



# Appraisal Environmental and Social Review Summary

## Appraisal Stage

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

Date Prepared/Updated: 04/29/2020 | Report No: ESRSA00776



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Project ID	Parent Project ID (if any)
Lesotho	AFRICA	P173939	
Project Name	Lesotho COVID-19 Emergency Preparedness and Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/28/2020	5/1/2020
Borrower(s)	Implementing Agency(ies)		
Kingdom of Lesotho	Ministry of Health		

Proposed Development Objective(s)

To prevent, detect and respond to the threat posed by COVID-19 to the Kingdom of Lesotho.

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]**

The proposed emergency response project to the Kingdom of Lesotho is prepared under the COVID-19 Strategic Preparedness and Response Program (SPRP), using the Multiphase Programmatic Approach (MPA) with an overall Board Approved MPA financing envelope of US\$ 6 billion, including US\$ 4 billion in Program Financing Envelope of which US\$1.3 billion International Development Association (IDA) and US\$2.7 billion International Bank for Reconstruction and Development (IBRD).

This project will provide immediate support to prevent and limit the local transmission of the SARS-CoV-2 virus through detection, containment and treatment strategies, community engagement, relevant and cost-effective WASH measures not already covered by other sectors. It will enable mobilization of personal protective equipment, sterilization capacity and surge response capacity, and trained and well-equipped frontline health workers for



surveillance and treatment. The project will support cross-border alignment with South Africa in preparedness and response. It will support enhancement of disease detection capacities through provision of technical expertise, additional human resources, and laboratory equipment to ensure prompt case finding and contact tracing, consistent with WHO guidelines in Strategic Response Plan and the country's National COVID-19 Integrated Response Plan, in close coordination and with strong support from United Nations (UN) agencies and other partners.

The proposed project comprises of two main components:

Component 1: Emergency COVID-19 Response (US\$6.675 million) – This component comprises of three focus areas: (i) COVID-19 case detection, confirmation, contact tracing, recording and reporting; (ii) Containment, isolation and treatment through enhanced clinical care capacity; and (iii) Community engagement, revention and risk communication. The first focus area will support the government to enhance disease surveillance, improve sample collection and transportation, and ensure rapid laboratory confirmed diagnoses to promptly detect all potential COVID-19 cases and to carry out contact tracing to quickly contain COVID-19. The second focus area will support the government to establish and enhance isolation and critical care capacity for infected patients, including enhancing triage and treatment capacity for COVID-19 cases, investments in video conferencing equipment to establish telemedicine capacity, psychosocial and essential social support, and deployment of health workers to isolation and quarantine centers for COVID-19 case management. The last focus area will support the reinforcement of policies and measures including: social distancing (e.g. border closings; work-at-home policies; restricting public gatherings); personal hygiene promotion, including promotion of proper handwashing behavior (frequency and improved practice) and use of hand sanitizers, food hygiene and safe water practices and safe cooking practices; and risk communication and community engagement using local channels.

Component 2: Project Implementation and Monitoring & Evaluation (US\$0.825 million) – This component will support program coordination, management and monitoring. This will include support for the COVID-19 Incident Management System Coordination Structure; the recently established multisectoral Emergency National Command Centre for COVID-19; operational reviews to assess implementation progress and adjust operational plans; and logistical support.

#### **D. Environmental and Social Overview**

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social] Lesotho is a small, landlocked mountainous country, surrounded by the Republic of South Africa with a population of 2.1 million in 2017 and a per capita gross national income of US\$1,280 (in current US\$). Approximately 75% of its population live or are at risk of living below the poverty line, and a quarter of the population has HIV/ AIDS. Lesotho's economy is integrated with that of the Republic of South Africa from which it not only imports more than 90 percent of its goods and services, but many Basotho reside in South Africa as migrant workers (including illegal and undocumented) both in the mines as well as in the formal, domestic and industrial sectors. There are also cultural relations between the people of South Africa and Lesotho. The proximity and interdependence of the two countries where the Republic of South Africa has already declared 1585 confirmed cases of COVID-19 and 7 deaths (5 April 2020), poses a risk to Lesotho.

Though there are travel restrictions in both countries, with only 5 commercial entry points between the two countries remaining open (9 entry points closed), there have been reports of illegal crossings of Basotho from South Africa just



before the South African country lockdown (27th March 2020), making surveillance and tracing a major challenge. Hence, not all persons entering the country can be accounted for or tracked. The country is, therefore, rendered highly vulnerable to infection and spread of the COVID-19. Although Lesotho has zero confirmed COVID 19 cases the country has been under a state of emergency and lockdown since 18 March and 30 March respectively. This period has been characterized by lack of clear communication on COVID-19 to the public; lack of coordination and clear designation of responsibilities between the national emergency command center, other government actors, and relevant stakeholders (including Private Sector, CSOs, and local government structures); and a lack of adherence to the lockdown by the public. The country also saw the deployment of the military to enforce the lockdown, which is not unprecedented in Lesotho to deliver services but was attended by political tension and small scuffles.

The COVID-19 pandemic, if not contained, could result in disruption of Lesotho’s key supply chains and industries, rising prices for food and supplies, limited ability to finance preparedness capacity and emergency response efforts, and decreased provision of essential and public health services.

This emergency operation has been prepared in a situation of urgent need of assistance, as per the Bank’s IPF Policy, Paragraph 12. It is prepared under the COVID-19 Strategic Preparedness and Response Program (SPRP) using an Investment Project Financing (IPF) instrument under the multiphase programmatic approach (MPA). It will contribute to preventing, detecting and responding to the threat posed by COVID-19 and strengthening national systems for public health preparedness. The project will be implemented nation-wide. The specific locations where project sub-components will be implemented have not yet been identified but will be implemented in urban as well as rural areas in existing health facilities. Selected hospitals, health facilities, labs, and screening posts for project interventions will be identified by the government during implementation.

The Project has two components of which ‘Component 1: Emergency COVID-19 Response’ has particular implications for environmental and social risks management as relevant to the World Bank’s Environmental and Social Framework, including financing: (a) minor civil works including the development of minilabs and refurbishment and adaptation of existing structures and isolation units with the necessary equipment. These facilities include the district hospital in Mafeteng as well as isolation centers including Likileng lodge, Palace hotel and Thaba-bosiu cultural village ; (b) training targeted healthcare workers and health facility staff on risk mitigation and infection control measures including proper use and disposal of infectious waste material, as applicable, (c) technical assistance for intra-hospital infection control measures and treatment guidelines, (d) procurement of goods and equipment, medical and laboratory equipment and supplies and waste management equipment (e.g., thermometers and thermo scanners in places where people gather), PCR test kits for diagnoses, serology test kits for serological surveillance, drugs, and personal protective equipment (PPE), (e) labor costs for operating Rapid Response Teams and additional clinical personnel, and (f) operating costs for (i) medical and health related laboratories for specimen collection, packaging, storage, shipment, epidemiological capacity, (ii) new case detection, contact tracing, and epidemiological investigation, (iii) screening, risk assessment, isolation, and follow up of travelers at points of entry, and (iv) information systems, communications strategy, production and dissemination of communication materials. The Project components do not include a Contingent Emergency Response Component (CERC).

No major greenfield civil works are expected to be financed. The works involved will be small in scale and wholly within the footprint of existing health facilities and other designated establishments with the focus on establishing specialized isolation units. The district hospital in Mafeteng, as well as isolation centers such as Likileng lodge, Palace hotel, Thaba-bosiu cultural village, have been earmarked by the GOL to be refurbished with minor civil works. For



surveillance, tracing, community engagement, prevention, and risk communication sub-components of the project, it is noteworthy that Lesotho's mountainous terrain (inaccessible rural settlements are isolated) and inefficient health system will pose a major challenge.

The Project is anticipated to use of the Lesotho Defense Force to support transporting of medical equipment and supplies to remote inaccessible rural health facilities; and engagement of security personnel for the protection of isolation facilities.

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

Overall oversight and resource mobilization (human, financial, material) for the implementation of the COVID-19 response plan is directly spearheaded by the office of the Prime Minister (Cabinet), with technical guidance led by the Director General of Health Services of the Ministry of Health (MOH), and the coordination of plan operations facilitated by the National International Health Regulations Focal Center. The Project Implementation Unit (PIU) for the Lesotho Nutrition and Health System Strengthening Project (P170278) and the management of the Southern Africa Tuberculosis and Health Systems Support Project (SATHSSP) (P155658) will oversee implementation of this project also. The Ministry of Health (MOH) led by the Director General of Health Services support the PIU in project implementation.

While the PIU has implemented projects under the Bank's safeguards policies, it has no experience in applying the Environmental and Social Framework (ESF). The first ESF project to be implemented by MOH, Lesotho Nutrition and Health System Strengthening Project (P170278), is currently under preparation. Given the expanded scope of the ESF and the client's unfamiliarity with its requirements, overall, the Borrower's institutional capacity to oversee the implementation and monitoring of E&S issues under the new ESF is considered weak.

Currently, the PIU has a dedicated and experienced Environmental and Social Specialist (E&S Specialist). The newly recruited Social Officer and 10 Community Liaison Officers (one per district) for Lesotho Nutrition and Health System Strengthening Project who will be starting duty on May 1, 2020, will also be assigned to support this project. The PIU will need to provide continuous training to the 12 specialists who will oversee the management of environmental and social risks and impacts. The country has limited experience in handling social concerns around COVID-19 as well as related measures. The Project will provide funding to address some of these shortcomings and is expected to source in international expertise to achieve international best practices on these matters, in line with WHO guidelines. Facilities to be supported by the Project will apply international best practices in COVID-19 diagnostic testing and other COVID-19 response activities. This will also include further identification of capacity gaps and detailed measures to address any gaps identified.

The PIU will work with the Emergency National Command Center and its national COVID-19 program implementation unit (ENCC PIU) that is not financed by the World Bank or responsible for implementing this World Bank project.

MOH has a long-term relationship with the military on health issues and the facilities and services of the military are anticipated to be used in responding to COVID-19. The military has the capacity to assist in logistics – both for health commodities and maybe transporting patients, providing medical services, and at the community level (case management, etc.). All the administrative and fiduciary responsibilities will lie with the MOH and no funds will be transferred to the military.



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

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

Environmental Risk is Substantial.

The Environmental Risk Rating is Substantial. The major areas of risks are: (i) the occupational health and safety issues related to testing and handling of supplies and the possibility that they are not safely used by laboratory technicians and medical crews; (ii) the occupational health and safety (OHS) issues for medical staff and employees 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 hazardous and infectious healthcare waste. Small-scale infrastructure works are expected to be site-specific and to take place within the footprint of existing facilities. No greenfield works are envisaged, therefore risks and impacts associated with civil works are expected to be temporary, predictable, and manageable.

Healthcare waste and chemical wastes that may include transmissible, infected, hazardous materials and wastes (including infected materials, liquid effluents, reagents, etc.) are expected to be generated from health facilities, hospitals, labs, and screening posts that can adversely impact human health and the environment. Improper handling, managing, transporting, and disposing of these waste streams pose occupational and community health and safety risks from COVID-19 infections.

The risk classification takes into account the current constraints in healthcare waste management systems in Lesotho, including the following: Non-formalization of Health Care Waste Management (HCWM) in the health care facilities; technological challenges in handling, treatment and waste disposal facilities; inadequate budgetary resource allocations; insufficient knowledge about HCWM (staff and public); limited qualified human resources; and the weak HCWM legislative regime.

To mitigate the above-mentioned risks, MOH has committed to prepare and adopt, during project implementation and no later than two months after project effectiveness a Project ESMF that covers the environmental and social mitigation measures to be implemented for the various proposed activities. Within the same period, the MOH will also update and implement the existing Infection Control and Waste Management Plan (ICWMP) for Lesotho and related Standard Operating Procedures (SOPs) (2016). Mitigation measures will largely be based on WHO technical guidance on COVID-19 response, World Bank EHS Guidelines and other GIIP, including an elaboration of roles and responsibilities within the MOH, training requirements, the timing of implementation and budgets. Procurement of goods (purchase of testing kits, medical equipment such as oxygen suppliers, etc.) and consultancy activities for COVID-19 communication can be initiated as soon as the project is approved. An Environmental and Social Management Framework (ESMF) will be developed, finalized, consulted, and disclosed within 2 months of project effectiveness. Site-specific Environmental and Social Management Plans (ESMPs) will be developed before constructing the isolation units, laboratory facilities, and other civil works for rehabilitation of existing facilities. In addition, any activities that have been screened for environmental and social risks will not be carried out without the completed, ESMF.

Social Risk Rating

Substantial

Public Disclosure



The Social risk rating of the project is Substantial. The main social risks are: (i) the potential for inequitable access to project supported facilities, services, and information particularly for vulnerable and high-risk social groups (ultra-poor, HIV/AIDS infected, disabled, elderly, women and children, and remote and isolated highlands communities); (ii) social conflicts resulting from false rumors and misinformation; (iii) issues resulting from social distancing and confinement measures, including the 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 (iv) SEA/SH risks for project’s workers and beneficiaries, including attacks on female healthcare workers and patients.

While protecting the health of communities from infection with COVID-19 is a central part of the project, without adequate controls and procedures, project activities ranging from medical facility operation through to on-ground public engagement exercises have the potential to intensify virus transmission.

The risk from use of government security personnel for logistics to remote rural health facilities and protection of isolation facilities will be screened and a Security Risk Assessment will be undertaken as part of the ESMF to assess 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, consistent with the requirements of ESS4 for government security personnel, 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 SEA/SH.

Social risks associated with the project will be addressed through the project’s ESMF, Stakeholder Engagement Plan (SEP) (including a Grievance Redress Mechanism - GRM) and Labor Management Plan (LMP), in line with the applicable Environmental and Social Standards (ESS) of the WB’s ESF and the WHO COVID-19 WHO guidance tools for COVID-19 preparedness and response.

## **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).

The project is expected to result in positive environmental and social impacts as it seeks to improve planning, processes and on-ground service delivery for COVID-19 surveillance, monitoring, containment and response. However, project activities also present substantial environmental, social, health, and safety risks for the project workforce and communities and are expected to have the following risks:

Medical Waste Management and Disposal. Wastes that may be generated from labs, screening posts and treatment facilities to be supported by the COVID-19 readiness and response could include liquid contaminated wastes (e.g. blood, other body fluids, and contaminated fluid) and infected materials (water used; lab solutions and reagents,



syringes, bedsheets, majority of waste from labs and isolation centers, etc.) require special handling and awareness, as they may pose an infectious risk to healthcare workers in contact with the waste. Informal disposal may lead to contamination of soil and groundwater, but more importantly, to further spreading of the virus to nearby communities. In Lesotho, the health and environmental risks from the poor management of health-care wastes are substantial due to inadequate policy, legislation, and guidelines, poor management, and maintenance of health-care waste handling, treatment and disposal facilities, lack of financial resources, lack of understanding of the risks and lack of training and capacity building of personnel involved in health-care waste management. In order to mitigate the risks associated with medical waste management and disposal, the Project will invest in the procurement of appropriate waste management infrastructure, including PPE, and in the training of medical, laboratory and waste management personnel to ensure compliance with the Infection Control and Waste Management Plan (ICWMP), WHO guidance and GIIP (Good Industry International Practices).

**Worker Health and Safety.** Workers in healthcare facilities are particularly vulnerable to contagions 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 laboratory workers. The ICWMP will contain detailed procedures, based on WHO guidance, for protocols necessary for treating patients and handling medical waste as well as environmental health and safety guidelines for staff, including the necessary personal protective equipment (PPE). Proper disposal of sharps (see medical waste above), disinfectant protocols, and regular testing of healthcare workers will be included. In addition, the LMP will cover occupational health and safety provisions to protect healthcare workers, in addition to proper working conditions and management of worker relationships.

**Community Health and Safety.** All project activities ranging from the operation of laboratories to community engagement activities present a risk of transmission in the community. The operation of laboratories, health centers (including isolation facilities) have a high potential of carrying micro-organisms that can infect the community at large if they are not properly managed and controlled. The Project's ESMF will outline procedures for each project activity commensurate to the risk. The existing ICWMP to be updated will contain detailed procedures, based on WHO guidance, for the safe operation of health facilities and protection of the public from exposure to the virus as a result of these operations. In addition, the Project's SEP will ensure widespread engagement with communities - and its more vulnerable groups - to disseminate information related to community health and safety, particularly about social distancing, high-risk demographics, self-quarantine, and mandatory quarantine.

The project will include a large workforce of health care workers (direct, contract, and community workers). Sexual Exploitation and Abuse (SEA)/Sexual Harassment (SH) risks in this project are likely to arise primarily from the breakdown in economic and social activities; restrictions on movement; shutting down of schools; the large workforce of health care workers (direct, contract and community workers) and the isolation of patients. SEA/SH risks will be assessed and addressed during implementation through the ESMF, including screening and putting in the corresponding measures to prevent and mitigate the SEA/SH risks. The MOH, in the ESCP, will commit to the implementation of the WHO Code of Ethics and Professional Conduct which includes provisions for SEA/SH prevention.

**Vulnerable Groups Access to Project Services and Facilities.** A key social risk related to this kind of operation is that marginalized and vulnerable social groups are unable to access facilities and services designed to combat the disease, in a way that undermines the central objectives of the project. Real or perceived inequities also have the potential to





lead to conflict and civil unrest. To mitigate this risk, MOH will ensure the provision of services and supplies to all people, regardless of their social status or location based on the urgency of the need, in line with the latest data related to the prevalence of the cases.

**Data Security.** Large volumes of personal data, personally identifiable information and sensitive data are likely to be collected and used in connection with the management of COVID-19 crisis. In order to guard against abuse of that data and to avoid and mitigate any environmental and social risks arising from such abuse, Bank operations will incorporate best GIIP for dealing with such data in such circumstances. Such mitigation measures may include data minimization (collecting only data that is necessary for the purpose), data accuracy (correct or erase data that are not necessary or are inaccurate), use limitations (data are only used for legitimate and related purposes), data retention (retain data only for as long as they are necessary), informing data subjects of use and processing of data (stakeholder engagement and communication with the community), and allowing data subjects the opportunity to correct information about them, etc.

To manage these risks the MOH will prepare the following instruments:

**Environmental and Social Management Framework** - to identify risks and potential environmental and social impacts and outline appropriate mitigation measures based largely on adopting WHO guidance, World Bank EHS Guidelines and other GIIP. The ESMF will include a Code of Environmental Practice (CoEP) for minor civil works associated with the installation of modular laboratory and isolation units (e.g. utility connections) and Labor Management Plan (LMP) for PIU and contracted workers to ensure proper working conditions and management of worker relationships, occupational health and safety, and to prevent sexual exploitation and abuse and sexual harassment. The ESMF will be prepared to a standard acceptable to the Bank and disclosed on the MOH website and on the World Bank website within two months after the Effectiveness Date and prior to the deployment of any equipment or PPE. Until the ESMF has been approved, the Project will strictly follow current WHO Guidance and avoid activities such as establishment of isolation units and treatment facilities at scale. Prior to the finalization of ESMF, staff recruitment and procurement can start following the WHO protocols. The ESMF will include a Security Risk Assessment and mitigation measures to address any data security breach.

**Infection Control and Waste Management Plan (ICWMP).** The existing Infection Control and Waste Management Plan (ICWMP) for Lesotho and related Standard Operating Procedures (SOPs) (2016) that have been developed under the Southern Africa Tuberculosis and Health Systems Support Project will be updated to follow WHO guidance documents on COVID-19 and other GIIP to be applied to all facilities including laboratories, medical centers, and isolation centers. The ICWMP will also be updated to a standard acceptable to the Bank and the updated version will be disclosed on the MOH and the World Bank website within two months of project effectiveness.

**Stakeholder Engagement Plan (and Grievance Redress Mechanism)** - to establish a structured approach for community outreach and two-way engagement with stakeholders, ensuring that the vulnerable and disadvantaged groups (poor, disabled, elderly, isolated communities.) are consulted and engaged in the process. The SEP will be translated to allow meaningful consultation and disclosure of appropriate information. Under the current COVID-19 scenario, specific challenges associated with public gatherings and social distancing must be addressed. A preliminary SEP including GRM has been prepared and will be updated by the PIU and re-disclosed within two months of Effectiveness Date.



Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate Gender-based Violence.

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

COVID-19 pandemic poses unique and considerable challenges for stakeholder engagement and information disclosure, as the stakeholder engagement and consultation processes cannot be carried 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 social distancing put in place to the pandemic. Thus, the project recognizes the need for effective and inclusive engagement with all the relevant stakeholders and the population at large. The proposed project will support a Risk Communication and Community Engagement as part of the SEP 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. These activities will be designed based on the WHO Risk Communication and Community Engagement (RCCE) guidance tools for COVID-19 preparedness and response and will seek to provide proper awareness-raising and timely information dissemination to (i) avoid conflicts resulting from false rumors; (ii) ensure equitable access to services for all who need it; and (iii) address issues resulting from people being treated in isolation facilities.

A preliminary Stakeholder Engagement Plan (SEP) has been prepared for engaging with stakeholders on the E&S risks of the project and will be disclosed on the MOH website (<https://health.gov.ls>). The SEP covers the broader project (i.e. not just RCCE activities), identifies and analyses key stakeholders (i.e. affected parties, other interested parties, and disadvantaged and vulnerable groups) and describes the process and modalities for sharing information on the project activities, incorporating stakeholder feedback into the Project and reporting and disclosure of project documents. The SEP also outlines the Project's GRM which will enable stakeholders to raise project-related concerns and grievances.

The MOH will update the SEP during project implementation, and no later than two months after project effectiveness. The updated SEP will acknowledge the particular challenges with marginalized and vulnerable social groups, especially those living in remote or inaccessible areas, while keeping a clear focus on those who are most susceptible to the transmission of the novel coronavirus, such as the elderly and those with compromised immune systems due to pre-existing conditions. Stakeholder engagement strategies will point out ways to minimize close contact and follow the recommended good hygiene procedures as outlined in WHO guidance. The GRM will also be operationalized ensuring core elements are in place to enable affected people and the project workforce to raise concerns and complaints - including adequately trained staff with GRM responsibilities, community awareness tools, grievance lodgment tools, and investigation and feedback processes.

The final SEP (and GRM) will be shared with relevant stakeholders via culturally appropriate means (and having regard to language, logistical and technological constraints). The SEP (and GRM) will also be re-disclosed on the MOH's website and printed copies will be placed in health centers in all provinces and hospitals. The SEP will be updated after two months after project effectiveness.

### **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.

Activities to be supported by the project include testing and treatment of patients, handling and transportation of samples in health facilities as well as capacity building and training to healthcare workers on diagnosis and treatment.

The project is expected to use 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 technicians and civil servants employed by the MOH. The project may outsource minor civil works to contractors for activities such as constructing minor civil works and rehabilitation of facilities. While the number of workers cannot be estimated at the current stage, no large-scale labor influx is expected.

The key risk for the project workers (primarily direct and contracted healthcare workers) is exposure to the COVID-19 virus or other contagious illnesses which can lead to illness and death of workers. High-risk environments include laboratories, hospitals, and health care centers, isolation centers, and the broader community where project workers may be exposed to the virus. Project workers are also at higher risk of psychological distress, fatigue, and stigma due to the nature of their work. Non-transparent procurement and distribution of medical supplies and PPE could worsen the current shortage situation, exposing medical personnel to severe risk.

In line with ESS2 and Lesotho Laws, the use of forced labor or the use of child labor for any person under the age of 18 in hazardous work situations (e.g., in health care facilities) is prohibited. This may be unlikely given that most project interventions will be within hospital settings. There could be some SEA/SH risk associated with labor.

Mitigation 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 risks associated with exposure to hazards encountered in the workplace; this will require infection control precautions and adequate supplies of PPE. The mitigation measures will incorporate the World Bank Group's General Environment, Health, and Safety Guidelines (EHSOs), the EHSOs for Health Care Facilities, and other Good International Industry Practices. The LMP will also include a Code of Conduct, including measures to prevent SEA/SH, and safety training materials. These will need to be prepared either by the Borrower and/or the contractor prior to the 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, isolation centers, and screening posts. The PIU will also ensure a non-discriminatory, decent work environment; including ensuring that all health workers adhere to the WHO Code of Ethics and Professional conduct. A worker Grievance Redress Mechanism will be established and operated through a grievance hotline and assignment of focal points to submit and address these grievances within the Ministry of Health which will be outlined in the LMP. Also, the project will regularly integrate the latest guidance by WHO as it develops over time and experience addressing COVID-19 globally.

The PIU will ensure that all procurement documents, supervising firms and civil works contracts comply with the Environmental, Social, Health, and Safety (ESHS) mitigation measures based on the WBG Environmental, Health and Safety (EHS) Guidelines, ESMF, SEP, and other relevant instruments.



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

ESS3 is considered relevant to the Project. Medical and hazardous chemical wastes are expected to be generated from hospitals, health facilities, labs, and screening posts. The improper handling, transporting, and disposal of these hazardous and medical waste streams may result in adverse impacts to human health and the environment. The existing ICWMP for Lesotho & SOPs (2016) will be updated and implemented. The updated ICWMP will follow WHO guidance on COVID-19 and other Good Industry International Practice (GIIP). In addition, should there be a need for rehabilitation of selected health facilities, site-specific ESMPs will be prepared based on the provisions of the ESMF to manage general pollution impacts related to these small-scale works.

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

ESS4 is considered relevant to the Project. Inappropriate handling of COVID-19 samples and patients can expose communities and 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 the risk of SEA/SH as described above.

As mitigation measures, 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. Special measures will be put in 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 and SEP.

The MOH will operate isolation units 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 project will ensure that isolation units and screening posts are operated effectively throughout the country, including in remote rural areas.

During implementation, the risks of SEA/SH to suspect cases will be assessed, and mitigation measures put in place. The MOH will ensure the avoidance of any form of SEA/SH by relying on the WHO Code of Ethics and Professional Conduct for all workers in the isolation units as well as the provision of gender-sensitive infrastructures such as segregated toilets and enough light in isolation units.

The military will be engaged for transporting medical equipment and supplies to remote rural health facilities. Additionally, isolation centers are to be protected by security personnel, and the project will take measures to ensure that, prior to deployment such personnel are: (i) screened to confirm that they have not engaged in past unlawful or abusive behavior, including SEA/SH or excessive use of force; (ii) adequately instructed and trained, on a regular basis, on the use of force and appropriate behavior and conduct (including in relation to SEA and SH), as set out in ESMF and in line with ESS4; and (iii) deployed in a manner consistent with applicable national law. Furthermore, the



Project will undertake a Security Risk Assessment as part of the ESMF to assess military’s rules of engagement with civilian authorities and identify the specific risks related to providing increased security at the various project sites and propose adequate mitigation measures 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 SEA/SH.

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

ESS5 is not currently relevant to the Project. All rehabilitation and construction will be undertaken within the boundaries of 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, plans would be developed to address this to the satisfaction of the World Bank prior to commencement of any land acquisition and its related civil works.

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

ESS6 is not currently relevant to the Project. No greenfield works are envisaged for this project.

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

ESS7 is not relevant to the Project as there are no groups in Lesotho meeting the criteria as set out in ESS7.

**ESS8 Cultural Heritage**

ESS8 is not relevant to the Project currently as the limited civil works within existing facilities are unlikely to affect tangible or intangible cultural assets. In the unlikely event of construction or the movement of the earth in connection with any project activities that have not yet been identified, for example, 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**

Although there are no confirmed COVID-19 cases in Lesotho, reports indicate that the Emergency National Command Centre has been perceived by the public as incapable of preparing the country to prevent and attend to possible COVID 19 cases.

**C. Legal Operational Policies that Apply**

**OP 7.50 Projects on International Waterways** No

**OP 7.60 Projects in Disputed Areas** No

Public Disclosure



III. BORROWER’S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
<b>ESS 1 Assessment and Management of Environmental and Social Risks and Impacts</b>	
Designated PIU will recruit one (1) additional Environment and Social Specialist.	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, Labor Management Procedures (LMP) including environment, social, health, and safety (ESHS) measures and a labor grievance redress mechanism.	07/2020
<b>ESS 3 Resource Efficiency and Pollution Prevention and Management</b>	
Update, disclose, adopt, and implement the existing Infection Control and Waste Management Plan (ICWMP) for Lesotho and the related Standard Operating Procedures (SOPs) (2016).	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 assess and manage risks of security personnel, and to prevent/respond to 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>	

Public Disclosure

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

Is this project being prepared for use of Borrower Framework?

No



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

None

**IV. CONTACT POINTS**

**World Bank**

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**Borrower/Client/Recipient**

Borrower: Kingdom of Lesotho

**Implementing Agency(ies)**

Implementing Agency: Ministry of Health

**V. FOR MORE INFORMATION CONTACT**

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**VI. APPROVAL**

Task Team Leader(s):	Subhashini Rajasekaran
Practice Manager (ENR/Social)	Kevin A Tomlinson Cleared on 28-Apr-2020 at 21:49:35 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 29-Apr-2020 at 13:36:6 EDT

Public Disclosure