



# Appraisal Environmental and Social Review Summary

## Appraisal Stage

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

Date Prepared/Updated: 04/02/2020 | Report No: ESRSA00641



## BASIC INFORMATION

### A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Mali	AFRICA	P173816	
Project Name	MALI COVID-19 EMERGENCY RESPONSE PROJECT		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/24/2020	3/27/2020
Borrower(s)	Implementing Agency(ies)		
Ministry of Economy and Finance	Ministry of health and Social Affairs		

### Proposed Development Objective(s)

The objective of the project is to strengthen the capacity of the government of Mali to prevent, prepare for and respond to COVID-19 pandemic

Financing (in USD Million)	Amount
<b>Total Project Cost</b>	<b>25.70</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]

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. The objective of this project is to strengthen the capacity of the government of Mali to prevent, prepare for and respond to COVID-19 pandemic in Mali. It has 4 Components:

Component 1 (US 12.7 million): Emergency COVID-19 Preparedness and Response. This component will support the country's ability to promote an integrated response to COVID-19 through improved prevention measures, case detection, treatment, laboratory capacity and surveillance.



Component 2 (US\$: 7 million): Increase access to quality health care services. This component will promote timely access to quality health care at facilities by providing facilities with financing based on the number of patients screened and treated for COVID-19 and also by the level of quality of the service. This component will also cover fee waivers for clients wishing to seek health care services for suspected COVID-19 and unable to pay.

Component 3 (US\$: 3 million): Financial Support to Households. This component aims to address significant negative externalities expected in the event of a widespread COVID-19 outbreak using different safety net mechanisms based on the extent of disruptions. It will finance emergency safety nets to reduce financial barriers to health-seeking behavior, such as social distancing, and to help mitigate economic impacts on households, particularly among poor households (especially women headed households) in the areas affected by COVID-19.

Component 4 (US\$: 2 million): Implementation Management, Monitoring and Evaluation and coordination. This component will finance additional needs of REDISSE III PIU to implement the proposed project. These include additional equipment and staff and other operational expenses. This component will also finance coordination activities. These include meetings of steering committees, Coordination's meetings at different level of the health system and operation costs of Emergency Operation Center and call centers.

## 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 that will be implemented in 10 regions of Mali. It will contribute to COVID-19 preparedness, monitoring, surveillance and response and will finance technical assistance, policy advice and increased availability and quality of health services. The specific subproject locations have not yet been identified. No major civil works will be financed as all upgrading and rehabilitation will take place in existing health facilities. The project is not expected to affect natural habitats or cultural sites or require any land acquisition or economic displacement. The ESMF for REDISSE III (P161163) will be updated no later than 30 days after Project effectiveness to guide the management of any negative impacts related to any rehabilitation/renovation and to incorporate international protocols for infectious disease and medical waste management. While Mali faces extreme insecurity in the North and Center regions, it is not expected that any security arrangements will be needed during project implementation although some activities financed by the project will be implemented in these fragile contexts.

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

The project will be implemented by the Ministry of Health using the existing PIU for the World Bank-funded Regional Disease Surveillance Systems Enhancement - REDISSE III project(P161163). The existing staff includes a qualified environmental specialist and a social specialist that have experience working with the Bank. Their experience, however, is limited to the Operational Policies and their institutional capacity will need to be strengthened to meet the requirements of the ESF. They have been implementing the ESMF for the REDISSE project and have the capacity to update it to meet the requirements of this project and the ESF. The ESCP contains capacity building objectives including training in the ESF, recruitment of specialized staff and support from third party entities to assist with monitoring and evaluation. Additional full time specialists for the communication strategy, public health awareness and implementation of the Stakeholder Engagement Plan (SEP) will be necessary given the highly specific nature of this effort.

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



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

Substantial

### Environmental Risk Rating

Substantial

The project's environmental risk rating is Substantial. The main concerns relate to testing and treatment of infected persons, handling of infectious and other medical waste by medical professionals and local community health and safety. The project will finance the equipping of selected primary health care facilities and hospitals to improve their ability to deliver critical medical services including testing, treatment and hospitalization. While it is expected that the negative risks and impacts related to the implementation of project activities are likely to be limited, the PIU will update the ESMF approved for REDISSE III to provide clear guidance regarding the treatment of medical waste in the form of a Infection Control and Medical Waste Management Plan (ICMWMP). The updated ESMF will also incorporate international protocols for community health and safety during a pandemic and measures to address Sexual Exploitation and Abuse and Sexual Harassment (SEA/H). The updated ESMF will be consulted with stakeholders using the modified approach being promoted by WHO and publicly disclosed per the requirements of the ESF no later than 30 days after Project effectiveness. The PIU has prepared a draft SEP and a draft ESCP that include concrete actions intended to ensure compliance with the ESF as well as a timeline and roles and responsibilities.

### Social Risk Rating

Substantial

The social risk rating of the project is Substantial. A key social risk related to the COVID-19 operations in general is that vulnerable social groups (poor, disabled, elderly, isolated communities) may be unable to access facilities and services, which could increase their vulnerability and undermine the general objectives of the project. Other social risks include the rise of social tensions and conflict that could be exacerbated by the lack of awareness regarding the behavior change required to decrease transmission (social distancing, hand washing and hygiene), stigma associated with victims of COVID-19 and their families, perceived exclusion from key health facilities and services, misinformation regarding how COVID-19 is transmitted and prevented and the infection of laboratory workers who are directly engaged with patients and handling of infectious and medical waste. Some of these risks will be addressed by project activities that support community engagement activities and information sharing and these activities are reflected in the draft SEP that has been prepared. After project approval and no later than 30 days after Project effectiveness, the SEP will be updated to include more information regarding the methodologies for information sharing in FCV contexts, stakeholder mapping and identification of existing community-based platforms that can be used to facilitate effective community engagement and participation. The updated ESMF will also include an ICMWMP that will provide guidance regarding how to protect workers and communities from contamination and infection and guidance regarding how to assess SEA/H risks and mitigation measures during implementation.

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

### B.1. General Assessment

#### ESS1 Assessment and Management of Environmental and Social Risks and Impacts

##### **Overview of the relevance of the Standard for the Project:**

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

This standard is relevant. The various risks identified during preparation include: (i) environmental and community health related risks related to the inadequate storage, transportation and disposal of infectious medical waste; (ii)



occupational health and safety issues related to the availability and supply of personal protective equipment (PPE) for healthcare workers and the logistical challenges for transporting PPE across the country in a timely manner; (iii) community health and safety risks given close social contact and limited sanitary and hygiene services (clean water, soap, disinfectants) and isolation/quarantine capabilities at health facilities across the country; (iv) possible risks around social exclusion in terms of access to health facilities and services, especially for the poorest and most marginalized who have a limited ability to pay, and for the elderly or those with underlying medical conditions who would be most at risk in the event of a pandemic; (v) risks for those receiving treatment for COVID-19 symptoms, including discrimination and GBV/SEA risks for patients in quarantine; (vi) socio-political risks specifically related to insecurity especially in the North and Center regions of the country; and (vii) low trust in the government which could lead to the rejection of public health interventions and information. To address these risks, the PIU will update the ESMF approved for REDISSE III to provide clear guidance specifically regarding the treatment of medical waste including the preparation of an ICMWMPs and guidance regarding how to assess SEA/H risks and mitigation measures during implementation. The PIU has prepared a draft ESCP and draft SEP that will provide further details regarding the implementation of the various measures to address the other environmental and social risks identified.

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

This standard is relevant. The main project stakeholders are the Ministry of Health, the Regional Health Agencies, the local authorities (mayors), traditional authorities, religious leaders, civil society actors, and local communities. A draft SEP has been prepared and disclosed. The SEP outlines the basic characteristics and interests of the relevant stakeholder groups and some principles regarding how they will be engaged during project preparation and implementation. After project approval, the SEP will be updated to include more detailed information regarding the methodologies for information sharing in FCV, stakeholder mapping and identification of existing community-based platforms that can be used to facilitate effective community engagement and participation as well as the monitoring and evaluation plan. The SEP will incorporate WHO's ethical principles for community engagement during pandemics that will be adapted for Mali's specific cultural and social context.

The draft SEP includes the basic details for the establishment of a project level Grievance Redress Mechanism (GRM) to be implemented by the PIU. Given the local context, the implementation of the GRM will require the participation of traditional authorities, religious leaders, local authorities (mayors) and local communities in the project area as well as a national level focal point in the PIU. The management of SEA/SH and GBV-related grievances will also be considered using the principles contained in the World Bank's Good Practice Note on SEA/SH.

### **B.2. Specific Risks and Impacts**

**A brief description of the potential environmental and social risks and impacts relevant to the Project.**

#### **ESS2 Labor and Working Conditions**

This standard is relevant. Many activities that would be financed by the project will be conducted by health care and laboratory workers that will be at risk for COVID 19 infection due to their front-line engagement with patients and handling of patient samples and medical waste. OHS measures as outlined in the WHO guidelines will be captured in the updated ESMF. These include procedures for monitoring and managing entry into health care facilities; procedures for protection of workers and infection control precautions; provision of immediate and ongoing training



regarding the precautionary procedures for all categories of workers and clear and accessible signage in all public spaces mandating basic sanitation, hand hygiene and the mandatory use of personal protective equipment (PPE); ensuring adequate supplies of PPE (particularly face masks, gowns, gloves, handwashing soap and sanitizer); and generally ensuring adequate OHS protections in accordance with the general and industry specific EHSs and consistent with the evolving international best practice in relation to COVID-19 protection. The PIU will ensure that the evolving COVID-19 guidance by WHO is being incorporated into these policies and procedures as it emerges. A Labor Management Procedure (LMP) will be prepared to provide guidance regarding the OHS policies and procedures that will be used to protect health care workers, project staff and other workers hired by the PIU. The LMP will also include a specific worker GRM that will allow health care workers in particular to raise concerns regarding the lack of enforcement of policies and procedures or other grievances that may arise in the context of their work.

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

This standard is relevant. The current national medical health care waste management plan will be updated with the most current WHO guidance and will be included as an ICMWMP in the updated ESMF and disclosed per the requirements of the ESF.

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

This standard is relevant. Community health and safety risks identified during preparation include: (i) environmental and community health related risks related to the inadequate storage, transportation and disposal of infectious medical waste; (ii) community health and safety risks given close social contact and limited sanitary and hygiene services (clean water, soap, disinfectants) and isolation/quarantine capabilities at health facilities across the country; (iv) possible risks around social exclusion related to access to health facilities and services, especially for the poorest and most marginalized who have a limited ability to pay, and for the elderly or those with underlying medical conditions who would be most at risk in the event of a pandemic; (v) risks for those receiving treatment for COVID-19 symptoms, including discrimination and GBV/SEA risks for patients in quarantine; (vi) socio-political risks specifically related to insecurity especially in the North and Center regions of the country; and (vii) low trust in the government which could lead to the rejection of public health interventions and information and violence against those providing services. To address these risks, the PIU will update the ESMF approved for REDISSE III to provide clear guidance specifically regarding the treatment of infectious disease and other medical waste as well as guidance regarding how to assess SEA/H risks and mitigation measures during implementation. In addition, the PIU prepared a draft ESCP and draft SEP that provides further details regarding the implementation of the various measures to address the other environmental and social risks identified. While the project will be implemented nationally including several areas that are facing very high insecurity, it is not anticipated that security personnel will be required to protect project sites or activities.

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

This standard is not currently relevant. The project will not require any land acquisition or economic displacement.



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

This standard is not currently relevant.

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

ESS7 is not currently relevant to the project as it is not being implemented in areas where Indigenous Peoples/Sub-Saharan Historically Underserved Traditional Local Communities (IP/SSAHUTLCs) are present or in areas to which they have collective attachment. Should the presence of indigenous communities be confirmed through further screening, the project will address any risks posed to them and measures put in place to ensure that they receive culturally appropriate benefits. This will be done by ensuring that their views are sought as specified in the Stakeholder Engagement Plan (SEP) and that a Social Assessment (SA) is carried out prior to carrying any activities that would impact indigenous communities. Following the SA, and as appropriate: (i) a stand-alone plan or framework may be developed; (ii) or key elements of risk mitigation and culturally appropriate benefits will be included in the ESMF. Public consultations with representatives of indigenous communities and their organizations will be provided for in the SEP. These organizations and representatives would be consulted during the revision of the SEP. The project will exclude any activities which would require Free, Prior and Informed Consent.

## ESS8 Cultural Heritage

This standard is not currently relevant. There are no major construction activities anticipated and any physical works will be limited to rehabilitation or upgrading of existing facilities.

## ESS9 Financial Intermediaries

No financial intermediary will intervene 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

## 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	
Updated Environmental and Social Management Framework (ESMF) to be consulted and disclosed no later than 30 days after Project effectiveness.	08/2020



The ESMF will include an Infection Control and Waste Management Plan (ICWMP) and a Community Health and Safety Plan (CHSP) .	
<b>ESS 10 Stakeholder Engagement and Information Disclosure</b>	
Updated Stakeholder Engagement Plan to be updated, consulted and disclosed no later than 30 days after Project effectiveness.	08/2020
<b>ESS 2 Labor and Working Conditions</b>	
Labor Management Procedures for direct workers prepared and disclosed no later than 30 days after Project effectiveness. Labor GRM will be functional no later than 30 days after Project effectiveness.	08/2020
<b>ESS 3 Resource Efficiency and Pollution Prevention and Management</b>	
Infection Control and Medical Waste Management Plan (ICMWMP) prepared and included in the updated ESMF that will be disclosed no later than 30 days after Project effectiveness.	08/2020
<b>ESS 4 Community Health and Safety</b>	
Community Health and Safety Plan to be prepared and disclosed as part of the updated ESMF no later than 30 days after Project effectiveness.	08/2020
<b>ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement</b>	
<b>ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources</b>	
<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:**

N/A

## IV. CONTACT POINTS

### World Bank

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**Borrower/Client/Recipient**

Borrower: Ministry of Economy and Finance

**Implementing Agency(ies)**

Implementing Agency: Ministry of health and Social Affairs

**V. FOR MORE INFORMATION CONTACT**

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**VI. APPROVAL**

Task Team Leader(s):	Jean Claude Taptue Fotso, Haidara Ousmane Diadie, Patrick Hoang-Vu Eozenou
Practice Manager (ENR/Social)	Kevin A Tomlinson Cleared on 01-Apr-2020 at 21:05:58 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 02-Apr-2020 at 16:32:13 EDT