



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 03/26/2020 | Report No: ESRSA00594



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Congo, Democratic Republic of	AFRICA	P173825	
Project Name	DRC COVID-19 Strategic Preparedness and Response Project (SPRP)		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/23/2020	3/30/2020
Borrower(s)	Implementing Agency(ies)		
Democratic Republic of Congo	Ministry of Health		

Proposed Development Objective(s)

The Project Development Objective (PDO) is to strengthen the DRC government capacity to prepare for and respond to the COVID-19 pandemic with a focus on selected provinces.

Financing (in USD Million)	Amount
Total Project Cost	47.20

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

No

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

The proposed project will support the implementation of The Democratic Republic of Congo COVID-19 Preparedness and Response Plan endorsed by the Minister of Health (on March 16, 2020). It aims to: (i) strengthen technical and operational coordination of activities to prepare for and respond to COVID-19 through existing mechanisms and partnerships; (ii) develop and implement early detection of suspected cases of COVID-19 with or without epidemiological links (including monitoring of travelers with or without epidemiological links) at entry points (airports, ports and other border posts), health facilities and the community; (iii) respond quickly and effectively to any suspected or confirmed case of COVID-19 thorough epidemiological investigation, evacuation, isolation and biological



diagnosis, optimized psychosocial and medical care, preventive measures and infection control and tracking of pre-listed contacts; and (iv) develop and implement an aggressive communication campaign, awareness programs, and social distancing measures for behavioral change in the community, including communication at entry points and to airline companies.

D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]
The DRC is one of the largest countries in central Africa. It shares approximately 9,000 km of borders with 9 other countries and has a population of approximately 80 million people. With the PDO to strengthen the DRC government capacity to prepare and respond to the COVID-19 pandemic, this DRC COVID-19 Strategic Preparedness and Response Program has been prepared as a new stand-alone project which will be implemented in five main cities of five provinces Kinshasa (City province of Kinshasa), Kisangani (Province of Tshopo), Kananga (Province of Kasai Central), Gbadolite (Province of North Ubangui), and Mbandaka (Province of Equateur) and will contribute to COVID-19 pandemic surveillance and response. These cities have been selected based on the following criteria: (i) exposure to population movement to contain foreign transmission as initial cases are imported; (ii) existence of facilities, in which case the Bank might not invest in an emergency as the needs are immense; (iii) medical blind spots to limit contamination; (iv) size of the population. The five provinces will be confirmed during implementation, with the potential for additional provinces to be added, based on the above criteria.

The project will have five components of which three have particular implications for environmental and social risks management:

-Component 1: Emergency COVID-19 Response' will provide immediate support to prevent COVID-19 from spreading through support to rehabilitate and equip selected primary health care facilities, quarantine centers, and hospitals ; develop intra-hospital infection prevention and control measures; including necessary improvements in blood transfusion services to ensure the availability of safe blood products. This will include medical equipment and training of health teams for intensive care facilities within hospitals; ensuring safe water and basic sanitation in health facilities; medical waste management and disposal systems; training of health personnel; provision of medical supplies, diagnostic reagents, including kits; other operational expenses related to mobilization of health teams; and hazard/indemnity pay consistent with the Government's applicable policies. Primary health care facilities, quarantine centers and hospitals will be identified in the five cities based on the following criteria: (i) readiness, capacity and quality of the infrastructure; and (ii) location and accessibility. Due to the limited number of health care facilities in the five provinces that meet the criteria, the project will work with existing state-run referral hospitals ("hopitaux de reference") and private hospitals.

-Component 2: Supporting National and Sub-national, Prevention and Preparedness' will finance upgrading infrastructure (observatories, reference labs, clinical capacity), equipment, reagents and commodities, analytical and assessment capacity with trained local capacities embedded in National Primary Human and Animal Health Systems. Component 2 will also develop and support the implementation of a policy dialogue framework in provinces where provincial laboratories will be established.



-Component 3: Communication campaign, Community Engagement and Behavior change’ includes interventions such as communication campaigns, community engagement, as well as social distancing and behavioral changes.

D. 2. Borrower’s Institutional Capacity

The project will be implemented by the Ministry of Health (MoH) through the Health System Strengthening for Better Maternal and Child Health Results (PDSS) (P147555) Project Implementation Unit (PIU). The MoH has experience applying World Bank safeguards requirements in several projects, including the existing PDSS Project (P147555), the Ebola Emergency response operation, the Great Lake Emergency Women’s Health project (P155329), as well as the ESF through the DRC Multisectoral Nutrition and Health Project (P168756). The project will support environmental and social capacity building activities for preparation of required environmental and social assessment documents. It is already in the process of hiring environmental and social specialists for implementation of environmental and social management tools, and will add a GBV specialist to the PIU to develop and implement the GBV/SEA/SH Action Plan. The Ministry of Environment (MoE), Conservation and Sustainable Development (MECNDD) governs environmental policies and their compliance. The MECNDD’s technical agency in charge of environmental and social monitoring and management is the National Agency for the Environment (Agence Congolaise de l’Environnement or ACE). ACE is responsible for ESF/safeguards compliance of all Bank supported projects in the country and as a result has experience in monitoring the implementation of the types safeguards instruments proposed for this project, such as the Environmental and Social Management Framework (ESMF). At the provincial level, government agencies (including those attached to the MoE) often do not have the necessary equipment to monitor social and environmental impacts, staff lack training, and management capacity is limited.

Both the project and ACE have limited capacity in implementing Bank financed project under the new ESF. Capacity building will be carried out extensively.

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 classification for the project is Substantial. Key environmental risks and impacts are related to biosafety, including: (i) management of biomedical waste (especially handling highly infectious medical wastes such as COVID-19), and (ii) occupational and community health and safety issues related to risks from communicable disease transmission as a result of testing, handling, transporting, disposing of supplies and medical samples, as well as to health facilities and laboratories rehabilitations/construction activities.

This classification takes also into account the capacity of the designated PIU, as well as all stakeholders involved in the preparation and implementation of the DRC COVID-19, to manage potential risks, as well as the current health system to respond to COVID-19 at the national and provincial level.

Social Risk Rating

Substantial

Key social risk classification for the project is Substantial. Key social risks and impacts are related to (i) marginalized and vulnerable social groups (including indigenous peoples, the poor, and displaced persons and/or refugees) being unable to access facilities and services designed to combat the disease, in a way that could undermine the central objectives of the project, (ii) social conflicts resulting from false rumors and misinformation, (iii) issues resulting from

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people being kept in quarantine, including stigma faced by those admitted to treatment or isolation facilities, and (iv) risks of Gender-Based Violence, Sexual Exploitation and Abuse, or Sexual Harassment (GBV/SEA/SH) to Project workers and beneficiaries; as well as (v) labor management risks.

This classification takes into account that (i) possible impacts are considered mostly temporary, predictable and/or reversible (but could become widespread), and that (ii) the nature of the project does not preclude the possibility of avoiding or reversing them (although substantial investment and time may be required); and project activities and associated mitigation measures (e.g. related to quarantine facilities) may give rise to a limited degree of social conflict, harm or risks to human security. MOH may have developed procedures during the Ebola response that could be leveraged to manage and mitigate some of these risks.

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:

Environmental and social risks and impacts under Component 1 are related to risks associated with labor and working conditions, hazardous and medical wastes, and community health and safety. Under component 2, civil works are expected associated with upgrading of existing health facilities and laboratories, as well as the construction of facilities in provinces with very weak health infrastructures system. Land acquisition is not expected as the project will focus on existing facilities. Risks and impacts related to rehabilitation of selected primary health care facilities and hospitals are anticipated to be site-specific. Eight primary health care facilities and hospitals have been confirmed in Kinshasa based on the selection criteria (See Sect. D.1. above).

Key environmental risks are related to: (i) management of biomedical waste (especially handling highly infectious medical wastes such as COVID-19), and (ii) occupational and community health and safety issues related to testing, handling, transporting, disposing of supplies and medical samples, and upgrading of designated health facilities/laboratories. The public health facilities or quarantine centers which will be used for diagnostic testing and isolation of patients can generate biological waste, chemical waste, and other hazardous waste. There is a possibility for adverse risks and impacts to human health and the environment from infectious microorganisms if adequate control measures are not in place within laboratories and/or quarantine facilities. The expected healthcare infectious/hazardous waste also includes wastes streams 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.

Key social risks are those related to (i) marginalized and vulnerable social groups (including Indigenous Peoples, the poor, and displaced persons and/or refugees) being unable to access facilities and services designed to combat the disease, in a way that could undermine the central objectives of the project; (ii) social conflicts resulting from false rumors and misinformation, (iii) issues resulting from people being kept in quarantine, including stigma faced by



those admitted to treatment or isolation facilities, and (iv) risks of Gender-Based Violence, Sexual Exploitation and Abuse, or Sexual Harassment (GBV/SEA/SH) to Project workers and beneficiaries.

To mitigate these risks and impacts, the project will develop and implement an Environmental and Social Management Framework (ESMF), leveraging the existing ESMF for the DRC Multisectoral Nutrition and Health Project (P168756) project prepared under the ESF. The ESMF will include measures for an Infection Control and Medical Waste Management Plan (ICWMP) for implementation by facilities supported under the project, including primary health care facilities, hospitals and laboratories, as well as a template for preparing Environmental and Social Management Plans (ESMPs), as necessary for managing risks and impacts related to any civil works. The ESMF will also outline the implementation arrangement to be put in place for environmental and social risk management; training programs focused on COVID-19 laboratory biosafety, operation of isolation centers and screening posts, as well as compliance monitoring and reporting requirements. In addition, the ESMF will incorporate relevant parts of WHO guidelines establishing good international industry practice for COVID-19 response, including COVID-19 Guidelines for Quarantine, Biosafety, and Code of Ethics and Professional Conduct.

Any rehabilitation of primary health care facilities and hospitals will develop and implement an ESMP that will be approved before the start of construction.

The project Environmental and social Commitment Plan (ESCP) includes commitments to undertake the required assessments and production of the necessary instruments for the Project. Mitigation measures for site-specific impacts will be managed through the implementation of required safeguards instruments to be prepared as per the ESMF. Relevant capacity building measures will be included in the ESMF and ESCP, and an Environmental Specialist to be recruited by the PDSS will provide support for the project's overall environmental aspects.

As for mitigating social risks, the project will ensure that the medical isolation of individuals does not increase their vulnerability (for example, to gender-based violence, or GBV) especially in remote rural areas of the country. Project components also entail risk communication, social mobilization and community engagement to raise public awareness and knowledge about prevention and control of COVID-19 among the general population and vulnerable groups. Beyond conflicts resulting from false rumors, vulnerable groups are at risk being excluded from vital services, and quarantine interventions could entail sexual exploitation and abuse; as well as culturally inappropriate accommodation and services. To mitigate this, relevant capacity building measures will be included in the ESMF and ESCP and MoH will appoint a Social Specialist to provide support for the project's overall social aspects, as well as a GBV specialist

An early GBV risk assessment based was conducted and determined that GBV risk is Substantial. GBV risks are mainly related to contextual risks, but also to project and COVID-19 specific risks. In DRC, intimate partner violence (IPV) and sexual exploitation (SE) are higher than the regional average. There is also a high risk of child marriage and restrictive gender norms often result in violence acceptability. The project's implementation area further exacerbates the GBV risks given the humanitarian setting and the remoteness of some areas likely to be targeted by the project, which may hinder accessibility and supervision of female workers and beneficiaries. Early indications from other COVID-19-impacted countries suggest that the COVID-19 emergency might further increase the likelihood of GBV in DRC.[1] A GBV/SEA/SH Action Plan is also under development, and the Project will add a GBV specialist to the PIU to help develop and then implement the Action Plan.



[1] Based on the experience of countries which have been strongly hit by the virus, such as China and Italy, there has been an increase of domestic violence during the epidemic. After the virus outbreak, various countries also reported the increase of other forms of GBV, including violence against women and girls (VAWG) in emergency settings, sexual exploitation and violence by state officials and armed guards, workplace violence in the health sector, and racial and sexual harassment

ESS10 Stakeholder Engagement and Information Disclosure

Stakeholder engagement is a critical tool for social and environmental risk management, project sustainability and success. A draft Stakeholder Engagement Plan (SEP) has been prepared for implementation and disclosed prior to Appraisal, it will be updated, as per the ESCP, within two months after project effectiveness, and periodically throughout implementation. The updated SEP will include the Risk communication and community engagement (RCCE) strategy, to be prepared under the project in line with WHO provisions “Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV)” (January 26, 2020). It will also include a more elaborate Grievance Redress Mechanism for addressing any concerns and grievances raised.

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. The client will engage in meaningful consultations on policies, procedures, processes and practices (including grievances) with all stakeholders throughout the project life cycle, and provide them with timely, relevant, understandable and accessible information. The consultations will provide information on project-related risks, including GBV/SEA/SH, and the proposed reporting and response measures, with a particular focus on women, children and other vulnerable groups. GBV consultations will be focused on understanding women and girls’ experience, their wellbeing, health and safety concerns, as they relate to COVID-19 project activities. It should be noted that the process of consultation may have to be adjusted to accommodate the social distancing requirements of the government. The Bank will advise the client on various approaches to engage stakeholders without raising medical risks.

A project-wide grievance redress mechanism (GRM), sensitive to GBV/SEA/SH issues, and proportionate to the potential risks and impacts of the project will be established. Once approved, the project will establish a structured approach to stakeholder engagement and public outreach that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with combating COVID-19.

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



ESS2 is considered relevant to this project. Most activities supported by the project will be conducted by direct workers of the project such as health and laboratory workers, i.e. civil servants employed by MoH. The project may outsource minor works to contractors. While the number of workers may not be estimated at the current stage, no large-scale labor influx is expected. Activities encompass thereby treatment of patients as well as assessment of samples. The key risk is in relation to the 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). In line with ESS2, the use of forced labor or the use of child labor for any person under the age of 18 in hazardous work situation (e.g. in health care facilities) is prohibited.

As mitigation measures, the Recipient will implement adequate occupational health and safety (OHS) measures (including emergency preparedness and response measures) in line with the ESMF and WHO guidelines on COVID19 in all facilities, including laboratories, quarantine and isolation centers, and screening posts. Measures relating to occupational health and safety, to protect workers from injury, illness, or impacts associated with exposure to hazards encountered in the workplace or while working, will be documented in labor management procedures (LMP) that will be included in the ESMF. The OHS measures will take into account the World Bank Group's General Environment, Health and Safety Guidelines (EHSGs), the EHSGs for Health Care Facilities and other Good International Industry Practices (GIIP). OHS measures will include provision of infection control precautions, adequate supplies of PPE, etc. The Recipient will also ensure a non-discriminatory, decent work environment; including by ensuring that all health workers adhere to the WHO Code of Ethics and Professional conduct. A worker Grievance Redress Mechanism, sensitive to GBV/SEA/SH issues, will be established and operated through a grievance hotline and assignment of focal points to address these grievances within MoH. A GBV Code of Conduct (CoC) will be developed and signed by all workers. The CoC will be associated with the GBV/SEA/SH Prevention and Response Action Plan, which includes an Accountability and Response Framework. The CoC will include provision for addressing SEA/SH and prohibitions against sexual activity with anyone under the age of 18.

ESS3 Resource Efficiency and Pollution Prevention and Management

ESS3 is considered relevant to the Project. Highly infectious medical waste is expected from the handling of COVID-19 samples. Medical Infectious and chemical wastes are expected to be generated from medical facilities and laboratories. The improper handling, transportation and disposal of such medical and chemical waste streams may result in adverse risks and impacts to human health and the environment. In addition, rehabilitation and/or construction of medical facilities, health facilities, or isolation facilities may pose risks related to air quality, noise, construction wastes, etc.

The project will develop and implement an ICWMP that will be annexed to the ESMF to manage infectious and hazardous waste streams anticipated to be generated by health care facilities. The ICWMP will follow WHO COVID-19 guidance documents and other best international practices to prevent or minimize contamination from inadequate waste management and disposal. ESMPs will be prepared as necessary to manage any pollution resulting from civil works for rehabilitation of facilities. The ESMP(s) will be implemented by contractors.

ESS4 Community Health and Safety



ESS4 is considered relevant to the Project. Inappropriate handling of COVID-19 can expose the community to further spread of the disease. Lack of provision of medical services to disadvantaged or vulnerable people is also a potential risk under the project interventions. Laboratory accidents and/or emergencies such as fire incident or natural phenomena event is also an associated risk. Some project activities may give rise to the risk of Gender Based Violence (GBV), in particular Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) risks.

As mitigation measures, the Recipient will put measures in place to prevent or minimize the spread of the infectious disease/COVID-19 to the community. Emergency preparedness measures will also be developed and implemented to manage unlikely cases of laboratory accidents/ emergencies e.g. a fire response or natural phenomena event. Measures will be taken place to ensure that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable have access to the development benefits resulting from the project.

The Recipient will operate quarantine and isolation centers in line with WHO guidelines. The ESMF will also include guidance related to transportation and management of samples and medical goods or expired chemical products. The Recipient 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.

In case screening posts, quarantine and isolation centers are to be protected or operated by security personnel, it will be ensured that the security personnel follow a strict code of conduct and avoid any escalation of situation, taking into consideration the above noted needs of quarantined persons as well as the potential stress related to it. Government security personnel deployed to provide security or other services as part of implementing activities related to the Project will managed consistent with the requirements of ESS4 and World Bank guidance on Use of Military Forces to Assist in Covid-19 Operations

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

ESS5 is considered not relevant to the project as almost all construction is expected to be undertaken within existing facilities. In an unlikely case where land acquisition leading to physical or economic displacement is needed during project implementation, Resettlement Action Plans (RAPs) would be prepared, consulted upon, cleared by the Bank and disclosed prior to commencement of any construction and/or land acquisition.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

ESS6 is not currently relevant. No adverse impacts on natural resources or biodiversity are anticipated as a result of project activities.

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

ESS7 is not relevant to the Project as there will be no direct impact to the Indigenous Peoples/Sub-Saharan Historically Underserved Traditional Local Communities or their natural resource base within the suggested project interventions. However, there is a presence of Indigenous Communities in a number of the provinces targeted by this project . The Recipient 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) with provisions included in the SEP. In case whole African Historically Underserved Traditional Local Communities/ SSAHUTLC would be addressed by quarantine provisions, site-specific plans would be prepared to ensure adequate consideration of their specific cultural needs, to the satisfaction of the Bank. The project will exclude any activities which would require FPIC.

ESS8 Cultural Heritage

ESS8 is not currently relevant to the Project. Civil works are unlikely to affect cultural assets. In the unlikely event of construction or the movement of earth in connection with any project activities that have not yet been identified. The ESMF will include measures for “Chance Finds” of archaeological or other cultural heritage.

ESS9 Financial Intermediaries

ESS9 is not relevant to the Project for the suggested project interventions.

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	
Prepare ESMF, including templates for ICWMP and ESMPs.	06/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
Prepare initial SEP.	03/2020
ESS 2 Labor and Working Conditions	
Prepare LMP.	06/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Not relevant	
ESS 4 Community Health and Safety	

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Prepare GBV/SEA/SH Prevention and Response Action Plan.	06/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
Not Relevant	
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
Not relevant	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
None needed at this time	
ESS 8 Cultural Heritage	
ESS 9 Financial Intermediaries	

B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework?

No

Areas where “Use of Borrower Framework” is being considered:

Not applicable

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IV. CONTACT POINTS

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Borrower/Client/Recipient

Borrower: Democratic Republic of Congo

Implementing Agency(ies)

Implementing Agency: Ministry of Health

V. FOR MORE INFORMATION CONTACT



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VI. APPROVAL

Task Team Leader(s):	Pierre Joseph Kamano
Practice Manager (ENR/Social)	Kevin A Tomlinson Cleared on 25-Mar-2020 at 06:05:49 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 26-Mar-2020 at 07:17:14 EDT