Additional Financing Appraisal Environmental and Social Review Summary

Appraisal Stage

(AF ESRS Appraisal Stage)

Date Prepared/Updated: 04/19/2021 | Report No: ESRSAFA162

BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Georgia	EUROPE AND CENTRAL ASIA	Georgia	Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Aff

Project ID	Project Name
P176528	AF for Georgia Emergency COVID-19 Response Project

Parent Project ID (if any)	Parent Project Name
P173911	Georgia Emergency COVID-19 Response Project

Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	5/3/2021	5/27/2021

Proposed Development Objective

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

Financing (in USD Million)	Amount
Current Financing	0.00
Proposed Additional Financing	0.00
Total Proposed Financing	0.00

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

Yes

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

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

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

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

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

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

D. Environmental and Social Overview

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

Georgia is located in the South Caucasus and is one of the Black Sea riparian nation-states. It borders Armenia, Azerbaijan, Russian Federation and Turkey. Georgia comprises of the following administrative units: capital city of Tbilisi, Autonomous Republic of Adjara, Autonomous Republic of Abkhazeti, and nine regions - Kvemo Kartli, Shida Kartli, Kakheti, Mtskheta-Mtianeti, Samtskhe-Javakheti, Imereti, Guria, Samegrelo-Zemo Svaneti, and Racha-Lechkhumi and Kvemo Svaneti.

The objective of the parent project and this AF is to prevent, detect, and respond to the threat posed by the COVID-19 pandemic and to strengthen national systems for public health preparedness in Georgia. The parent Georgia COVID-19 Emergency Project (P173911) has provided immediate support to respond to the COVID-19 outbreak, with a focus on strengthening the technical capacity of health facilities to protect staff and handle severe cases and on mitigating the negative financial impact at the household level. The AF will support the procurement and deployment of eligible COVID-19 vaccines for priority groups, including syringes and other supplies, vaccine-related communication and outreach, planning and management, vaccine logistics and distribution, and training. The AF will finance upfront technical assistance to support Georgia in establishing institutional frameworks for the safe and effective deployment of vaccines. These will include technical assistance towards developing regulations for monitoring and response to adverse event following immunization (AEFI), the national communications strategy, and distribution strategy; improving waste management infrastructure in project-beneficiary healthcare facilities; creating/enhancing cold-chain logistics for safe transportation and storage of vaccines; training for vaccinators and training for the

implementation of information awareness program, grievances, and citizen and community engagement strategy. The policies for prioritizing intra-country vaccine allocations will follow principles established in the WHO Allocation Framework, including targeting an initial coverage of 20 percent of a country's population; focusing first on workers in health and social care settings; and then - targeting the elderly and younger people with an underlying condition which places them at higher risk.

Georgia has completed an initial vaccine readiness assessment to determine its capacity to procure and deploy safe and effective COVID-19 vaccines to the population using the COVID-19 Vaccine Introduction Readiness Assessment Tool (VIRAT) and COVID-19 Vaccine Readiness Assessment Framework (VRAF), referred to as VIRAT-VRAF 2.0. The investments are geared towards overcoming challenges identified in the vaccine readiness assessment.

All project activities will be implemented countrywide, excluding the Autonomous Republic of Abkhazeti and several municipalities of Shida Kartli currently not under de facto jurisdiction of the national Government of Georgia. At this time, neither specific facilities nor their locations to be supported are yet specified. All activities of the health component (both of the parent COVID-19 project and AF) will be conducted within existing healthcare facilities, such as hospitals, public health centers, laboratories, and quarantine facilities. No major civil works are expected under this AF. The parent project envisaged activities within the grounds of existing facilities, hospitals and clinical centers, to establish, upgrade or adapt isolation and care units within the existing footprint on vacant state-owned land, without the need for land acquisition and involuntary resettlement impacts.

All environment and social (E&S) risks such as generation and handling of medical waste, worker and community safety, conduct of small-scale civil works to rehabilitate/adjust premises of medical facilities - are addressed in the Environmental and Social Management Framework (ESMF) developed for the parent project and updated for the purposes of the AF. ESMF sets out E&S risk assessment requirements of each sub-component/activity. It provide guidance on the E&S screening of activities proposed for the project support and the preparation of site-specific Environmental and Social Management Plans (ESMPs), as required, as well as Infection Control and Waste Management Plan (ICWMP). The ESMF includes a section on Occupational Health and Safety (OHS) of workers and relevant aspects of Labor Management Procedures (LMP). It considers national and international protocols for infectious disease control and will include updated provisions on medical waste management.

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

The Stakeholder Engagement Plan (SEP) has identified primary stakeholders and will guide all outreach and communication to target beneficiary groups.

D. 2. Borrower's Institutional Capacity

The Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs (MoILHSA) is the implementing agency for the project. MoILHSA is responsible for the E&S, fiduciary and technical aspects, as well as the operational implementation, of the project, in close coordination with the Ministry of Finance. The National Center for Disease Control and Public Health (NCDC) is responsible for public health in Georgia, including immunization, surveillance, disease prevention, health promotion, and the laboratory system.

Under the original Georgia COVID-19 Emergency Project (P173911), a Project Implementation Unit (PIU) was established, including one environmental and one social specialist. Both are highly qualified, with relevant education and practical experience, and have worked for projects supported by international financiers. The E&S performance of

the P173911 is rated Satisfactory. For the parent project, the PIU prepared, consulted upon, finalized and disclosed ESMF and SEP in English and Georgian, of quality acceptable to the Bank, in November 2020. The Bank provided ESF training for the PIU staff and other implementing entities under the original project including NCDC, healthcare facilities, Social Services Agency and State Employment Agency.

PIU has been maintaining close working relations with the project beneficiary medical facilities. No ESMPs for rehabilitation of clinic premises have been developed yet under the project, because the planned civil works are postponed and no designs are available to work from. Five out of eight project beneficiary clinics submitted to PIU draft ICWMPs. PIU is guiding these clinics towards upgrading and finalizing the documents up to the standard requested in the Environmental and Social Management Framework of the project and the requirements of the Bank. PIU continues to urge the remaining three beneficiaries to provide ICWMPs too. Institutional capacity and managerial commitment to produce site-specific, meaningful and leaving ICWMPs is generally weak. For instance, many medical facilities in the city of Kutaisi use a single, universal plan of waste management which is rather a set of general rules rather than a plan tailored for individual clinics. Furthermore, administrations of clinics treating COVID patients are overloaded and stressed out with the emergency resulting from pandemic, unable to dedicate sufficient time and effort to producing of the requested E&S instruments. Finally, in several clinics, administrative staff members are down with COVID, that also has a tangible toll on the institutional capacity. The experience of project implementation so far shows that under these circumstances, PIU's role in organizing and guiding of E&S work in the beneficiary institutions is critical and includes much hand-holding. PIU is fully dedicated and well fit for this task, but delays cannot be ruled out.

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 of the parent project was rated Substantial because of inherent occupational and community health and safety risks and the issue of medical waste management. Environmental risk remains Substantial upon provision of the AF. The main environmental risks are: (i) OHS issues related to testing and handling of supplies and the possibility that they are not safely used by laboratory technicians and medical crews; (ii) OHS issues related to the treatment of COVID-19 patients; and (iii) medical waste management and community health and safety issues related to the handling, transportation and disposal of healthcare waste. This includes sharps generated from vaccine delivery and the disposal of used and expired vaccine vials. Waste materials generated from labs, quarantine facilities, screening, treatment and vaccination facilities to be supported by the parent project and AF require special handling and awareness, as they may pose an infectious risk to healthcare workers in contact or handle the waste. In addition to the healthcare waste management information included in the original ESMF and ICWMP guidelines, MoILHSA updated the ESMF to address specific waste management issues related to vaccine deployment in accordance with the available WHO guidelines.

Social Risk Rating — Substantial

The social risk is rated Substantial. The overall social impact of the proposed AF project is expected to be positive both at the individual and community levels as it addresses the health sector responses to the COVID-19 emergency. Social risk is rated Substantial due to the following potential risks associated with access, inclusion and equity during

vaccine deployment: i) the general public may have difficulties accessing immunization facilities and services, given the pandemic situation and unpredictable lock downs; ii) marginalized and vulnerable social groups, especially those living in the rural and remote mountainous areas, or those lacking access to internet, may have challenges registering and accessing vaccination facilities and services as these could be located in urban and peri-urban areas; iii) social unrest and tensions may arise due to limited availability of vaccines and stress associated with a prolonged exposure to pandemic; iv) inappropriate data protection measures and insufficient/ineffective stakeholder communication on the vaccine roll-out strategy; and v) risks associated with AEFI. The immunization protocols set out clear procedures in regards to planning, deployment, storage and vaccination process by health professionals. Forced vaccination is not permitted under the law and the AF project; the updated ESMF will define steps to be followed for obtaining vaccinations including getting written consent form from each person, as proposed under the National Vaccine Deployment Strategy adopted by the Government of Georgia. There has not been any changes to the SEA/SH risk rating comparing to the parent project. The SEA/SH risk was assessed as low. Most of these impacts and the risks can be managed by an effective and inclusive outreach program encompassing stakeholder engagement throughout the project cycle. In addition, the grievance mechanisms will be in place and equipped to address community, health workers, and/or individual grievances related to issues of vaccine access, inclusion and equity. The AF will build on the extensive communications plan developed by the Government of Georgia to manage information and messages related to COVID-19 vaccine. This plan includes messaging about the vaccine itself, and information about the Government vaccine delivery strategies and plans, with a special emphasis on the prevention and mitigation of vaccine hesitancy. The communications plan is included in the SEP. The Government of Georgia has specified that priority groups include health and social workers, long-term care facility residents and staff, the elderly, providers of essential services and individuals with chronic diseases. These groups will be prioritized for vaccination during the first two stages. The third stage will cover all other groups in the adult population. Vaccines are not yet widely recommended for children under the age of 18, but the government is following WHO guidance on this. AF will also support investments in supply chain, and service delivery activities. These investments will prioritize sustainable, climate-friendly, energy-efficient cold chain infrastructure.

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:

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The primary objectives of the AF are to enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in Georgia through vaccination system strengthening, and to further strengthen preparedness and response activities under the parent project.

The AF will provide funding for the deployment of the vaccination delivery, including the development of guidelines and protocols, information systems, distribution, training, and additional cold chain equipment, as needed. Investments in vaccines will prevent new infections and produce economic benefits through saving lives, averting morbidity, and avoiding treatment costs.

The Government of Georgia has prepared a National Vaccine and Deployment Plan (NVDP), which draws on the findings of the VRAF/VRAT 2.0 assessment and gap analysis. NVDP covers seven fundamental areas: (1) target groups and stages of coverage, (2) potential candidate vaccines and selection criteria, (3) organization and logistics of vaccine delivery to population groups, (4) trainings, vaccine safety, surveillance and information systems, (5) communication and demand generation, (6) required financial resources, and (7) management of vaccination program. NVDP is regularly updated and is consistent with the progress, changes and adjustments for programmatic, logistic and resource readiness for COVID-19 vaccine introduction on both, central and regional levels.

The measures to address E&S risks in the parent project remain relevant, including infection prevention and control improvements in health facilities, such as assessment and mitigation measures for medical waste risk management that will be expanded as inoculation sites expand. However, the AF funded procurement, distribution and administration of vaccines equally can lead to occupational and community health and safety risks, as well as the risks associated with equitable vaccine access and coverage.

To manage these risks, the MoILHSA prepared two major E&S instruments for the project:

1. The ESMF has been updated and will be disclosed before appraisal. Public feedback will be sought on the updated ESMF. It will then be finalized and redisclosed by AF effectiveness. The updated ESMF includes guidelines on the safe transportation and storage of vaccine, delivery and medical waste management, allocation and prioritization of COVID-19 vaccination, prioritizing population groups for vaccines and vaccine fair allocation. These updates are based on WHO guidance including: the Values Framework for the allocation and prioritization of COVID-19 vaccination; the Roadmap for Prioritizing Population Groups for Vaccines against COVID-19; the Fair Allocation Framework; monitoring vaccine wastage at country level: guidelines for programme managers; management of wastes from immunization campaign activities: practical guidelines for planners and managers; and Health-Care Waste Management in COVID19 context: Best and Sustainable Practices. A Vaccine Delivery and Distribution Manual (VDDM) for effective vaccine delivery, vaccination implementation and medical waste management will be included as an annex to the updated ESMF. Measures to ensure the quality of vaccines, to be maintained throughout the supply chain in accordance with WHO guidance for storage and transportation of vaccines, are also incorporated. ESMF guidance on the development of site-specific E&S instruments (ESMPs & ICWMPs) has also been revised to ensure they fully cover the additional risks associated with the AF-funded activities.

2. The SEP for effective outreach and citizen participation prepared under the parent project has been updated to cover AF activities, and the draft will be disclosed before AF appraisal. Additional communication measures financed by the proposed AF will cover information on COVID-19 vaccines and help address potential risks of fair vaccine access and hesitancy.

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

Medical Waste Management and Disposal. The ESMF adequately covers environmental and social infections control measures and procedures for 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 also clearly outlines the implementation arrangement put in place by

the MoILHSA for E&S risk management; compliance monitoring and reporting requirements, including medical waste management based on the existing ICWMP template prepared as part of the ESMF. Each targeted healthcare facility will apply infection control and waste management planning following the requirements of the updated ESMF and relevant EHS Guidelines, GIIP, WHO etc. in a manner satisfactory to the Bank.

Worker Health and Safety. Workers in healthcare facilities are particularly vulnerable to infections like COVID-19. Healthcare-associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and civil workers as well as the wider spreading of the disease within communities. The ICWMP Template contains detailed procedures, based on WHO guidance, protocols necessary for handling medical waste and environmental health and safety guidelines for staff and workers, including the necessary PPE and working conditions.

Community Health and Safety. The SEP will continue to serve as a key instrument for outreach to the community at large on issues related to social distancing, higher risk demographics, self-quarantine, and quarantine measures. It is critical that these messages be widely disseminated, repeated often, and clearly understood.

Vaccine Safety and Efficacy. To mitigate the potentially adverse health effects of administering unsafe vaccines, the funds can only be used for the procurement of thoroughly tested and approved vaccines. The MoILHSA will develop a monitoring and evaluation (M&E) system to record the details of the recipients of vaccine, as well as vaccine adverse effects.

Vaccine Safe Transportation and Storage. The vaccines are prone to rapid decay and ineffectiveness when not stored at the proper temperature, which could lead to high wastage. Wasted vaccines may be dangerous, or at the very minimum ineffective, when administered. Ultra-cold storage and transportation is a challenge in global supply chains, however, as assessed in the report on the Vaccination Readiness Findings - the VIRAT/VRAF assessment, Georgia is ready to safely store, transport and deliver vaccines from the point of entry until the point of vaccination. Georgia has capacity to accommodate all vaccines, requiring various temperature regime (2°C to 8°C, -20°C, or -70°C to -80°C). Transportation at the regional level will be carried out by special vehicles, "vaccine carriers" and with a necessary temperature regime. For the rest of vaccines, they will be allocated to health facilities through the public health center. The AF will fund necessary investments in cold storage equipment and logistics to enable the safe delivery of vaccines throughout the country.

Vaccine Equitable Distribution and Access. Risks of elite capture or inability to distribute the vaccine safely to the more remote areas could lead to exclusion of vulnerable people from vaccination. The updated SEP and ESMF address the relevant risks and impacts of the project, including the (i) risk that project-related impacts fall disproportionately on individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable; and (ii) risk of prejudice or discrimination toward individuals or groups in providing access to development resources and project benefits, particularly in the case of those who may be disadvantaged or vulnerable. Georgia has developed a social mobilization and engagement strategy and information awareness program, including crisis communication, covering sub-national level, approved by the MoILHSA. The AF will finance the procurement of vaccines for priority groups, that are defined under the NVDP, which has been developed based on the WHO/SAGE Value Framework. The priority groups include health and social workers, long-term care facility residents and staff, the elderly, providers of essential services and individuals with chronic diseases. The first stage

will target healthcare workers including long-term care facility staff and those elderly that are over the age of 65 years. An estimated 10.3% of the adult population will be covered after this initial stage. The second stage will cover an additional 12.1% of the population and includes providers of essential and basic coverage and those elderly individuals aged 55-64 years and people with chronic conditions aged 18 to 54 years. The third stage will cover all other groups in the adult population. Vaccines are not yet widely recommended for children under the age of 18. According to the NVDP, vaccination among medical staff will be voluntary. Prior to vaccination, people will be provided with complete information on the risks and benefits of vaccination and their informed consent must be obtained.

ESS10 Stakeholder Engagement and Information Disclosure

The Government of Georgia has carried out a successful national COVID-19 campaign. The SEP prepared under the parent project has been updated and expanded its scope, information and messages related to COVID-19 vaccine. The Government of Georgia prepared a vaccine deployment communications plan which is included in SEP. This plan includes information about vaccine itself, information about the Government vaccine delivery strategies and plans, with a special emphasis on the prevention and mitigation of vaccine hesitancy.

The parent project implementation has been in compliance with government actions and measures which are communicated daily through various channels and disclosed on the government's platform on COVID -19 response outreach media at https://stopcov.ge/, via SMSs, and television. The parent project will continue communication and sensitization activities with the stakeholders identified the SEP prepared under the parent project. The draft SEP covering activities for AF acceptable to the Bank will be disclosed before project appraisal and consulted upon and finalized by project negotiations.

MoILHSA has developed a social mobilization and engagement strategy and information awareness program, including crisis communications at the national and sub-national levels. In parallel, various organizations, including international organizations, are supporting the implementation of population awareness evaluation activities for COVID-19 that have provided insights on the gaps in vaccine acceptance. The SEP update and implementation will contribute to these on-going MoILHSA communications activities. The SEP includes budget for outreach activities. Under the parent project, the MoILHSA is in the process of recruiting a communications firm to develop and disseminate COVID-19 risk communication messages and to address vaccine acceptancy.

The recruited firm will ensure the incorporation of vaccine-related information into the broader COVID-19 communication strategy including monitoring and mitigating anti-vaccine sentiment.

The PIU under MoILHSA has established a two-tier grievance mechanism which is being implemented by all project implementing entities under MoILHSA. Regarding vaccine safety surveillance, the Government of Georgia has issued special MoILHSA orders on COVID-19 vaccinations to ensure proper and quality provision of relevant procedures and tools for planning and vaccine pharmacovigilance, including AEFI. Dissemination and supported trainings have started at all respective sites at national and sub-national levels. Reporting and investigation tools have been updated, including protocols to identify and manage anaphylactic shock.

Vaccination registration and reporting will be carried out through the existing immunization management electronic module (IMEM) that has been used since in 2013 and was recently updated in 2020 to improve the administration of the immunization program and vaccine logistics. To ensure that people are summoned to receive the 2nd dose of their vaccination, the possible date of vaccination will be determined upon receipt of the first dose and a notification with short text message (SMS) will be sent immediately. This will be enabled by the existing immunization module.

B.2. Specific Risks and Impacts

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

ESS2 Labor and Working Conditions

This standard is relevant. Most activities under the project will be conducted by PIU staff and health care workers, and other workers involved in the vaccine deployment. The project workforce is expected to include i) direct workers including consultants engaged directly by the PIU at the MoILHSA (i.e. project management personnel, technical staff etc.); and ii) contracted workers employed or engaged through third parties such as firms who will carry out communications efforts, transportation and delivery of vaccines. Community workers will not be engaged in relation to the project. In accordance with ESS2 and the Georgian Labor Code and Labor Safety Law, due to the hazardous nature of work in many project activities, persons under the age of 18 will not be allowed to work in any project activities. The use of forced labor is also prohibited, and such risk is not expected in relation to the project.

Large scale labor influx is not expected. While the health care workers employed in hospitals, health centers and laboratories, are not strictly considered direct or contracted workers under ESS 2 , due to health and safety risks of exposure to COVID-19, they will be included in the labor management procedures as contracted workers to ensure that they are provided with safety and health measures and equipment in the workplace.

Like the parent project, the AF will be implemented in accordance with the applicable requirements of ESS 2, in a manner acceptable to the Bank, including through, inter alia, implementing adequate occupational health and safety measures (including emergency preparedness and response measures), setting out a grievance mechanism for project workers, and incorporating labor requirements into the OHS specifications of the procurement documents and contracts with contractors and supervising firms. The ESMF for the parent project includes the LMP, which have been updated for the AF. The LMP has also recently updated to reflect the recent positive amendments of the Georgia Labor Code which took effect in January 2021. These amendments addressed certain gaps with ESS2, which were identified in the 2020 analysis of the Labor Code.

Healthcare workers play a critical role in outbreak response and efforts to limit or contain the spread of COVID-19. They face higher risks of potential COVID-19 infection in their efforts to protect the greater community and are exposed to hazards such as psychological distress, fatigue and stigma. They will be prioritized for early vaccination.

Worker safety: 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 to be supported by the project will process COVID-19 and will therefore have the potential to cause serious illness or potentially lethal harm to the laboratory staff and to the community, so effective administrative and containment controls will be put in place to minimize these risks. Environmentally and socially sound health facilities management 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 procedures for COVID-19, appropriate chemical and infectious substance handling and transportation procedures, etc. These measures are covered in the ICWMP Template contained in the ESMF and are based on the national healthcare delivery standards and norms set by the MoILHSA in addition to WHO guidance.

Under the ongoing project, the MoILHSA has been implementing the ESMF and LMP, which includes specific instruments on OHS prepared either by the client and/or the contractor prior to commencement of works (OHS checklists, codes of conduct; safety training etc.). The PIU has hired dedicated Social and Environmental Specialists. This team will make sure that the civil works contracts incorporate social and environmental mitigation measures based on the WBG EHS Guidelines and the updated ESMF and the SEP. The PIU and participating healthcare facilities received a sensitization training on sexual exploitation and abuse/sexual harassment (SEA/SH). Vaccination facilities will include information on the prohibition of SEA/SH. A grievance mechanism (GM) for direct and contracted workers has been in place and follows the procedures of the Georgian Administrative Code.

ESS3 Resource Efficiency and Pollution Prevention and Management

This standard is relevant. Medical wastes (including water, reagents, infected materials, sharps, etc.) from the healthcare facilities 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 wastes used in diagnosis and treatment. National capacity for medical waste management is generally weak due to lack of adequate infrastructure for final disposal of hazardous wastes and defficiencies in enforcement. Medical waste incineration is an option at a very small scale, because larger incinerators fall under unreasonably high-cost regulations and are unaffordable for operators. Most clinics practice on-site separation of waste, in-house deactivation/disinfection/destruction of medical waste and regularly hand it over to specialized sanitation companies for further treatment and final disposal. All medical waste ends up at regular municipal landfills as no specialized disposal facilities exist in the country. The project focuses on the improvement of medical waste management at the level of beneficiary medical facilities, while operation of sanitation companies and municipal landfills is outside its scope. Each target healthcare facility, following the requirements of the ESMF updated for the AF project, WHO COVID-19 guidance documents, and other best international practices, will prepare/finalize and follow an ICMWP to prevent or minimize such adverse impacts. This would include but not be limited to the selection and application of suitable and energy-efficient cooling technologies for vaccine cold storage excluding the use of ozone depleting substances (ODS) and minimizing emission of greenhouse gases (GHGs).

ESS4 Community Health and Safety

This standard is relevant. As noted above, medical wastes and general waste from the healthcare facilities have a high potential of carrying viruses and micro-organisms that can infect the community at large if they are not properly disposed of. There is a possibility for the infectious agents 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 site-specific ICWMPs will describe:

1. how waste is managed on-site and any specific improvements necessary, based on the ICWMP Template;
2. 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);
3. measures in place to prevent or minimize the spread of infectious diseases; and
4. emergency preparedness measures.

Site-specific ICWMPs, currently under preparation, will be reviewed and revised to ensure they include additional appropriate community health and safety measures to safeguard the public from adverse impacts related to the AF project activities, including monitoring of adverse impacts and side effects of vaccines on recipients of the vaccinations. Vaccine Delivery and Distribution Manual, to be developed, will address the project-related impacts of disproportionate exclusion, prejudice or discrimination toward individuals or groups in providing access to vaccines and project benefits, particularly in the case of those who may be disadvantaged or vulnerable. The AF will also invest in safe vaccine transportation and logistics and ancillary supplies (syringes, safety boxes, PPE) for the first two stages of priority groups in Georgia and strengthening of vaccine delivery systems and management capacity.

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

Some project activities may give rise to the risk of gender-based violence (GBV), in particular SEA and SH risks. Initial assessment based on country context and nature of project activities indicates that the project risk of SEA/SH is low. The ESMF and SEP include preventive measures such as grievance mechanism to receive SEA/SH complaints and sensitization of workers. The project will promote the avoidance of SEA/SH by implementing the WHO Code of Ethics and Professional Conduct for all workers as well as the provision of gender-sensitive infrastructure, such as segregated toilets and adequate light vaccination facilities.

To date, there are no plans to use security personnel in any part of the vaccination program. While use of security forces is not anticipated, in the event that they do need to be deployed, the MoILHSA will take relevant mitigation measures to ensure that the engagement of security personnel in implementation of Project activities for provision of security to Project workers, sites and/or assets, is consistent with ESS 4 and associated Bank guidance.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

The Project will not involve land acquisition, restrictions of land use or involuntary resettlement.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

All works will be conducted within the existing footprint of healthcare facilities; hence, this standard is not relevant to the proposed AF interventions.

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

This standard is not relevant as there are no known Indigenous Peoples in Georgia.

ESS8 Cultural Heritage

All works will be conducted within the existing footprint of facilities; hence, this standard is not relevant to the proposed AF interventions.

ESS9 Financial Intermediaries

This standard is not relevant to the proposed project interventions.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways	No

N/A

OP 7.60 Projects in Disputed Areas	No

N/A

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:

The use of Borrower Framework is not considered neither for the project as a whole nor for its individual components.

IV. CONTACT POINTS

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Borrower: Georgia

Implementing Agency(ies)

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

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

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