



# Appraisal Environmental and Social Review Summary

## Appraisal Stage

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

Date Prepared/Updated: 04/02/2020 | Report No: ESRSA00658



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Project ID	Parent Project ID (if any)
Central African Republic	AFRICA	P173832	
Project Name	Central African Republic COVID-19 Preparedness & Response project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/30/2020	4/8/2020
Borrower(s)	Implementing Agency(ies)		
Ministry of Economy, Planning and Cooperation	Ministry of Health and Population		

Proposed Development Objective(s)

To prepare for and respond to the threat posed by COVID-19 in the Central African Republic.

Financing (in USD Million)	Amount
<b>Total Project Cost</b>	<b>7.50</b>

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

No

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

To prepare for and respond to the threat posed by COVID-19 in the Central African Republic.

**D. Environmental and Social Overview**

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]  
The Central African Republic (CAR) has suffered from decades of repeated conflicts and political instability. Nearly half of the country’s population depends on humanitarian assistance for basic needs and one-fifth of the population of 4.5 million is estimated to be forcibly displaced. Instability and violence in CAR have resulted in substantial deterioration of human capital and social services, including health. The under-five mortality rate is estimated at 129 per 1,000 live



births, ranking the country as the 3rd worst in the world (out of 192 countries), with the maternal mortality rate being among the highest in the world with 882 per 100,000 live births.

The proposed Project will be implemented at a national scale to address critical country-level needs for preparedness and response to COVID-19.

Activities to be supported for COVID-19 include, but are not limited to: training of laboratory workers, health professionals and staff; human resources support at three ports of entry (POE); establishment and rehabilitation of screening posts and rooms at the airport and designated land crossing POE; procurement of laboratory and medical equipment and supplies; establishment and equipping of quarantine and treatment centers; establishment and equipping of rapid response teams (RRT), and mobile clinics; and rehabilitation of emergency operations centers at central and districts hospitals.

The project will engage at central and district level hospitals and laboratories, health centers, as well as in Bangui and all 35 health districts and surrounding communities. 41 laboratories will be equipped with necessary materials, personal protective equipment (PPE) and training for technicians and workers including the National Public Health Laboratory and Clinical Biology located in Bangui, 5 regional laboratories, and 35 district health laboratories. No greenfield works will be supported under this project. POE's supported under the project will be selected by the government of CAR.

The project will include support for : (i) development of risk communication strategy and training materials; (ii) production and dissemination of communication materials at the community level (i.e. community radio, text messaging, etc); (iii) establishment of communication and media tools; (iv) dissemination of risk communication and community engagement materials; (v) community outreach to youth movements, religious groups, civil society organizations and other community networks and through relais communautaires; (vi) technical assistance for communication; (vii) outreach and advocacy with public officials at all levels; (viii) press conferences. Both the government, UN agencies such as UNICEF, WHO and related NGOs will be contributing to this component. The overall coordination on risk community communication and community engagement of the COVID-19 project country-wide will be conducted by the Ministry of Health in collaboration with technical expertise from UNICEF.

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

The Ministry of Health and Population of Central African Republic (MoH) will be the main line ministry for the implementation of the project. While the MoH has experience applying World Bank safeguards requirements in several projects, including the existing Health System Support Project Additional Financing (P153030) and the Health System Support and Strengthening Project (SENI) (P164953), it has limited capacity in implementing projects under the ESF. It recently prepared the first World Bank-funded project in CAR to be implemented under the ESF, the Regional Disease Surveillance Systems Enhancement (REDISSE) Phase IV (P167817) and is in the preparation process for the second ESF project in CAR, the CAR Human Capital Project (Ngangou-Wali) (P171158).

The MoH-National Technical Committee (CTN), which is retained as the PIU in charge of day-to-day technical activities of the COVID-19 Strategic Preparedness and Response Project (SPRP) including safeguards, M&E, communications; has some experience in implementing World Bank financed projects, such as the Health System Support and Strengthening (SENI) (P164953) and the Regional Disease Surveillance and System Enhancement project IV (REDISSE4) (P167817) projects, both under implementation. However, its capacities need to be reinforced. The CTN is currently undergoing institutional arrangement changes and proceeding with the hiring of new technical staff. The existing CTN PIU includes an Environmental Specialist and an international gender-based violence (GBV) Expert hired to support the SENI and REDISSE IV projects, and a Social Specialist who is under recruitment to work with the PIU on the two existing projects. Due to the substantial environmental and social risk of the COVID-19 project, additional resources will need to be hired by CTN to provide adequate coverage of environmental and social risk issues for COVID-19 project, including an Environmental Specialist and a Social Specialist, to be hired or appointed no later than one



month after project Effectiveness. The Social Specialist should have a background in stakeholder and community engagement and be familiar with gender-related programming and/or prevention and response of gender-based violence (GBV). CTN’s current GBV specialist will oversee early planning and implementation of GBV/SEA/SH risk mitigation measures for COVID-19, to be supported by the new COVID- 19 Social Specialist once that person is on board. The PIU will be responsible for overall COVID-19 project coordination and reporting, which involves monitoring compliance with environmental and social management aspects, including Gender-Based Violence (GBV), Sexual Exploitation and Abuse (SEA) and Sexual Exploitation (SH) risks.

At the national level, the Director General for Environment (DGE) is the main institution in the Ministry of Environment and Sustainable Development (MEDD) that is responsible for conducting and coordinating the environmental and social assessment process in CAR (ex., validation of ESIA’s, ESMPs, analysis of field reports, inspection and environmental audit). At the departmental level, the DGE works in collaboration with local structures of the MEDD. However, implementing capacity is low, especially as the DGE lacks financial and technical resources. In addition, staff often leave to join other national and international structures.

UNICEF and WHO will play a key role in the management of activities under Component 1 due to their technical capacity in terms of procurement of medical supplies and equipment that includes: (i) drugs and medical supplies for case management and infection prevention, and (ii) laboratory equipment, reagents, testing kits, and consumable supplies, and (iii) risk communications and community engagement.

Considering the above, there is a need for capacity building targeting both PIU and experts in key ministries and agencies on E&S risks and impacts management to meet the ESF requirements. This will include training and technical support on mitigating and responding to GBV/SEA/SH risks for the project. The World Bank team will prepare and implement a capacity building and training program to help the Borrower manage environmental and social risk throughout the project timeline.

In addition to an E&S capacity building program, other training will be provided to the PIU to increase their capacity, and training topics will include: (i) Communication strategy on COVID-19 Infection Prevention and Control; (ii) COVID-19 Infection Prevention and Control Recommendations; (iii) Laboratory biosafety guidance related to the COVID-19; (iv) Specimen collection and shipment; (v) Standard precautions for COVID-19 patients; (vi) Risk communication and community engagement; and (vii) WHO and Africa CDC guidelines on quarantine including case management.

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

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

Substantial

#### Environmental Risk Rating

Substantial

The Environmental Risk Rating is Substantial. The four major areas of risks for the project are risks related to: (i) establishing/rehabilitation of screening posts/rooms at airport and designated land crossing port of entry and emergency operation centers; (ii) hazardous and medical waste management and disposal and ; (iii) occupational health and safety (OHS) including the risk of spread of the virus among health care workers; and (iv) community health and safety.

The project will finance equipment, materials and small scale works for the (i) establishing and/or rehabilitation of screening posts and rooms at airport and designated land crossing ports of entry (POE), (ii) establishing and equipping quarantine and treatment centers, (iii) establishing and equipping mobile clinics, and (iv) rehabilitating emergency operations centers at central and districts hospitals. These interventions are expected to be site-specific and within the footprint of existing facilities, and no greenfield works are envisaged; therefore, environmental risks and impacts

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are expected to be temporary, predictable, and manageable. Risks and impacts of the small-scale works are anticipated to be moderate in their risk; and relate to the occupational health and safety risks undertaken by project workers and contractors, and construction waste management.

The project interventions are expected lead to the handling of COVID-19-related medical samples. Wastes anticipated to be generated from screening posts, quarantine facilities, treatment centers, mobile clinics, and emergency operation centers to be supported by the project interventions may include transmissible, infected, hazardous materials and wastes. Improper handling of hazardous and medical wastes can cause infection and health risks for workers, and the community as well as pollution to the environment.

The substantial risk classification also takes into account the limited capacity of the designated PIU, as well as all the challenges of managing health care waste in CAR.

### Social Risk Rating

Substantial

The social risk classification for the project is Substantial. Key social risks and impacts are those related to: (i) marginalized and vulnerable social groups (including the poor, Indigenous Peoples, minorities, and displaced persons and/or refugees) being unable to access facilities and services designed to combat the diseases 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 being admitted to treatment or isolation facilities and the risk of stigma between the refugees or displaced people, and the host communities; (iv) issues resulting from social distancing and confinement measures, including risk of intimate partner violence during the quarantine as a result of household stress over economic and health shocks, forced coexistence in narrow living spaces and social unrest owing to prolonged confinement measures especially for the economically vulnerable, including the poor and informal workers; and (v) GBV/SEA/SH risks for project to Project workers and beneficiaries, including attacks on female healthcare workers.

The project has been given a preliminary rating of substantial risk for GBV/SEA/SH, based upon the country context and project-specific indicators. This risk rating is subject to validation following project approval, and GBV/SEA/SH risks will be further assessed and addressed during the implementation phase, which will include a review of the preliminary screening exercise and establishment of the corresponding measures to prevent and mitigate identified risks.

The social risk classification also 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); (iii) project activities and associated mitigation measures (e.g. related to quarantine facilities) may give rise to a limited degree of social conflict, harm; and (iv) labor management and OHS risks to human security. The MoH may be able to benefit from lessons learned through the Ministry of Public Health in neighboring Democratic Republic of Congo, which has been developing procedures during the Ebola response in Eastern Congo (a region bearing resemblance to the challenging conflict-affected context in CAR) 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:**



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

To mitigate and manage above mentioned key environmental and social risks, the project will develop an Environmental and Social Management Framework (ESMF) no later than two months after project effectiveness. The ESMF will guide the preparation of site-specific Environmental and Social Management Plans (ESMPs) in advance to the start of any works related to (i) establishing/rehabilitating of screening posts/rooms at airport and designated land crossing ports of entry (POE), (ii) establishing and equipping of quarantine and treatment centers, (iii) establishing and equipping of rapid response teams (RRT) and mobile clinics, and (iv) rehabilitating emergency operation centers at central and districts hospitals. The ESMF will also include an Infection Control and Medical Waste Management Plan (ICWMP), as an Annex, to manage risks related to exposure to COVID-19 virus from diagnosis, testing, treatment, of patients generating biological, chemical, hazardous medical wastes, incorporating WHO guidelines establishing good international industry practice for COVID-19 response, including Guidelines for Quarantine, Biosafety, and Code of Ethics and Professional Conduct. It will also clearly 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. Risks related to occupational and community health and safety are anticipated due to the dangerous nature of the pathogen (COVID-19) and reagents and other materials to be used in the medical centers, quarantine facilities, and screening posts. Diagnosis, testing, treatment, and providing isolation of patients can generate biological, chemical, hazardous medical wastes. However, these impacts also are not envisaged to be significant or irreversible, also expected to be site specific. To mitigate against these risks, the project will develop an ESMF that will include an Infection Control and Medical Waste Management Plan (ICWMP) to adequately propose measures and procedures for the safe handling, storage, and processing of COVID-19 materials, including techniques for preventing, minimizing, and controlling environmental and social impacts. It will also clearly 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. The relevant part of COVID-19 Quarantine Guideline and WHO COVID-19 biosafety guidelines will be included in an ICWMP to be annexed in the ESMF so that all relevant risks and mitigation measures are adequately identified and addressed.

In addition, the project will ensure that the medical isolation of individuals does not increase their vulnerability (for example, to intimate partner violence), especially in remote rural areas of CAR. 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 of being excluded from vital services, and quarantine interventions could increase the risk of intimate partner violence or SEA, as well as culturally inappropriate accommodation and services. To mitigate this, relevant capacity-strengthening measures will be included in the ESMF and ESCP. The MoH, through the CTN, will deploy its current GBV specialist to oversee implementation of the project's GBV/SEA/SH Action Plan, which will be included as an annex to the ESMF. The Action Plan will establish key measures to mitigate and respond to these risks, such as an accountability and response framework to include a code of conduct, grievance redress mechanism, and response protocol designed to handle and resolve GBV/SEA/SH-related complaints ethically, safely, and confidentially. The GBV specialist will be supported by the social safeguards specialist to be recruited by the COVID-19 project who will be responsible for the project's overall social aspects.



Land acquisition is not expected as the project will focus on existing facilities, and risks related to civil works are not envisaged to be serious or irreversible. They are expected to be site specific.

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

COVID-19 presents unique and considerable challenges for stakeholder engagement and information disclosure, as stakeholder engagement and consultation processes cannot be conducted following established methods and procedures due to the timelines of an emergency operation and in the light of limitations on social gatherings and other forms of personal contact put in place to address the pandemic. Nevertheless, the approach to stakeholder engagement should be based on the principles of meaningful consultation and disclosure of appropriate information – with consultation and communication methods adapted in the light of the pandemic. Given that stakeholder engagement is a critical tool for social and environmental risk management, project sustainability and success, the World Bank team provided advice to the client on managing stakeholder engagement in these constrained circumstances.

A draft Stakeholder Engagement Plan (SEP) has been prepared and disclosed prior to Appraisal. It will be updated, as per the ESCP, no later than 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 on “Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV)” (January 26, 2020).

The proposed project itself will support a Risk Communication 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 Recipient 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. Community consultations with women and girls that are related to GBV/SEA/SH risk mitigation will be conducted in safe and enabling environments, such as in sex-segregated groups and with female facilitators (virtually, and if and when it becomes possible, in-person), and will be focused on understanding women’s and girls’ risks and vulnerabilities, as well as 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.

A project-wide grievance redress mechanism (GRM), which is sensitive to GBV/SEA/SH issues, and the ethical treatment and resolution of such complaints as well as proportionate to the potential risks and impacts of the project will be established and outlined in the SEP.

### **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. The project is expected to encompass the following categories of workers: direct workers and contracted workers.



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 civil works to contractors in interventions such as (i) establishing/rehabilitating of screening posts/rooms at airport and designated land crossing port of entry (POE), (ii) establishing and equipping of quarantine and treatment centers, (iii) establishing and equipping of rapid response teams (RRT) and mobile clinics, and (iv) rehabilitating emergency operation centers at central and districts hospitals. While the number of workers may not be estimated at the current stage, no large-scale labor influx is expected.

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, measures relating to occupational health and safety will be documented in labor management procedures (LMP) that will be included in the ESMF to protect workers from injury, illness, or impacts associated with exposure to hazards encountered in the workplace or while working such as the provision of infection control precautions and adequate supplies of PPE. The mitigation measures will incorporate 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). The ESMF will also include sections on Environment Health and Safety (EHS) including specific instruments, such as EHS checklists, Codes of Conduct including measures to prevent GBV/SEA/SH, safety training materials, that will need to be prepared either by the Borrower and/or the contractor prior to commencement of civil works.

The PIU will implement adequate occupational health and safety measures, including emergency preparedness and response measures, in line with the ESMF and WHO guidelines on COVID-19 in all facilities, including laboratories, quarantine and isolation centers, and screening posts. The Borrower 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, which shall include provisions prohibiting and addressing GBV/SEA/SH. A worker Grievance Redress Mechanism, which is sensitive to GBV/SEA/SH issues and the ethical treatment and resolution of such complaints, will be established and operated through a grievance hotline and assignment of properly trained focal points to address these grievances within the MoH which will be outlined in the LMP. A code of conduct (CoC) specifically addressing GBV/SEA/SH and related sanctions will be developed and signed by all workers, both health care system personnel as well as workers contracted to the project.

The PIU will also include any environmental and social management plans or other instruments, ESS2 requirements, and any other required environment, social, health, and safety (ESHS) measures, into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. The Borrower will ensure that all civil works contracts comply with the ESHS mitigation measures based on the WBG EHS Guidelines, ESMF, SEP, and other relevant instruments, including contractual provisions specific to GBV/SEA/SH risks.

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

ESS3 is considered relevant to the project. Hazardous chemical wastes are expected to be generated from medical facilities, laboratories, and related facilities. The improper handling, transporting, and disposal of these hazardous and medical waste streams may result in adverse impacts to human health and the environment. An Infection Control and Waste Management Plan (ICWMP) for health facilities will be developed as Annex to the ESMF and will be





implemented. ICWMP will follow WHO guidance documents on COVID-19 and other GIIP (Good Industry International Practices).

In addition, site-specific ESMPs will be prepared based on the provisions of the ESMF. The ESMF will include guidance for the preparation of site specific Environmental and Social Management Plans (ESMPs) which will need to be prepared prior to start of the relevant civil works. Civil works under project interventions are: (i) establishing and/or rehabilitation of screening posts and rooms at airport and designated land crossing port of entry (POE), (ii) establishing and equipping quarantine and treatment centers, (iii) establishing and equipping mobile clinics, and (iv) rehabilitating emergency operations centers at central and districts hospitals.

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

ESS4 is considered relevant to the project. Inappropriate handling of COVID-19 can expose the community health that could lead 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 also give rise to risks related to GBV/SEA/SH.

In order to mitigate these risks, the PIU 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. These measures will be documented in the ESMF.

The Recipient will operate quarantine centers in line with WHO guidelines on “Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV” as well as the Africa CDC guideline on “Africa CDC Guidance for Assessment, Monitoring, and Movement Restrictions of People at Risk for COVID-19 in Africa”. Such guidelines will be included in the ESMF. In addition, the quarantine centers and screening posts will be operated in a conflict-sensitive manner, avoiding any aggravation of local communal conflicts, including between host communities and refugees/IDPs.

The Borrower will mitigate the risk of any form of GBV/SEA/SH for all workers in the quarantine facilities by relying on the WHO Code of Ethics and Professional conduct as well as through the provision of gender-sensitive infrastructure, such as secure and sufficiently private sex segregated toilets and adequate light in quarantine centers.

The ESMF will screen and identify the risks related to contracting and/or utilizing security forces to support protection and/or operation of screening posts, quarantine facilities, treatment centers, mobile clinics, and emergency operation centers supported under the project. In doing so, the environmental and social assessment process will be guided by the principles of proportionality and GIIP, and by applicable law, in relation to engaging security forces, rules of conduct, training, equipping, and monitoring of security forces. The code of conduct will be consistent with the requirements of ESS4, specifically addressing GBV/SEA/SH, as well as principles of de-escalation and proportionality. 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.

In case quarantine and isolation centers are to be protected by security personnel, as well as population mobility in cities, security personnel will be required to follow a strict code of conduct, which is in line with ESS4 and specifically



addresses GBV/SEA/SH, 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.

The project is not likely to employ military personnel for civil works, but if the situation changes, the project will undertake a Security Risk Assessment (SRA) to review the military's rules of engagement with civilian authorities and identify the specific risks related to providing increased security at the various project sites. The project would then propose adequate mitigation measures, and strengthen existing measures, where necessary, to ensure that the use of the military in project activities will not result in adverse consequences to community health and safety, including in matters relating to GBV and SEA/SH. The project will promote the avoidance of SEA 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.

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

ESS5 is not currently relevant to the project. All eventual construction will be undertaken within existing facilities. No adverse impacts relating to land acquisition, restrictions on land use or involuntary resettlement are anticipated as a result of proposed project activities. In an unlikely event of an intervention where land acquisition would be necessary, resettlement action plans would be developed to the satisfaction of the Bank prior to the commencement of any land acquisition.

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

ESS6 is not currently relevant to the project. No adverse impacts on natural resources or biodiversity are anticipated as a result of project activities. 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 currently relevant to the project as it is not being implemented in areas where Indigenous Peoples/Sub-Saharan Historically Underserved Traditional Local Communities (IP/SSAHUTLCs) are present or in areas to which they have collective attachment. Should the presence of indigenous communities be confirmed through further screening, the project will address any risks posed to them and measures put in place to ensure that they receive culturally appropriate benefits. This will be done by ensuring that their views are sought as specified in the SEP and that a Social Assessment (SA) is carried out prior to carrying any activities that would impact indigenous communities. Following the SA, and as appropriate: (i) a stand-alone plan or framework may be developed; (ii) or key elements of risk mitigation and culturally appropriate benefits will be included in the ESMF. Public consultations with representatives of indigenous communities and their organizations are provided for in the SEP, considering their circumstances. These organizations and representatives will be consulted during the revision of the SEP. The project will exclude any activities which would require Free, Prior and Informed Consent (FPIC).

#### **ESS8 Cultural Heritage**



ESS8 is not relevant to the Project at this time as the limited 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.

**B.3 Other Relevant Project Risks**

None

**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)**

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DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
<b>ESS 1 Assessment and Management of Environmental and Social Risks and Impacts</b>	
Designated PIU under the MoH already benefits from the existing presence of a GBV Specialist hired to support SENI and will also appoint and maintain environmental and social specialists; the social specialist to be recruited will likewise have strong experience in gender-related programming and GBV/SEA/SH risk mitigation.	06/2020
Prepare, disclose, adopt, and implement the Environmental and Social Management Framework (ESMF).	07/2020
<b>ESS 10 Stakeholder Engagement and Information Disclosure</b>	
Update, disclose and implement the Stakeholder Engagement Plan (SEP).	07/2020
<b>ESS 2 Labor and Working Conditions</b>	
Develop, as part of the ESMF, a Labor Management Procedures (LMP) including environment, social, health, and safety (ESHS) measures.	07/2020
<b>ESS 3 Resource Efficiency and Pollution Prevention and Management</b>	



Develop, as an Annex to the ESMF, an Infection Control and Waste Management Plan (ICWMP) for health facilities.	07/2020
<b>ESS 4 Community Health and Safety</b>	
Develop, as part of the ESMF, measures to minimize community exposure to disease, to ensure vulnerable parties' access to benefits, to manage risks of security personnel and labor influx, and to prevent/respond to risks related to GBV/SEA/SH.	07/2020
<b>ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement</b>	
<b>ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources</b>	
<b>ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities</b>	
<b>ESS 8 Cultural Heritage</b>	
<b>ESS 9 Financial Intermediaries</b>	

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

**Is this project being prepared for use of Borrower Framework?**

No

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

None

**IV. CONTACT POINTS**

**World Bank**

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**Borrower/Client/Recipient**

Borrower: Ministry of Economy, Planning and Cooperation

**Implementing Agency(ies)**

Implementing Agency: Ministry of Health and Population

**V. FOR MORE INFORMATION CONTACT**

Public Disclosure



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**VI. APPROVAL**

Task Team Leader(s):	Mahoko Kamatsuchi
Practice Manager (ENR/Social)	Kevin A Tomlinson Cleared on 02-Apr-2020 at 18:46:30 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 02-Apr-2020 at 20:22:29 EDT