Additional Financing Appraisal Environmental and Social Review Summary

Appraisal Stage

(AF ESRS Appraisal Stage)

Date Prepared/Updated: 03/22/2022 | Report No: ESRSAFA263

BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Cote d'Ivoire	AFRICA WEST	Government of Côte d'Ivoire	Ministere de la Sante et de l'Hygiene Publique (MSHP)

Project ID	Project Name
P177836	Côte d'Ivoire COVID-19 Strategic Preparedness and Response Project Second AF

Parent Project ID (if any)	Parent Project Name
P173813	Cote d'Ivoire 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	12/13/2021	4/29/2022

Proposed Development Objective

To prevent, detect, and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Cote d'Ivoire.

Financing (in USD Million)	Amount
Current Financing	135.00
Proposed Additional Financing	180.00
Total Proposed Financing	315.00

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 supports the implementation of Cote d'Ivoire's COVID-19 Emergency Preparedness and Response Plan, as well as the countries National Deployment and Vaccination Plan for COVID-19 vaccine, both of

which were developed with support from the World Health Organisation, the United Nations Children's Fund (UNICEF) and other partners in the sector. The proposed World Bank - Asian Infrastructure Investment Bank co-financing aims to expand activities under the Parent Project and first Additional Financing to enable the Ivorian Government to (i) expand COVID-19 vaccination coverage to an additional 24.4 percent of the population to reach the new coverage target of 70 percent; (ii) reinforce the preparedness and response interventions at scale; and (iii) strengthen relevant health systems to ensure effective vaccine deployment in Cote d'Ivoire, sustained containment of COVID-19, and position the country to detect and respond to future disease outbreaks in a swift, effective and efficient manner.

D. Environmental and Social Overview

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

The implementation of the parent project and the first AF is going on in the 33 health regions and 113 health districts of the Cote d'Ivoire, which include 2,403 vaccination centers, as well as the regional branches of the National Institute of Public Health (Institut National de l'Hygiène Publique; INHP) and for dealing with COVID-19 surveillance and treatment and the free administration of Covid19 vaccines to the Ivorian population. Activities, such as the rehabilitation of the regional cold rooms in Yamoussoukro (Centre region) and San Pedro (Southwest), the Expanded Program on Immunization (EPI) dry storage space in Abidjan, and upgrading of cold chain equipment to meet global standards, including those of Odienné (Northwest region) and Bondoukou (Est region) are in progress. Also underway are: the strengthening of storage capacity in the 113 districts with the acquisition of refrigerators; and, at central and regional levels, the acquisition of ultra-cold freezers equipped with remote temperature monitoring devices for vaccine to be stored between -70°C and -90°C at 10 selected sites in the city of Abidjan.

Since the approval of the first AF, community spread of the virus was contained to around 200 new infections a week and COVID-19-related deaths averaged approximately 14 deaths a month. All persons who died from COVID-19 in Cote d'Ivoire were not vaccinated. Hospitalizations have significantly increased, with most public and private hospitals reportedly more than 80 percent saturated, and oxygen supplies are low, which is putting strain on the health system. The third wave has been attributed to the increasing presence of the delta variant in Cote d'Ivoire, fueled by increasing social interactions over holidays and the inconsistent application of public health and social measures such as social distancing, handwashing, mask wearing. The country has smoothly introduced COVID-19 vaccines into routine immunization as well as deploying new vaccines through mass vaccination. The vaccination campaign was launched on March 1, 2021, with 504,000 AstraZeneca vaccine doses delivered by COVAX. COVID-19 vaccinations in Cote d'Ivoire are provided free of cost. The initial roll-out of the campaign was slow due to high levels of vaccine hesitancy, with daily vaccination rates averaging approximately 2000 in March 2021. Daily vaccination rates increased to approximately 52,000 by September 30, 2021 following an intensification of the vaccination campaign in response to the third wave of the outbreak. As of October 1, 2021, around 2,200,971 COVID-19 vaccine doses have been administered, and 449,514 people, or 1.6 percent of the population, have been fully vaccinated. As a result of the limited availability of COVID-19 vaccines on the international market, as of September 30, 2021, Cote d'Ivoire has only received 3,8 million COVID-19 vaccine doses, enough to completely vaccinate 2 million people (7.2 percent of the population). The project is satisfactorily implementing the Environmental and Social Framework (ESF) through the use of instruments prepared for the PP and the first AF.

The second AF is not expected to finance small civil works to rehabilitate screening rooms/posts at designated Points of Entry (POEs) and isolation sites nor to have an impact on natural habitats or cultural heritage sites. No proposed activities have the potential to lead to involuntary resettlement issues.

Based on the initial screening of the proposed AF activities and a preliminary assessment of the baseline characteristics for potential project sites, the deployment of operational plans for the COVID-19 vaccination campaign requires a particular attention to waste management (medical wastes including sharps) from the vaccination campaign, as well as to the risk of accidents related to the distribution and transport of vaccines, to sharp needles),and the possible water pollution associated with waste management.
An intense focus on expanding immunization capacity is necessary to ensure that the country's health systems can effectively implement a comprehensive, and unprecedented, COVID-19 vaccine deployment strategy. This includes a critical assessment of and actions to ensure functional, end-to-end supply chain and logistics management systems for effective vaccine storage, handling and stock management; rigorous cold chain expansion and control; robust service and coverage tracking systems; well-trained, motivated and supervised vaccinators; large-scale communication and outreach campaigns tailored to at household, community and national levels; people-centered service delivery models that can reach different target populations effectively; and effective political leadership. Côte d'Ivoire may also need to consider and enhance relevant additional institutional frameworks for the safe and effective deployment of vaccines, including voluntary vaccination practices; regulatory standards for vaccine quality; guidelines for acceptable minimum standards for vaccine management, including cold chain infrastructure; the safe management and disposal of sharp waste; and policies to ensure robust governance, accountability and citizen engagement mechanisms.

D. 2. Borrower's Institutional Capacity

Côte d'Ivoire has comprehensive environmental and social legislation, including national environmental laws that provide that all public and private activities/projects that may cause significant environmental impact should be subject to proper environmental licensing, including environmental assessment studies, to identify potential risks and impacts, as well management plans aiming to minimize and mitigate foreseen impacts. Legislation also provides legal procedures for managing resettlement and for public consultations, including public hearings with the participation of the affected population to validate environmental and social impact studies.
At the institutional level, the Ministry of Environment and Sustainable Development (MINEDD) is responsible for setting policy guidelines on environmental issues and ensuring compliance with national environmental standards. It has different departments, including the National Agency of Environment (ANDE, Agence Nationale de l'Environnement), which oversees all projects nationwide to ensure compliance with various safeguard requirements. The agency is well-staffed, but its capacities are considered moderate by the Environmental and Social Systems Assessment (ESSA) in Côte d'Ivoire that was carried out as part of the preparation for the Improvement of Basic Services for the Ivorian Population Project (P164302) in January 2018.
The Ministry of Health and Public Hygiene (MHPH) is the implementing agency for the Cote d'Ivoire-SPRP project, through its Project Implementing Unit (PIU) for World Bank-financed projects. The MSHP has an established and well-functioning PIU, which has managed all the Bank-financed health projects since its creation in 2015, including the ongoing Cote d'Ivoire-SPRP project (P167959) and the SPARK-Health project (P167959). The PIU is responsible for the overall project planning, oversight, coordination and management. The capacity, at national and local level) was upgraded annually through learning by doing process during implementation of WB projects and participation to various to capacity strengthening activities on waste management, public communication, girevance mechanism, inclusive deployment, etc. Given the particularity of the Covid-19 vaccination campaign, the PIU will use the human and logistical resources of the National Deployment and Vaccination Plan (PNVDV) to deploy the Covid-19 vaccine. All the staff of the PNVDV supported by WHO, UNICEF, GIZ, GAVI/COVAX, etc have received specific training provided through the first AF. In addition, the PIU has extended the contracts for service providers in charge of collection and treatment of waste in order to maintain appropriate waste management system in place. Regarding the new

challenge related to the management and monitoring of the cold chain, the PIU has mobilized specialized organizations and competent service providers who received OHS training before their deployment to the field. Since the vaccine campaigns are going on, the AF will definitely help to reinforce the human capacity already in place and the necessary equipment for the deployment of vaccine.
The coordination and roles of key staff responsible for the implementation have been defined and are being implemented in a satisfactory manner. The PIU's environmental and social specialists, hired respectively in May 2020 and in July 2020, are experts in their fields with experience in implementing environmental and social risk management strategies, including mass media campaigns and aspects of social inclusion for public health projects. Together with a biomedical specialist, who has been in the PIU since February 2018, they are dedicated to ensuring compliance with the environmental and social commitment plan (ESCP) and supervising the implementation of the recommended environmental and social risk mitigation measures through the screening of proposed activities and preparation of site-specific Environmental and Social management Plans (ESMPs) and Infection Control and Waste Management Plans (HCWMPs) and any other requirements that may arise from the present AF. As such, the capacities of the PIU to manage ongoing and emerging E&S risks are deemed to be adequate. E&S implementation by the specialists under the parent project and the first AF have been limited to supervising E &S requirements for the refurbishment of existing health facilities, procurement and distribution of medical equipment, management of COVID-19 medical waste from tests and vaccination campaigns, stakeholder consultations, grievance resolution, preparation of E&S reports and updating of existing instruments under the parent project. Thus, institutional capacity is gradually improving, and overall E&S performance has been rated moderately satisfactory. Notwithstanding, the capacity of the implementing agencies would be further strengthened to ensure compliance with the E&S requirements of the vaccines Second Additional Financing project.

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 of the AF remains Substantial, same as the Parent Project and the First AF, due to inherent occupational and community health and safety risks and the challenges associated with medical waste management. In addition, there are several short-term risks which are expected to be mostly temporary, predictable and reversible. The main environmental risks of the project include: (i) environmental and community health related risks from the inadequate storage, transportation and disposal of medical waste. This includes waste resulting from vaccine delivery, such as sharps, and the disposal of used and expired vaccine vials as a result of AF activities. Waste materials generated from labs, quarantine facilities, screening, treatment and vaccination facilities to be supported by the parent project, the firstand the second AF, all require special handling and awareness as they may pose a risk of infection for healthcare workers handling; (ii) occupational health and safety (OHS) issues related to the availability and supply of personal protective equipment (PPE) for healthcare workers and the logistical challenges in transporting PPE across the Côte d'Ivoire in a timely manner; (iii) community health and safety risks, given close social contact and limited sanitary and hygiene services (clean water, soap and disinfectants) and isolation capabilities at healthcare facilities across the country; and (iv) OHS risks related to the rehabilitation of existing facilities. The project will have long-term, positive environmental impacts as it will strengthen COVID-19 surveillance, monitoring, treatment, containment and response in accordance with World Health Organization (ESF

and WHO) guidelines and prepare the country for future pandemics. The increased scope financed by the Additional Facility is expected to further enhance these positive impacts through additional investment in the procurement of mobile vaccination cars, handwashing and sanitation facilities, in rehabilitation facilities, and in vaccine administration.

Social Risk Rating Substantial

The social risk rating of the project is Substantial, possible risks and impacts are reversible but, given the highly infectious nature of the COVID-19 virus, some risks could persist. The main social risks are related to: (i) difficulties in access to health services and facilities by vulnerable social groups (that is people with chronic conditions/disabled, poor people, migrants, the elderly and disadvantaged sub-groups of women); (ii) lack of access to vaccine supplies, facilities and services designed to control the disease by marginalized and vulnerable social groups; (iii) the accelerated pace of vaccine development and the information conveyed by media on associated risks that could increase public anxiety and compromise public acceptance. This risk could be exacerbated by a lack of transparency in the dissemination of information by the government, which may create public mistrust of vaccines; (iv) social conflicts and risks to human safety resulting from diagnostic testing; (v) the limited availability of vaccines and social tensions related to the challenges of a pandemic situation; (vi) the risks of sexual exploitation and abuse/sexual harassment (SEA/SH) among patients and health care providers, particularly with regard to vaccine distribution; (vii) labor influx and the issue of migrant workers; (viii) SEA/SH risks among patients and health care providers, especially in relation to distribution of lifesaving vaccines; (ix) inadequate data protection measures and insufficient or ineffective communication by stakeholders on vaccine deployment strategy; (x) risks related to adverse events following immunizations (AEFIs), which may lead to the stigmatization of vaccine-friendly populations in certain communities and contribute to refusal of vaccines or second dose. Potential risks and impacts are mostly temporary or reversible but could become widespread given the highly infectious nature of the COVID-19 virus.

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

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

The US$50 million co-financing by the Asian Infrastructure Investment Bank (AIIB), which will finance the scale-up of existing project activities under the three project components of the first AF to support the Government reach the 70 percent vaccination coverage. The second AF will scale-up of activities without any changes under the parent project (CIV-SPRP - P173813) which was prepared under the COVID-19 Strategic Preparedness and Response Plan (SPRP) using the Multiphase Programmatic Approach (MPA), and approved by the Board on May 2, 2020, became effective on May 21, 2020 with a closing date of May 31, 2021 and the first AF which was approved on April 16, 2021 became effective on May 28, 2021 with a closing date of June 30, 2022. AIIB and IDA have agreed to continue financing the Parent Project (PP) through the 2nd AF as per co financing framework agreement signed between both institutions on April 13, 2016. . The proposed AF entails: (i) expanding the scope and scale of activities in the PP and the first AF; (ii) increase of resources across the financing categories of the original credit (6652-CI).

The environmental and social risks of the parent project and the first AF remain relevant, including (i) substantial environmental, health and safety risks due to the dangerous and potentially infectious nature of the pathogen,

chemicals, vaccines and other materials to be used in the project-supported laboratories and health facilities, as well as the associated waste materials resulting from vaccine delivery, such as sharps, and the disposal of used and expired vaccine vials;.include waste (ii) Occupational health and safety (OHS) issues related to the availability and supply of personal protective equipment (PPE) for healthcare workers and the logistical challenges in transporting PPE across the Côte d'Ivoire in a timely manner; (iii) community health and safety risks, given close social contact and limited sanitary and hygiene services (clean water, soap and disinfectants) and isolation capabilities at healthcare facilities across the country; and (iv) OHS risks related to the rehabilitation of existing facilities; (v) difficulties in access to health services and facilities by vulnerable social groups; (vi) lack of access to vaccine supplies, facilities and services; (vii) public anxiety and acceptance; (viii) social conflicts and risks to human safety; (ix) the risks of sexual exploitation and abuse/sexual harassment (SEA/SH); (x) SEA/SH risks among patients and health care providers; (xi) risks related to adverse events following immunizations (AEFIs).
These risks will be mitigated through effective risk communication and community engagement to raise awareness among the general population. Continuous awareness raising and education campaigns that will help rebuild community and citizen trust will be done through engagement with religious leaders, political and local traditional leaders, and women's and young people's associative movements, which are generally very dynamic and representative.

To manage these risks, the Ministry will continue to use the established and well-functioning PIU (l'Unité de Coordination des Projets de la Banque Mondiale (UCPS-BM) which is responsible for the overall project planning, oversight, coordination, and management, of the PP as well as the AF. For the AF, the MSHP will assess and update all the major instruments of the PP in order to be in compliance, as follows:
1. The Borrower will update the Environmental and Social Management Framework (ESMF) of the 1st AF to reflect the intensification of innoculation and redisclosed prior to effectiveness after the internal review by the Bank specialists. The updated ESMF, based on WHO guidance, will include requirements on the vaccine's safe transportation and storage, vaccine delivery and medical waste management, the allocation and prioritization of COVID-19 vaccination, and prioritizing population groups for vaccines and vaccine fair allocation. These updates will beincluding: 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; the monitoring vaccine wastage at country level; the management of waste from immunization campaign activities and the setting up of a fund and a system to compensate and monitor Adverse Events Following Immunization (AEFI).
Measures to ensure the vaccine's quality is maintained throughout the supply chain, and in accordance with WHO guidance for storage and transportation of vaccines, will also be incorporated. Where necessary, existing measures and tools in the ESMF (such as ESMP & HCWMP) will be revised if needed in order to ensure they fully cover additional risks associated with the AF-funded activities as well as the medical treatment for persons who experience AEFI. The ESMP and HCWMP contain details regarding the training and the equipment to be provided through AF based on the weaknesses registered during the PP and the first AF such as insufficient staff number or equipment.

To achieve the above mentioned positive environmental and social impacts, the aforementioned areas of risks must be addressed and mitigated as discussed below:
3. Medical Waste Management and Disposal. The ESMF adequately covers environmental and social infection 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 MSHP for environmental and social risk management; and compliance monitoring and reporting requirements, including those on medical waste management based on the existing HCWMP Template prepared as part of the ESMF. Each targeted healthcare facility will continue to apply infection control and waste management planning following the requirements of the updated ESMF and relevant Environmental Health and Safety (EHS) Guidelines (EHSG), plus those laid out by the Good International Industry Practice (GIIP) and, WHO

4. Worker Health and Safety. Workers in healthcare facilities are particularly vulnerable to contagions like COVID-19. Healthcare-associated infections due to inadequate adherence to OHS standards can lead to illness and death among health and civil workers, as well as the wider spreading of the disease within communities. The workers in healthcare facilities will be among priotized population to be vaccinated.

5. 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.

6. 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 project will develop a Monitoring and Evaluation (M&E) system to record the details of the recipients of vaccine, as well as vaccine adverse effects.

7. 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. Storage and transportation are a challenge in global supply chains, particularly in places that lack the enough quantity and quality of storage and the appropriate transport infrastructure. The MSPH has assessed the country's readiness for deployment of the COVID-19 vaccine and is developing the Vaccine Deployment Plan, which is expected to be completed before starting the vaccine operations. The AF will fund necessary investment in storage equipment and logistics to enable the safe delivery of vaccines throughout the country.

8. Vaccine Equitable Distribution and Access. Risks of elite capture or the inability to distribute the vaccine safely to more remote areas could lead to the exclusion of people vulnerable to vaccination. The AF will support the implementation of the national COVID-19 vaccine deployment plan, which has already been developed following the WHO Framework for Allocation and prioritization of COVID-19 vaccination that ensures that multiple disadvantaged or vulnerable groups are prioritized in the plan and will benefit under the vaccination campaign and the project. These include the elderly and those with immune systems compromised by pre-existing conditions. Moreover, the project will be implemented nationwide using both fixed and outreach service delivery approaches to ensure equitable access to the most vulnerable, including those residing in remote areas. The updated SEP and ESMF will address the relevant project risks and impacts, 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) a 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. Examples of target priority groups include frontline health and care workers at high risk of infection, older adults, patients with comorbidities, pregnant women and other priority groups with increased risk of COVID-19-related mortality.

ESS10 Stakeholder Engagement and Information Disclosure

This standard is relevant. The Borrower prepared a Stakeholder Engagement Plan (SEP) for the parent project consistent with ESS10 requirements in order to ensure a participatory and inclusive approach during the project's life cycle. The project will establish a coordinated approach to reach out to stakeholders with key partners, including WHO/United Nations Childrens' Fund (UNICEF). The participation of local populations is essential to the success of the AF in order to ensure harmonious collaboration between project personnel and local communities and minimize and mitigate environmental and social risks associated with the proposed AF activities. The SEP has been updated and will be disclosed before appraisal. Some consultations/meetings have been undertaken with UNICEF, WHO and two civil society groups, and with new stakeholders (Unite de coordination des Programmes Elargis de Vaccination UC-PEV, Direction des Laboratoires). During implementation, the PIU will further identify other stakeholders and maintain a constructive relationship with them to inform the rationale for vaccinating selected target populations and the process for vaccine deployment. Effective communication and outreach will be imperative to build trust and reduce stigma around any COVID-19 vaccine for a larger target population and increase awareness and "vaccine literacy" and the vaccine rollout strategy.

The SEP primarily focuses on the development of a structured communications plan, including public information disclosure and consultation throughout the entire project cycle to ensure consistent messaging around key issues, (prevention, mitigation, social distancing, awareness raising, how to access the services available and equitable and inclusive vaccines access and allocation), considering the specific challenges associated with COVID-19 vaccine. The GRM will be updated to receive any concerns or grievances raised in relation to the implementation of Additional Financing activities. Stakeholder mapping has allowed the project to better organize information and communication strategies depending on the level of interest and the capacity of influence of each actor. The SEP has thus identified in more detail the roles and responsibilities of religious leaders, traditional chiefs, local elected officials and NGOs, including the organization of traditional healers as important stakeholders with specific roles to play in project implementation and the implementation of the SEP. Existing community platforms will be able to integrate the activities of local Covid Vaccine Committees (CCVC). These committees will be based on voluntary work and citizen engagement to ensure a high level of adherence to the vaccination plan and serve as community relays to disseminate the right information and facilitate behavior change messaging, community mobilization, and undertake additional laboratory and vaccine logistic functions, and also carry out beneficiary feedback. The SEP provides guidance regarding how to: effectively engage citizens; develop culturally appropriate adaptations regarding behavior change; seek stakeholder inputs regarding project activities; and communicate effectively to people about the project The National Deployment and Vaccination Plan also includes the national dissemination of social mobilization, community engagement and communication activities under Component 2 to foster a positive and consistent dialogue with communities, including those who are traditionally neglected, as well as to disseminate information and key messages in local languages and through community platforms and networks to build trust and promote community ownership of the vaccine process and prevent and combat stigma and discrimination. The AF will support the development of operational plans through a consultative process in each district and support the Ivorian Government to put in place an institutional framework to ensure the safe and effective deployment of the vaccine, which will include mechanisms to ensure voluntary vaccination practices including the development of guidelines and training of vaccinators in pre-vaccination counselling and other elements required to ensure informed consent. The framework will be complemented by community engagement activities under subcomponent 2.2 that aim to ensure the population has a clear understanding of the risks and benefits of the vaccination campaign and feels motivated to make a voluntary, informed decision to protect itself, their families and communities. However, the AF-funded procurement, distribution and administration of vaccines can equally lead to occupational and community health and safety risks, as well as risks associated with vaccine allocation coverage.

The SEP, prepared under the parent project and revised during the first AF, will be updated to cover take into account lessons learnt during its implementation, and be disclosed before 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.

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

Like the parent project and the first AF, the second AF will be implemented in accordance with the applicable requirements of ESS2 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 grievance arrangements for project workers, and incorporating labor requirements the OHS specifications of the procurement documents and contracts with contractors and supervising firms. The Project Operational Manual (POM) for the original project includes the labor management provisions including the prohibition of child labor, which will be followed by the AF. The POM will be updated as necessary during implementation when issues are identified by either the MSPH, the project or the Bank that require such a change. Healthcare workers play a critical role in outbreak response and are the backbone of a country's defenses to limit or contain the spread of disease. They face higher risks of potential COVID-19 infection in their efforts to protect the greater community and are exposed to other health 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 OHS 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 the minimization of occupational health and safety risks including the 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. These measures are covered in the HCWMP Template contained in the ESMF and are based on the national healthcare delivery standards and norms set out by the MSHP, in addition to WHO guidance.

Under the ongoing project, the MSPH has been implementing the mitigation measures defined in the ESMF, which includes specific instruments on OHS, prepared either by the client and/or the contractor prior to the commencement of works (such as OHS checklists, codes of conduct, and safety training). The project team will ensure that the civil works' contracts incorporate social and environmental mitigation measures based on the Bank's EHS Guidelines and the updated ESMF and the SEP. All contracts, including civil works and vaccine transportation contracts, will comprise industry-standard codes of conduct that incorporate measures to prevent Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH). A locally based Grievance Mechanism (GM) designed specifically for direct

and contracted workers has been in place in each facility/site, and the GM data is collected and analyzed by PIU staff on regular basis. The LMP will be updated and disclosed by effectiveness.

ESS3 Resource Efficiency and Pollution Prevention and Management

Waste management in general is a big challenge in most West African countries. Cote d'Ivoire is not an exception. This is due to limited authorized disposal sites and insufficient numbers of incinerators ; contaminated medical waste is a special concern.

Infectious medical waste generated by health care facilities in general and COVID-19 Treatment centers in particular are classified as highly hazardous. These infectious medical wastes are managed in accordance with the health care waste management plan (HCWMP) under guidelines that adhere to international standards. To address the limitations in the local healthcare waste management system, the waste generated during the second AF will be directed towards a site equipped with pyrolytic combustion incinerators with two chambers. Development Partners, including the WB, have supported the installation of a number of pyrolytic combustion and double chamber incinerators in health districts, including: Cocody-Abidjan and Bouaké University Hospitals; the INHP branch of Abobo-Abidjan, the Pasteur Institute of Adiopodoumé-Abidjan, as well as regional health centers in Odienné, Man, Bondoukou, Abengourou, San-Pedro, Korhogo, and Gagnoa. All aspects related to these incinerators are being managed in an environmentally sound manner. This includes the collection of waste in specific containers (specialized dustbins and bags, and safety boxes), temporary storage followed by the transport of waste in specialized vehicles, and finally disposal. These operations will be carried out by private companies in collaboration with the staff in charge of hospital hygiene and waste management in the health districts and health facilities.

The HCWMP will be updated to include: (i) a brief status of its implementation during the 1st AF; (ii) and additional measures based on the weaknesses registered during the PP and the first AF notably the strengthening of the waste treatment system by acquiring additional incinerators and related logistics and equipment. The updated PP HCWMP will be disclosed prior effectiveness. The site-specific HCWMP template contains detailed procedures, based on WHO guidance, with protocols necessary for handling medical waste and environmental health and safety guidelines for staff and laborers, including the necessary PPE and working conditions. Following the significant gap in cold storage facilities and in need of additional waste equipment, the priority will be focussed to the procurement of low-carbon freezers and incinerators. Therefore the second AF will support: (i) the maintenance of WHO PQS-certified energy efficient cooling devices such as ultracold freezers to keep vaccines cool during storage and transportation in country and (ii) the procurement of vaccines which will be kept in non-energy-consuming cool packs, thereby reducing GHGs through reduced energy use. Moreover, to deal with healthcare waste, additional WHO PQS-certified energy efficient incinerators and safety boxes for the disposal of the syringes, which do not require incineration, may be procured and hence would reduce GHG emissions.

Regarding institutional, organizational and technical capacity on waste management, MSHP has a well-established and well-functioning PIU (l'UCP-BM), which has managed all World Bank financed health projects since its creation in 2015, including the satisfactory implementation of the HCWMP of the Parent Project and the 1st AF.

ESS4 Community Health and Safety

The second AF will invest in safe vaccine transportation and logistics and ancillary supplies (syringes, safety boxes, PPE) for the vaccine of the population of Côte d'Ivoire, and strengthening of vaccine delivery systems and management capacity in the 113 health districts.

The Ivorian Authority for Pharmaceutical Regulation (Autorité Ivoirienne de Régulation Pharmaceutique; AIRP) has existing documents in place that clarify the regulatory requirements and documents necessary for regulatory approval of COVID-19 vaccines and related supplies. A legal framework put in place on January 15, 2021 by Decision n001/AIRP of 15 January 2021, which established an advisory committee for expedited approval of the COVID-19 vaccine is still in force. AIRP is in place, and functional, having already approved the Pfizer BioNTech, Sinopharm, Johnson and Johnson and the COVIDSHIELD (AstraZeneca) vaccines.

Various partner agencies mobilised to support Cote d'Ivoire for the smooth implementation of the Covid-19 vaccine will contribute to achieve the compliance of the 2nd AF to this ESS. WHO is still providing financial and technical support for the development of the National Deployment and Vaccination Plan (PNVDV), technical leadership for the development of micro-plans, vaccine introduction, technical support to National Immunization Technical Advisory Group; developing guidelines on vaccine introduction, safety issue, and Adverse Events Following Vaccinations (AEFI) surveillance; providing capacity building of human resources at each level of the health sector. UNICEF provides financial and technical support for the development of the PNDVD; acts as procurement agent and logistics of vaccines and accessories through the COVAX facility, AVATT or bilateral agreements; supports the procurement of PPE and installation of cold-chain equipment. GAVI/COVAX provides vaccines to cover the prioritized 25 percent of the population procured using resources from the 2nd AF. With the 2nd AF, the PIU and all agencies and structures will continue to be involved in the monitoring and management of the appearance of Adverse Effects occurring After Vaccination and in the treatment of patients with Adverse Effects occurring after Vaccination.

Procurement and delivery of the vaccine will be provided as usual by UNICEF's Supply Division. UNICEF or its subdivisions will not be engaged in distribution within Côte d'Ivoire; the MSPH will continue to manage this process based on the National Deployment and Vaccination Plan (PNVDV) reviewed and validated by COVAX and which also ensures that there is an equitable and objective distribution of the vaccines and that no groups are excluded. It is envisioned that the proposed Additional Financing will continue to cover the cost of transportation and logistics under the agreement with UNICEF's Supply Division, which will delivery only to the country via airways and in some cases by ground transport.

The potential SEA/SH risks associated with international transportation company workers are limited as all the contractors have to accept and comply with the UN Supplier Code of Conduct, which includes the prohibition of SEA/SH. The transportation of vaccines to remote areas will be managed in-house by the MSPH, which owns the appropriate trucks. Only internal MSPH's truck drivers with signed labor agreements and code of conducts will be engaged in the transportation of vaccines to remote areas. Further vaccines will be distributed by district and transport arrangements made by the MSPH. Thus, the SEA/SH risks are very low.

Additionnal equipment will be purchased and training provided with the aim to increase the capacity of the PIU to monitor and investigate adverse events as well as to establish and implement vaccine cold chain temperature monitoring and EPR measures.

The second AF will finance additionnal training and capacity building of: (i) health personnel on case management, disease surveillance, personal protection, infection control will also include attention to climate related health impacts and EAS/HS and the medical management of rape survivors by the projects health staff; (ii) local immunization actors on new tools and the strengthening of existing data and monitoring systems.

To date, there are no plan to use security personnel in any part of the vaccination program. While the use of security forces is not anticipated, in the event that they do need to be deployed, the MSHP/PIU will take relevant mitigation

measures to ensure that the engagement of security personnel in the implementation of project activities for the provision of security to project workers, sites and/or assets, be consistent with ESS4 and associated Bank guidance.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not relevant. The project will not require any land acquisition leading to physical or economic displacement. All rehabilitation/renovation and construction will take place within existing health facilities, including laboratories and warehouses within health centers and hospitals.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This standard is not relevant. 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. There are no critical natural habitats and/or endangered species in proximity to targeted health care facilities.

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

This standard is not relevant. There are no Indigenous Peoples/Sub-Saharan African Historically Undeserved Traditional Local Communities in Côte d'Ivoire.

ESS8 Cultural Heritage

This standard is not currently relevant. It is not anticipated that the project will impact cultural heritage, and any physical works planned in the context of the project will be limited to rehabilitation or the upgrading of existing facilities and some new constructions in existing sites.

ESS9 Financial Intermediaries

This standard is not relevant.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways

OP 7.60 Projects in Disputed Areas

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

Is this project being prepared for use of Borrower Framework? No

Areas where "Use of Borrower Framework" is being considered:

N/A

IV. CONTACT POINTS

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Borrower/Client/Recipient

Borrower: Government of Côte d'Ivoire

Implementing Agency(ies)

Implementing Agency: Ministere de la Sante et de l'Hygiene Publique (MSHP)

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Opope Oyaka Tshivuila Matala
Practice Manager (ENR/Social)	Maria Sarraf Cleared on 23-Nov-2021 at 12:34:47 GMT-05:00