Health Institute of Liberia(NPHIL) will be the responsible implementing agency for the project. The project will build upon and use the existing systems and infrastructure of the REDISSE II project. The institutional arrangements will the same as for the ongoing REDISSE II project. The REDISSE II project is technically implemented by the NPHIL, under the oversight of the MOH. The Minister of Health chairs the national steering committee of REDISSE II. The Project Implementing Unit (PIU) – established within the MOH – manages the entire health sector portfolio in Liberia, including the REDISSE II project. The PIU also includes a designated Technical coordinator for REDISSE II. The PIU will also manage the proposed project on COVID-19; however, the project will have a provision to strengthen all areas of the PIU in line with the expanded mandate of the new operations. These include specific domains, such as procurement, E&S, financial management, monitoring & evaluation, and other technical advisors/consultants to be hired through the project as required. The additional consultants/advisors will be used for strengthening the MOH/PCU procurement unit functions as a whole and not specifically for the project activities.

The MOH will be required to appoint or recruit two (2) dedicated environmental and social safeguard (E&S) officers in the PIU to ensure adequate risk identification, management and reporting. As per the Environmental and Social Commitment Plan (ESCP), the hiring of an environmental safeguards officer and a social safeguards officer will be within one month of the project becoming effective.

Further, the country has limited experience in handling social concerns around COVID-19 as well as related measures, including quarantine. The project will provide funding to address some of these shortcomings and it will be important that the Project sources international expertise to achieve international best practices on these matters in line with WHO guidelines.

The MOH/NPHIL will update, during project implementation, the existing ESMF prepared for the REDISSE II Project by adding the mitigations for the risks identified in the ESRS and action items of the ESCP. It will also outline the processes which will be followed to ensure compliance with the ESF. Facilities to be supported by the project will



apply international best practices in COVID-19 diagnostic testing and other COVID-19 response activities. This will also include further identification of capacity gaps and detailed measures to address any gaps identified.

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 main environmental risks are: (i) occupational health and safety (OHS) issues related to testing and handling of supplies and the possibility that they are not safely used by laboratory technicians and medical crews; and (ii) medical waste (biological and chemical) management and community health and safety issues related to the handling, transportation and disposal of healthcare waste. The main OHS risk is that health care workers and other staff testing and treating COVID19 patients will become infected themselves; the main OHS risks are that health care workers will catch COVID19 because the project cannot contain its spread, they have insufficient PPE, lack adequate training, are too overwhelmed to take the necessary protective measures, etc. Since the project also includes construction and rehabilitation of facilities such as laboratories and quarantine centers, construction phase impacts in terms of use of raw materials, workers and community OHS, environmental impacts from labor camp are also relevant.

The project will update the existing ESMF for the REDISSE II project to include Health Care Waste Management Plan (HCWMP) to prevent or minimize such adverse impacts, WHO COVID-19 guidance documents, and other best international practices. The updated ESMF will include guidance related to transportation and management of samples and medical goods or expired chemical products. Resources (water, air, etc.) used in quarantine facilities and labs will follow standards and measures in line with US-Center for Disease Control (CDC) and WHO environmental infection control guidelines for medical facilities. As per the ESCP, the ESMF will be updated within one month from project effectiveness.

Social Risk Rating

Substantial

The Social Risk Rating is Substantial. The main social risks are: (i) exclusion of vulnerable people from the treatment or referral service; (ii) potential GBV incidents in quarantine facilities; (iii) health workers exposure to COVID-19; (iv) COVID-19 transmission due to negligence and poor hospital and quarantine facilities; (v) lack of basic food provision to patient and people who are quarantined; (vi) social trauma, stigmatization and potential for making affected groups outcast; (vii) communication breakdown and potential for social tension; and (ix) potential risk of forced land acquisition of private land and property for construction of quarantine facilities.

If these operational risks are not adequately mitigated, they could undermine the objectives of the project and increase the virus spread, increase public health emergencies, safety and wellbeing of people, families, and communities and might lead to ultimate death. Therefore, the risk associated with: (i) the exclusion of vulnerable people who will likely be denied access to health facilities will be addressed by establishing special arrangements targeting the most vulnerable people affected by COVID-19; (ii) potential GBV in the quarantine facilities will be closely monitored by GBV service providers and referral service staff who may be assigned to the project; (iii) health workers exposure to COVID-19 shall be handled through the provision of PPE as well as close supervision of health



workers in the quarantine facilities; (iv) COVID-19 transmission/spread resulting from negligence and poor facilities shall be handled by requiring the project to adhere to international standards and maintain its facilities in accordance to CDC cleaning and disinfectant practices; (v) lack of basic food provision to patient shall be addressed by requiring the project to feed those who are quarantined and receiving treatments in its facilities; (vi) social trauma shall be handled through the provision of combinations of psychologists/social support arrangements through the project; (viii) potential communication breakdown shall be mitigated through the project's SEP and "Risks Communication and Community Engagement Strategy" (RCCES); and (ix) the risk of forced acquisition of land will be addressed according to mitigation measures in the ESS5.

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

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

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

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



Environmentally and socially sound capacity building, training, case detection, containment and treatment of COVID-19 will require adequate provisions for minimization of occupational health and safety risks, proper management of hazardous waste and sharps, and use of appropriate disinfectants. Appropriate chemical and infectious substance handling and transportation procedures is required. In line with WHO Interim Guidance (February 12,2020) on “Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)”, COVID-19 diagnostic activities and non-propagative diagnostic laboratory work (e.g. sequencing) could be undertaken in BSL2 labs with appropriate care. Any virus propagative work (e.g. virus culture, isolation or neutralization assays) will need to be undertaken in a containment laboratory with inward directional airflow (BSL-3 level).

To mitigate these risks, the government will update the REDISSE II ESMF, which will include a HCWMP and an Environmental and Social Management Plan (ESMP) as necessary for isolation centers construction.. The HCWMP should describe all the practices for handling, storing, treating, and disposing of hazardous and non-hazardous waste, as well as types of worker training required. The plan will also include training of staff to be aware of all hazards they might encounter. This will provide for the application of international best practices in COVID-19 diagnostic testing and handling the medical supplies, disposing of the generated waste, and road safety. The ESMP will detail the environmental and social management procedures, processes and mitigation and monitoring measures required for the establishment and operations of the infectious disease centers and facilities. The updated ESMF will have an exclusion list for project activities that may not be undertaken unless the appropriate OHS capacity and infrastructure is in place. Labor management procedures (LMP) will also be integrated into the ESMF to manage labor related risks.

Until the updated ESMF is approved, the project will apply the existing ESMF and HCWMP from REDISSE II in conjunction with WHO standards on COVID-19 response. International best practice is outlined in the WHO “Operational Planning Guidelines to Support Country Preparedness and Response”, which should be followed in updating the documents.

One common type of social risk related to this kind of an operation is that marginalized and vulnerable social groups including women and disabled populations are unable to access facilities and services designed to combat the disease, in a way that undermines the central objectives of the project. Typically, refugee camps or urban sprawls (slums) where people live in close proximity are also high risk areas. To mitigate this risk MOH, in the ESMF, will commit to the provision of services and supplies based on the urgency of the need, in line with the latest data related to the prevalence of the cases . The initial focus of the project is on rehabilitation of existing centers. However, in case of new construction of facilities, the project will ensure that public lands, free of encumbrances will be used. If there is any land acquisition for the project, the project will prepare Abbreviated Resettlement Action Plans (RAPs) or Resettlement Action Plans (RAPs) depending on the scale of displacement based on Bank’s ESF principles prior to commencement of any land acquisition.

ESS10 Stakeholder Engagement and Information Disclosure

Stakeholder engagement is a critical tool for social and environmental risk management, project sustainability and success. To ensure a participatory, inclusive, and culturally appropriate approach during the project’s life cycle, a preliminary Stakeholder Engagement Plan (SEP) consistent with ESS10 requirements has been prepared. Given the tight timeline, the project has been discussed just among main institutional counterparts. Nonetheless, the SEP identifies main stakeholders, including those directly and indirectly affected by the virus, health care



professionals and institutions, local authorities and businesses as well as specific vulnerable groups, including elderly people; chronically ill and immune depressed persons; pregnant girls and women; population with previous health problems; persons with disabilities and their caregivers; homeless, including street children; female-headed households or single mothers with underage children; the unemployed; illiterate people; and population living in remote and isolated area. In addition the project has included a component on “Risk communication and Community Engagement” (RCCE), including behavioral and sociocultural risk factors assessment, production of RCCE strategy and training documents, production of communication materials, media and community engagement, and documentation. The Stakeholder Engagement Plan (SEP) describes the framework for these activities, following the guidance provided by WHO “Pillar 2: Risk communication and community engagement”. The SEP will be updated and re-disclosed after the preparation of the RCCE.

Information dissemination: Considering the precautionary measures necessary to contain the spread of the disease, the proposed project will support a communication, mobilization, and community engagement campaign to raise public awareness and knowledge on prevention and control of COVID-19 among the general population and contribute to strengthening the capacities of community structures in promoting coronavirus prevention messages. Current outreach modalities entail: small-group sessions, such as focus group meetings, when permitted; social media and online channels, such as dedicated online platforms and chatgroups; traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) especially when access to online channels is not granted or is not the preferred communication channel. Outreach and engagement measures will be constantly adjusted to accommodate government precautionary requirements. The Bank will also continue advising the client on various approaches to engage stakeholders without raising medical risks. The SEP will also release routine information on the project’s environmental and social performance, including opportunities for consultation. To date the project consulted some of the institutional counterparts, further consultations will be conducted among the main identified stakeholders and vulnerable groups.

The SEP will describe the project’s grievance redress mechanism (GRM) for instances where members of the public require information or would like to address questions or grievances related to the project. The GRM, proportionate to the potential risks and impacts of the project, will be finalized with contact names and numbers in the final SEP. The GRM will integrate GBV-sensitive measures, including multiple channels to initiate a complaint and specific procedures for SEA/SH, such as confidential and/or anonymous reporting with safe and ethical documenting of SEA/SH cases. The SEP, as per the ESCP, will updated and disclosed within one month of project effectiveness.

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

Most activities supported by the project will be conducted by health- and laboratory workers, i.e. civil servants employed by the Government of Liberia. Activities encompass treatment of patients as well as assessment of samples. The key risk is contamination with COVID-19 (or other contagious illnesses as patients taken seriously ill with COVID-19 are likely to suffer from illnesses which compromise their immune system, which can lead to illness and death of workers). The project will ensure the application of OHS measures as outlined in the ESMF (including HCWMP) noted under ESS1 as well as WHO guidelines. This encompasses procedures for 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 posting signage in all public spaces mandating hand hygiene and PPE; ensuring adequate supplies of PPE (particularly face mask, gowns, gloves, hand washing soap and sanitizer); and overall ensuring adequate OHS protections in accordance with evolving international best practice in relation to protection from COVID-19. Also, the project will regularly integrate the latest guidance by WHO as it develops over time and experience addressing COVID-19 globally.

The potential upgrading or construction of new facilities such as laboratories or quarantine facilities will require contractors. Since the focus of the project will initially be on rehabilitation of existing facilities civil works may take 4-6 weeks requiring a workforce of 20-30 people. Such workforce will be potentially housed in labor camps. This exposes workers to risks of infections, spread of diseases and workers need to be housed in appropriate camps with the suitable provisions for clean accommodations, safety, hygiene and prevention of diseases. There could be also some SEA and GBV risks associated with incoming labor into remote areas. In addition, contractors may also be engaged for associated components like providing transport facilities to diagnostic centers for affected populations. Therefore, all contractors and their workers involved in the supply chain for the project need to be protected by applying ESF 2 requirements.

In line with ESS2 as well as the Liberian law, use of forced or child labor is prohibited both for construction and operation of health care facilities. The project will also ensure a basic, responsive grievance mechanism to allow workers to quickly inform management of labor issues, such as a lack of PPEs or any other grievances they may to MOH. To manage labor related risks, project will prepare LMP based on World Bank's ESF. The LMP will be integrated into the ESMF.

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 significant impact on the environment and human health. Wastes that may be generated from medical facilities/ labs could include liquid contaminated waste, chemicals and other hazardous materials, and other waste from labs and quarantine and isolation centers including of sharps, used in diagnosis and treatment. Each project medical facility/lab, following the requirements of the ESMF and the HCWMP for the Project, WHO COVID-19 guidance documents, and other best international practices, will prepare and follow the updated HCWMP to prevent or minimize such adverse impacts. The updated ESMF will include guidance related to transportation and management of samples and medical goods or expired chemical products. Resources (water, air, etc.) used in quarantine facilities and labs will follow standards and measures in line with US-Center for Disease Control (CDC) and WHO environmental infection control guidelines for medical facilities. The project is not expected to use significant amounts of water, nor produce significant emissions of GHG.

ESS4 Community Health and Safety



In line with safety provisions in ESS2, it is equally important to ensure the safety of communities from infection with COVID-19. As noted, medical wastes and general waste from the labs, health centers, and quarantine and isolation centers have a high potential of carrying micro-organisms that can infect the community at large if they are not properly disposed of. There is a possibility for the infectious microorganism to be introduced into the environment if not well contained within the laboratory or due to accidents/ emergencies e.g. a fire response or natural phenomena event (e.g., seismic).

The Infection Control and Waste Management Plan therefore describes:

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

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

The project activities particularly isolation centers, health workers, first responders, labor influx into local communities for civil works on rehabilitation centers and worker labor camps may heighten GBV/SEA risks. First responders will be trained on how to handle disclosures of GBV. Health workers who are part of the outbreak response will be trained with the basic skills to respond to disclosures of GBV that could be associated with or exacerbated by the epidemic, in a compassionate and non-judgmental manner and know to whom they can make referrals for further care or bring in to treatment centers to provide care on the spot. GBV referral pathway will be established updated in line with healthcare structures of the country . Psychosocial support will be available for women and girls who may be affected by the outbreak and are also GBV survivors. The GRM that will be in place for the project will also be used for addressing GBV-related issues and will have in place mechanisms for confidential reporting with safe and ethical documenting of GBV issues. Further, the GRM will also have in place processes to immediately notify both the MoH and the World Bank of any GBV complaints, with the consent of the survivor. The project will also educate the public that the GRM can be utilized to raise concerns or complaints regarding the conduct of armed forces, especially related to GBV and SEA/H issues. Thus, the existing GRM will also be strengthened with procedures to handle allegations of GBV/SEA/SH violations. The project will also rely on the WHO Code of Ethics and Professional conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure such as segregated toilets and enough light in quarantine and isolation centers to prevent any forms of Sexual Exploitation and Abuse.

In case quarantine and isolation centers are to be protected by security personnel, the Government of Liberia will ensure that the security personnel follow strict rules of engagement with patrons, patients, and workers of the centers. Awareness will be created regarding the involvement of military and of security arrangements to the public . The project will also educate the public that the GRM can be utilized to raise concerns or complaints regarding the conduct of armed forces, especially related to GBV and SEA/H issues.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement



Since the project may entail construction, there could be risk of land acquisition and resettlement impacts on people or any squatters if government land is proposed to be used. The initial focus of the project is on rehabilitation of existing centers. Resettlement impacts are expected to be minimum in existing centers where facilities are rehabilitated. However, in case of construction of new facilities like laboratories or health centers, the project will ensure that public lands, free of encumbrances will be used. If there is any land acquisition for the project leading to involuntary resettlement, the project will prepare Abbreviated Resettlement Action Plans or Resettlement Action Plans (RAPs) depending on the scale of displacement based on Bank’s ESF principles prior to commencement of any land acquisition.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

Construction or rehabilitation activities may be anticipated in this project and to the extent possible all works will be conducted within existing facilities. Hence, likely impacts of the project on natural resources and biodiversity are low and so this standard is not considered relevant at this time and based on the information currently available

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

This standard is not considered relevant. The preliminary assessment suggests that there are no distinct social and cultural groups in the project area who exhibit characteristics akin to the criteria for indigenous or traditionally under-served communities as spelled out in the ESS7

ESS8 Cultural Heritage

This standard is currently considered Not Relevant as the project is not expected to support major construction or rehabilitation activities that would involve the movement of earth (thereby potentially having an impact on tangible cultural heritage), or other activities that could have an impact on intangible cultural heritage. In the unlikely event of major construction or the movement of earth in connection with any project activities that have not yet been identified, a chance finds procedure of the existing ESMF of the REDISSE project will be followed for the project

ESS9 Financial Intermediaries

NA

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways	No
OP 7.60 Projects in Disputed Areas	No

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

Public Disclosure



DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
<p>ORGANIZATIONAL STRUCTURE: The Ministry of Health will utilize the existing PIU for the REDISSE II project. The PIU has existing staff but in addition the Ministry will appoint two (2) dedicated environmental and social safeguard (E&S) officers in the PIU to ensure adequate risk identification, management and reporting.</p> <p>The ESMF for the REDISSE II project shall be updated within one (1) month after the project Effectiveness Date</p>	05/2020
<p>Prepare, disclose, adopt, and implement the ICWMP, updated ESMF/ESMP and/or any other instruments, if required for the respective Project activities based on the assessment process, in accordance with the ESSs, the ESMF, the EHSs, and other relevant Good International Industry Practice (GIIP) including the relevant part of COVID-19 Quarantine Guidelines and WHO COVID-19 biosafety guidelines in a manner acceptable to the Association.</p>	05/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
<p>Prepare, disclose, adopt, and implement a Stakeholder Engagement Plan (SEP) consistent with ESS10</p>	05/2020
ESS 2 Labor and Working Conditions	
<p>Labor Management Procedures (LMP) will be prepared, disclosed, adopted, and implemented consistent with ESS 2. The LMP shall be incorporated into the ESMF.</p>	05/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
<p>Relevant aspects of this standard shall be considered, as needed, including, inter alia, measures to: manage health care wastes, and other types of hazardous and non-hazardous wastes.</p>	05/2020
ESS 4 Community Health and Safety	
<p>Measures to minimize the potential for community Health & Safety risks to be incorporated in ESMF and ESMPs</p>	05/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
<p>Relevance of this standard is subject to the project specific context</p>	06/2020
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	
ESS 9 Financial Intermediaries	

Public Disclosure



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:

NA

IV. CONTACT POINTS

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Borrower/Client/Recipient

Borrower: Republic of Liberia

Implementing Agency(ies)

Implementing Agency: Ministry of Health

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Noel Chisaka, Opope Oyaka Tshivuila Matala
Practice Manager (ENR/Social)	Kevin A Tomlinson Cleared on 26-Mar-2020 at 11:03:21 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 26-Mar-2020 at 21:38:46 EDT

Public Disclosure