



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 03/24/2020 | Report No: ESRSA00575



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Kenya	AFRICA	P173820	
Project Name	KENYA COVID-19 EMERGENCY RESPONSE PROJECT		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/23/2020	3/31/2020
Borrower(s)	Implementing Agency(ies)		
The National Treasury	Ministry of Health		

Proposed Development Objective(s)

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

Financing (in USD Million)	Amount
Total Project Cost	50.00

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]

COVID-19 has been spreading across the world since December 2019, with Kenya reporting its first confirmed case on March 13, 2019. Since then the number of confirmed cases have increased to seven. COVID-19 poses significant impact on lives, economic losses and food and nutrition, particularly in low-and-middle income countries like Kenya.

The Kenya COVID-19 Emergency Response project is the Phase 1 of the Multi-Phase Programmatic Approach for Strategic Preparedness and Response Program which aims to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

The proposed components are as follows:



Component 1. Medical Supplies and Equipment [US\$ 8,472,519]: This component aims to improve the availability of supplies and equipment needed to respond to COVID-19 and other public health emergencies and strengthen the capacity of the MoH to provide timely medical diagnosis for COVID-19 patients.

Component 2. Response, Capacity Building and Training [US\$ 8,759,720]: This component aims to strengthen response capacity and build capacity of key stakeholders including health works and communities.

Component 3. Quarantine, isolation and treatment centers [US\$ 12,676,400]. This component will strengthen the health systems capacity to effectively provide IPC and case management of COVID-19 cases.

Component 4. Medical waste disposal [US\$ 3,387,600]: This component will ensure the safe disposal of waste generated by laboratory and medical activities.

Component 5. Community discussions and information outreach [US\$4,960,059]: Advocacy, communication and social mobilization is an integral component of strengthening surveillance and response to health emergencies. This component will ensure there is a two- way communication between the government and the population. Regular communication is essential in building trust and increasing community support and engagement on the response to enable compliance with public health recommendations.

Component 6: Ensuring availability of safe blood and blood products for transfusion Services [US\$ 10,000,000]: This support will go towards strengthening the capacity of the Kenya National Blood Transfusion Service (KNBTS) to provide safe blood and blood products.

Component 7. Project Implementation and Monitoring [US\$ 1,743,702]: This support will finance activities for program implementation and monitoring by providing additional resources, to strengthen coordination and management capacity of the project.

D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]
The Project will be implemented throughout Kenya and will contribute to improved COVID-19 surveillance and response. Although 14 counties have been targeted for implementation of project activities, specific locations where sub-components will be implemented have not yet been identified. Kenya has considerable geographical diversity and as a result, is endowed with great diversity of plant, animal and microbial genetic resources. The civil works supported under this project (Component 3) include construction/renovations and equipping of Isolation rooms in all POEs, Isolation rooms in all 14 high risk counties , strengthening capacity of Kenyatta National Hospital Infectious Disease Unit Mbagathi, Kenyatta University Teaching and Referral Hospital and Moi Teaching and Referral Hospital to manage infectious diseases – including structural changes to improve negative pressure airflow, floor and air quality. The works as much as possible will take place in existing facilities. The project is not expected to endanger natural habitats or cultural sites.



COVID-19 Preparedness and Response activities such as the operation of laboratories (equipment, reagents /chemicals) as well as quarantine and isolation centers can have considerable environmental and social impacts. Such activities will be implemented in urban as well as remote areas (including border areas and areas of potential communal conflicts); above all in the latter quality control will be essential. Some of the target project areas are located in proximity to fragile states and as a major land and air transportation hub greatly exacerbate the vulnerabilities to epidemics. Additionally, Kenya currently shelters about around 490,000 registered refugees mainly from South Sudan and Somalia. The project will also support the Kenya Blood Transfusion Service by ensuring the availability of safe blood and blood products.

D. 2. Borrower's Institutional Capacity

1. The Project will be implemented by both national and county governments. The Ministry of Health (MoH) will be the main implementing agency for the project and will lead the execution of project activities. Other implementing entities will include County Governments, health facilities, including but not limited to Kenyatta National Hospital, Moi Teaching and Referral Hospital, Kenyatta University Teaching, Referral and Research Hospital, Kenya Medical Research Institute and other relevant ministries where needed.
2. The National Emergency Response Committee (NERC) on COVID-19, chaired by the Cabinet Secretary for Health will provide stewardship and oversight of the project. The NERC was established by the President through an executive order to address various aspects related to COVID-19 preparedness and response including: (i) coordinate Kenya's preparedness and response to COVID-19; (ii) coordinate capacity building of medical personnel and other professionals; (iii) enhance surveillance at all points of entry; (iv) coordinate the preparation of national, county and private isolation and treatment facilities; (v) coordinate the supply of testing kits, critical medical supplies and equipment; (vi) conduct economic Impact Assessments and develop mitigation strategies; (vii) coordinate both local and international technical, financial and human resources support efforts with development partners and key stakeholders; and (viii) formulate, enforce and review of processes and requirements which require entry into Kenya of people travelling from COVID-19 affected countries, among others
3. The National COVID-19 Task Force will provide technical guidance throughout the implementation process. The taskforce draws membership drawn from the MoH, other relevant Government agencies, development partners, Non-governmental organizations and civil society organizations. The mandate of the taskforce is to review the evolving threat from the COVID-19 outbreak and regularly offer technical advice to the MoH and other line ministries on appropriate measures. The taskforce has 5 technical working groups responsible for: coordination; surveillance and laboratory; case management and infection prevention and control; and risk communication and logistics.
4. Project management will be the responsibility of project management team established specifically for this project. The PMT will be located in the Division of Health Security, and will report directly to the Principal Secretary, MoH. They will be responsible for coordinating the day to day implementation of activities to ensure timely implementation of the Project at National and County level. They work closely with the PMT for ongoing Transforming Health Systems for Universal Care Project (THSUCP).

The Government of Kenya has experience in managing environmental and social risks associated with Bank Projects along the Bank's Operational Policies. The country also has an appropriate legal framework and established institutions for environmental and social risk management. Although the country has some experience in operating BSL2 labs, its capacity to manage risks associated with COVID-19 is a major concern as the lab personnel may not have



the detailed know-how on the biosafety risk management in the labs to be used for COVID-19 diagnostic testing and it may not have appropriate lab equipment and facilities to properly operate such labs. Equally, the country has no experience in handling social concerns around COVID19 as well as related measures, including quarantine. The Project will provide considerable funding to address these short-comings 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 ESMF to be prepared by Kenya Ministry of Health will build on and update the existing ESMF prepared under Africa CDC Regional Investment Financing Project (P167916) so that the laboratories 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 in line with the Project proposal.

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

A. Environmental and Social Risk Classification (ESRC)

High

Environmental Risk Rating

High

As this project will finance procurement of drugs, supplies and medical equipment, the environmental risks will mainly be associated with the operation of the labs, the quarantine and isolation centers, and screening posts at land crossings, as well as with the appropriateness of the medical waste management system to be put in place by the client. Given that Kenya has limited experience in managing highly infectious medical wastes such as COVID-19, the project can be judged to have a high environmental risk and will require that appropriate precautionary measures are planned and implemented. WHO has reported that 20% of total healthcare waste would be infectious waste, and improper handling of health care waste can cause serious health problem for workers, community and the environment. Medical wastes have a high potential of carrying micro-organisms that can infect people who are exposed to it, as well as the community at large if it is not properly disposed of. Wastes that may be generated from labs, quarantine facilities and screening posts 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 quarantine and isolation centers, etc.) which requires special handling and awareness, as it may pose an infectious risk to healthcare workers in contact or handle the waste. It is also important to ensure that sharps are properly disposed of.

There is a possibility for infectious microorganisms to be introduced into the environment if they are not contained within the laboratory or the quarantine facilities due to accidents/ emergencies e.g. a fire response or natural phenomena event (e.g., flood, land slide). The expected healthcare infectious/hazardous waste also includes wastes generated from COVID-19 patients. Medical wastes can also include chemicals and other hazardous materials used in diagnosis and treatment. The contamination of the laboratory and quarantine 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.

Public Disclosure



Social Risk Rating

High

The key social risks related to the operation are public and occupational health risks deriving from engagement with people and samples contaminated with COVID19. Accordingly, provisions need thus to be in place for proper safety systems, with a focus on quarantine and isolation centers, screening posts, and laboratories to be funded by the project; encompassing above all OHS and waste management procedures. There is also concern that contracted workers are kept safe and do not pose a risk to others, either from Covid but also in terms of their appropriate behavior – treating people with dignity and the prevention of sexual exploitation and abuse, thus a labour management plan will be prepared and code of conducts signed and training given on appropriate and safe behaviour. Beyond this immediate concern, project implementation needs also to ensure appropriate stakeholder engagement to (i) avoid conflicts resulting from false rumors, (ii) vulnerable groups not accessing services, or (iii) issues resulting from people being kept in quarantine. The project can thereby rely on standards set out by WHO as well as the Africa CDC to (1) facilitate appropriate stakeholder engagement and outreach towards differentiated audiences (concerned public at large, suspected cases and patients, relatives, health workers, etc.) to ensure widespread sharing of project benefits (COVID-19 prevention and treatment) as well as avoidance of potential rumors and social conflicts; as well as (2) appropriate handling of quarantining interventions (including dignified treatment of patients; appropriate handling of specific concerns by vulnerable groups including cultural needs and Prevention of Sexual Exploitation and Abuse; as well as minimum accommodation and servicing requirements).

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 should improve COVID-19 surveillance, monitoring and containment. However, the project could also cause significant environment, health and safety risks due to the dangerous nature of the pathogen (COVID-19) and reagents and other materials to be used in the project-supported laboratories and quarantine facilities. Healthcare associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and laboratory workers. The laboratories and relevant health facilities which will be used for COVID-19 diagnostic testing and isolation of patients can generate biological waste, chemical waste, and other hazardous biproducts. As the laboratories to be supported by the project will process COVID-19 that can have the potential to cause serious illness or potentially lethal harm to the laboratory staff and to the community, effective administrative and containment controls should be put in place so minimize these risks. Environmentally and socially sound healthcare including laboratory operation will require adequate provisions for minimization of occupational health and safety risks, proper management of hazardous waste and sharps, use of appropriate disinfectants, proper quarantine procedure for COVID-19, appropriate chemical and infectious substance handling and transportation procedure, institutional/implementation arrangement for environmental and social risks, etc. 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 at a containment laboratory with inward directional airflow (BSL-3 level).

Public Disclosure



The Kenya Ministry of Health will develop an ESMF covering all environmental and social risks and mitigation measures drawing on the updated WHO COVID-19 guidance. The ESMF will have an exclusion list for COVID-19 lab activities that may not be undertaken at the BSL2 labs unless the appropriate capacity and infrastructure is in place (e.g., BSL3 level). Therefore, this operation will not finance activities that are at the level of a BSL3 operation and as such the ESIA for the BSL3 to be constructed under P167916 will not be followed or updated. Until the updated ESMF has been cleared, the Project will apply the existing ESMP checklist for the THS project 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”, annexed to the WHO “COVID-19 Strategic Preparedness and Response Plan” (February 12, 2020). Further guidance is included in the WHO “Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV” (February 11, 2020).

These guidelines include provisions to address the needs of patients, including the most vulnerable. They also include provisions on the establishment of quarantine and isolation centers and their operation considering the dignity and needs of patients and transparency and equity in allocation of care and prioritization of patients in case of shortages, as well as enforcement of legal measures and managing any social unrest

Risks related to activities under component 6 involve generation of various categories of medical waste which ranges from general infectious waste, pathological waste, chemical waste (laboratory reagents) and sharps. The project should ensure proper management and disposal of the medical waste generated in the blood transfusion centers.

Blood donation centres should facilitate safe donation of blood should have procedures in place to prevent spread of infections.

Each medical facility/lab will apply infection control and waste management planning following the requirements of the ESMF. The ESMF will cover environmental and social infection control measures and procedures for the safe handling, storage, and processing of COVID-19 materials including the techniques for preventing, minimizing, and controlling environmental and social impacts during the operation of project supported laboratories and medical facilities. It will also clearly outline the implementation arrangement to be put in place by the Kenya Ministry of Health for environmental and social risk management; training programs focused on COVID-19 laboratory biosafety, operation of quarantine and isolation centers and screening posts, as well as compliance monitoring and reporting requirements, including on waste management based on the existing Infection Control and Waste Management Plan prepared as part of the ESMF. The relevant part of COVID-19 Quarantine Guideline and WHO COVID-19 biosafety guidelines will be applied while updating the ESMF so that all relevant risks and mitigation measures will be covered. In addition to the ESMF, the client will implement the activities set out in the ESCP. It will also implement the SEP in the proposed timeline.

Site- and activity-specific considerations will be made based on these documents on an ongoing base, to be post-reviewed by the Bank for any sub-activity not considered of high risk.

ESS10 Stakeholder Engagement and Information Disclosure

The project will establish a structured approach to engagement with stakeholders that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with COVID-19.



In instances where there is a likelihood of more vulnerable groups in attendance, such as the elderly and those with compromised immune systems or related pre-existing conditions, stakeholder engagement should minimize close contact. People affected by Project activities will be provided with accessible and inclusive means to raise concerns and grievances. This will be through the national grievance toll free hotline that is being set up under the CERC and also through county grievance systems, that will be strengthened as part of this project. The hotline will receive complaints from the general public, workers and contract workers including confidential complaints including GBV. A COVID-19 complaints protocol will be developed on which all staff and complaints handlers will be trained.

The government has developed a draft national risk communication and community engagement strategy based on the WHO guidelines. The project will support this and ensure that its implementation includes vulnerable and marginalized groups and feedback mechanism. The prepared Stakeholder Engagement Plan (SEP) describes the framework for these activities. The SEP will be updated and re-disclosed after the finalization of the national strategy.

The approaches taken will thereby ensure that information is meaningful, timely, and accessible to all affected stakeholders, including VMGs/ SSAHUTLC communities and usage of different languages, appropriate communication e.g. FM radios for heard to reach communities, addressing cultural sensitivities, as well as challenges deriving from illiteracy or disabilities. Due to the expected country-wide implementation of activities, the differences of areas and socioeconomic groups will equally be taken into consideration during rollout of the RCCE.

It will be important that care management in quarantine and isolation centers is managed systematically, allowing patients to access information as well as patients' relatives to get necessary information about the quarantined; if feasible by enabling two-way-communication including in local languages where necessary.

Stakeholder engagement will also be critical in component 6: Ensuring availability of safe blood and blood products for transfusion services to ensure trust in services by health professionals, patients and their relatives. For Component 6 activities the Kenya National Blood Transfusion Service, complaints will be dealt with by the health facility and Ministry of Health grievance mechanisms and the legal complaints mechanism including the Ombudsman/Commission of Administrative Justice (CAJ).

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 Kenya. Although surge capacity workers will be contracted to provide clinical support, new community health volunteers will be trained for data collection of cases in the community and contact tracing, and some construction workers and technicians will be contracted for the minor rehabilitation and training on operation of new equipment. The new contracted workers will have orientation on and sign a code of conduct on expected behavior and safety standards including GBV risks. This will be outlined in a Labor Management Plan.

For activities encompassing 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 the 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 and ICMWP 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 post signage in all public spaces mandating hand hygiene and PPE; ensuring adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap and sanitizer); and overall ensuring adequate OHS protections in accordance with General EHSs and industry specific EHSs and follow 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.

Thereby, child labor is forbidden in accordance with ESS2 and Kenyan law, i.e. due to the hazardous work situation, for any person under the age of 18.

Medical staff at the facilities should be trained and be kept up to date on WHO advice (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>) and recommendations on the specifics of COVID-19.

In line with ESS2 as well as the Kenyan law, prohibited is the use of forced labor or conscripted labor in the project, 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 their immediate management of labor issues, such as a lack of PPE and unreasonable overtime as well as the national grievance hotline to the Ministry of Health.

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 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 beneficiary medical facility/lab, following the requirements of the ESMF to be updated for the Project, WHO COVID-19 guidance documents, and other best international practices, will prepare and follow an Infection Control and Medical Waste Management Plan (ICMWP) to prevent or minimize such adverse impacts. The ESMF and site-specific instruments (ESMPs) 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 CDC and WHO environmental infection control guidelines for medical facilities.

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 above, 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, noted in ESS1.

Secondly, the operation of quarantine and isolation centers needs to be implemented in a way that both, the wider public, as well as the quarantined patients are treated in line with international best practice as outlined in WHO guidelines referenced under ESS1.

The project will ensure the avoidance of any form of Sexual Exploitation and Abuse by relying 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.

The project will also ensure via the above noted provisions, including stakeholder engagement, that quarantine and isolation centers and screening posts are operated effectively throughout the country, including in remote and border areas, without aggravating potential conflicts between different groups, including host communities and refugees/IDPs.

In case quarantine and isolation centers are to be protected by security personnel or they are involved in enforcement of government directives or containment of possible social rest, it will be ensured that the security personnel follow strict rules of engagement and avoid any escalation of situation, including possible training/guidelines.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

All construction and isolation tents will be undertaken within existing facilities and thus at this point ESS5 in reference to permanent resettlement or land acquisition is not considered relevant. Temporary closures, reduced access, or disruption will be conducted in consultative manner with the Project Affected People, ensuring no forced eviction takes place.



ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

The civil works supported under this project (Component 3) include construction/renovations and equipping of Isolation rooms in all POEs, Isolation rooms in all 14 high risk counties , strengthening capacity of selected existing health facilities Based on the potential and known locations of these sites, likely impacts of the project on natural resources and biodiversity are low. However, if medical and chemical wastes are not properly disposed of, they can have impacts on living natural resources. The procedures outlined in the infection control and waste management plan will describe how these impacts will be minimized.

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

Due to the country-wide rollout of activities, it is likely that it will also affect people meeting the criteria of ESS7, in 31 out of the 47 counties, as defined in the VMGF for the Transforming Health Centre project. . The project will ensure respect of human rights, dignity, aspirations, identity, culture and livelihoods of SSAHUTLC and avoid adverse impacts on them or, when avoidance is not possible, minimize, mitigate or compensate for such impacts.

This will be ensured via the Project’s communication and outreach strategy as outlined under ESS10: the project will ensure that such communities are appropriately informed and can share in the benefits of the project in an inclusive and culturally appropriate manner (i.e. prevention and treatment).

In case whole SSAHUTLC communities will be addressed by quarantine provisions, site-specific approaches will ensure adequate consideration of their specific cultural needs, to the satisfaction of the Bank.

No situations which would require FPIC are foreseen.

ESS8 Cultural Heritage

Based on the screening of potential and known locations for rehabilitation and construction works, likely impact of the project on cultural heritage is low. As a precautionary measure the ESMF will include a chance find procedure.

ESS9 Financial Intermediaries

This standard is not currently relevant for the proposed project interventions.

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	
1.1 ORGANIZATIONAL STRUCTURE: The Ministry of Health shall establish and maintain a Project Management Team (PMT) with qualified staff and resources to support management of environmental and social risks and impacts of the Project including dedicated environmental (at least one) and social risk management (at least one) specialists.	04/2020
1.2 ENVIRONMENTAL AND SOCIAL ASSESSMENT/MANAGEMENT PLANS AND INSTRUMENTS/ CONTRACTORS a. Prepare, disclose and adopt the Environmental and Social Management Framework (ESMF). b. Assess the environmental and social risks and impacts of the proj. activities. c. Infection Control and Waste Management Plan and ESMP. d. Incorporate E&S requirements and ESHS measures into contracts. e. Update ESMPs and ICWMP based on updated guidance by WHO on COVID-19.	04/2020
1.3 Exclude the following type of activities as ineligible for financing under the Project (as per the project ESCP): long term permanent risks and irreversible impacts; significant adverse social impact/conflict; require FPIC; may affect lands of VMGs; require involuntary resettlement, land acquisition or affect cultural heritage; and all other activities set out in the project ESMF.	04/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
10.1 STAKEHOLDER ENGAGEMENT PLAN: Prepare and disclose, a draft Stakeholder Engagement Plan (SEP) consistent with ESS10, in a manner acceptable to the Association.	03/2020
10.2 UPDATE SEP, with the inclusion of a risk communication and community engagement (RCCE) strategy, to be finalized under the Project in line with WHO guidance on RCCE readiness and response to 2019-nCoV (01/26/20) and adopt as per ESS10 reqs.	05/2020
10.3 Implement SEP consistent with ESS10, including using different, culturally appropriate communication approaches to ensure communication also with most vulnerable, including illiterate and people with disabilities and hard to reach communities.	04/2020
10.4 CASE MANAGEMENT: In line with the SEP, the Project will ensure systematic case management, allowing communication between quarantined people and their relatives.	04/2020
GRIEVANCE MECHANISM: Accessible grievance arrangements shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10, in a manner acceptable to the Association.	04/2020
ESS 2 Labor and Working Conditions	

Public Disclosure



2.1 LABOR MANAGEMENT: as per ESS2 requirements, implementing adequate occupational health and safety measures (including emergency prep), setting out grievance redress for workers, ESHS requirements in contracts and other procurement documents.	04/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
3.1 Relevant aspects of this standard shall be considered, as needed, under action 1.2 above, including, inter alia, measures to: manage health care wastes, and other types of hazardous and non-hazardous wastes.	04/2020
ESS 4 Community Health and Safety	
4.1 Consider measures to minimize the potential for community exposure to communicable diseases; ensure that vulnerable individuals and groups have access to development benefits; manage risks of security personnel; labor influx and SEA/SH.	04/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
5.1 Relevant aspects of this standard shall be considered, as needed, under action 1.2 above.	04/2020
5.2 In case land acquisition would be necessary, plans will be developed in accordance with ESS5 to the satisfaction of the Bank prior to commencement of any land acquisition and displacement.	04/2020
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
6.1 Relevant aspects of this standard shall be considered, as needed, under action 1.2 above.	04/2020
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
7.1 Relevant aspects of this standard shall be considered, as needed, under action 1.2 above.	04/2020
Recipient will ensure that SSAHUTLC communities are appropriately informed and can share in the benefits of the project in an inclusive and culturally appropriate manner (ie prevention and treatment) with provisions included in the SEP, as per ESS 7.	04/2020
7.3 In case SSAHUTLC communities would be affected by quarantine provisions, site-specific approaches would be prepared to ensure adequate consideration of their specific cultural needs in accordance with ESS7, to the satisfaction of the Bank.	04/2020
ESS 8 Cultural Heritage	
Relevant aspects of this standard shall be considered, as needed, under action 1.2 above.	04/2020
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:

Use of Borrower Framework is not being considered.

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: The National Treasury

Implementing Agency(ies)

Implementing Agency: Ministry of Health

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Toni Lee Kuguru, Jane Chuma
Practice Manager (ENR/Social)	Kevin A Tomlinson Cleared on 23-Mar-2020 at 14:48:43 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 24-Mar-2020 at 11:07:19 EDT

Public Disclosure