Additional Financing Appraisal Environmental and Social Review Summary

Appraisal Stage

(AF ESRS Appraisal Stage)

Date Prepared/Updated: 09/17/2020 | Report No: ESRSAFA033

BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Ghana	AFRICA WEST	Republic of Ghana	Ghana Health Services, Ministry of Health

Project ID	Project Name
P174839	GHANA COVID-19 EMERGENCY PREPAREDNESS AND RESPONSE PROJECT ADDITIONAL FINANCING

Parent Project ID (if any)	Parent Project Name
P173788	Ghana COVID-19 Emergency Preparedness and Response Project

Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	10/28/2020	11/18/2020

Proposed Development Objective

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Ghana

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

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

Yes

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

Under the COVID-19 Fast Track Facility, this Project is the health sector operations to respond to urgent preparedness and response needs related to the COVID-19 outbreak. The project will address both short-term rapid respond to COVID-19 and national health systems strengthening.

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 Government of Ghana, through the Ministry of Health (MOH), is currently implementing the Ghana COVID-19 Emergency Preparedness and Response Project (P173788) which was prepared under the global framework of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility (FTCF), using the Multiphase Programmatic Approach (MPA). The Project Development Objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Ghana. The project has four main components, which are (i) Emergency COVID-19 Response; (ii) Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach; (iii) Community Engagement and Risk Communication; and (iv) Implementation Management, Monitoring and Evaluation and Project Management.

The additional financing (AF) is expected to significantly ameliorate the deficits in the budgetary allocation to the health sector to fight the pandemic and save lives. The scope and the components envisaged under the AF are fully aligned with the Bank's COVID-19 Fast Track Facility, and the parent project. The AF will scale up case finding, testing and containment; provide and sustain essential health and nutrition services; and strengthen systems development for emergency preparedness and response in the country. This includes the cost of refurbishment of facilities for isolation and treatment, personal protection equipment and the volume of contact tracing. These activities are expected to lead to a more targeted and efficient provision of necessary health services during the crisis.

The project is being implemented in all sixteen regions and 216 district health administrations. All persons exposed to, or showing, symptoms of COVID-19 infection are tested and a total of 415,671 persons were tested for COVID-19 between April 4 and August 9, 2020. The positive cases were 41,212. About 38,700 have recovered. Two hundred and fifteen (215) persons have died of the virus. The all case fatality rate is 0.52. Of the confirmed cases, 57 percent were male, and 43 percent were female. There is substantial geographic variation in the number of COVID-19 cases across different regions in Ghana. COVID-19 has disproportionately affected the Greater Accra region with over 13,000 cases followed by the Ashanti Region with over 5,200 cases (21.4%).

Under the project, over 1,300 contact tracers or surveillance officers were identified, trained and deployed to collect samples from the communities. Twenty-nine (29) isolation centers across country have been rented and operations of twenty-one (21) treatment centers and ten (10) laboratories across the nation to manage the Novel coronavirus (COVID-19) and the associated SARS-CoV-2. A total of 2,250 individuals had been evacuated with the project paying for the mandatory 14-day hotel quarantine services for 1,116 persons, most of whom are students. The project is supporting efforts to ensure mandatory wearing of masks, social distancing and hand hygiene which are used widely as containment measures. About 3.6 million reusable face masks, 50,000 medical scrubs, 90,000 hospital gowns, and 90,000 head covers to various public and private health facilities were purchased under the project. Local manufacturers were also supported to produce ten (10) million face masks to be distributed to final year students

returning to school. In addition, 2,200 buckets with taps, over 600,000 liters of alcohol-based hand sanitizers, 13,900 liters of liquid soap, and 5,500 thermometer guns were purchased and distributed using project funds.

Using the approved SEP, the MOH has also rolled out a comprehensive Risk Communication and Community Engagement (RCCE) Action Plan to raise awareness and timely information dissemination targeting different audience; ensuring equitable access to services for all and addressing stigma. Under the project, the government has also established mechanisms for engaging key stakeholders including Civil Society Organizations (CSOs). The government call and teleconsultation centers supported by the project received and responded to a total of 82,124 calls and complaints. The project provides updates to CSOs on Project implementation. Overall, CSOs commended the government for rolling out a very comprehensive strategy to raise awareness across the country about the COVID-19 pandemic. CSOs advised the government to strengthen coordination in the stakeholder consultation process, build capacity of staff to respond to complaints promptly at the various grievance redress structures, ensure adequate gender representation in decision making structures, and to partner with CSOs to ensure accountability in the process. The Ghana Health Service has conducted an awareness survey, whose latest results in May 2020 showed very high awareness of COVID-19 among the populations. Seventy percent could cite the symptoms of COVID-19 and 83% perceived that they received enough information about COVID-19, especially on protective measures from the virus. Their perceptions on the government response to COVID-19 was very positive with 89 percent satisfied, among which 48 percent were “very satisfied.”

The Government of Ghana is experiencing some budgetary gaps as COVID-19 adds burdens on the already strained fiscal space. With such large gaps in revenue generation and budgetary deficits, increasing costs and escalating case counts, the Project is unlikely to meet its development objectives without additional financing. In this regard, the Bank received a request for additional financing US$100 million to support its response given the fast-evolving nature of the pandemic, the higher cost of inputs and the need to expand the scope of interventions including systems strengthening. The scope and the components envisaged under the additional financing are fully aligned with the Bank’s COVID-19 Fast Track Facility, and the parent project as described above.

The additional financing is expected to significantly ameliorate the deficits in the budgetary allocation to the health sector to fight the pandemic and save lives. The additional financing will leverage a scale up of case finding, testing and containment, provide and sustain essential health and nutrition services, and strengthen systems development for emergency preparedness and response in the country. This includes the cost of refurbishment of facilities for isolation and treatment, personal protection equipment and the volume of contact tracing. These activities are expected to lead to a more targeted and efficient provision of necessary health services during the crisis.

D. 2. Borrower’s Institutional Capacity

The Ministry of Health (MOH) is responsible for overall implementation and management of the AF and has experience implementing World Bank safeguards. However, this capacity would be further strengthened to ensure compliance with the E&S requirements of the 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 for the AF is Substantial and remains the same as the parent project. The classification has considered the potential environmental risks and impacts as well as the capacity of the implementing agencies to mitigate or manage these risks. The main environmental risks are: (i) 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; and (ii) biological, chemical waste, and other hazardous medical waste generation and management and community health and safety issues related to the handling, transportation and disposal of healthcare waste. These risks can be mitigated with occupational health and safety standards and specific infectious-control strategies, guidelines and requirements as recommended by WHO and Africa CDC. The rehabilitation and refurbishment of treatment centers and provision of off-grid solar electricity, portable water and sanitation services will be limited to existing rural and peri-urban government health facilities; hence the environmental footprint is expected to be minimal. The key environmental issues anticipated at this stage are related to: (i) nuisance related to air and noise emissions; (ii)) health and safety of health workers, patients and visitors; (iii) disposal and management of rehabilitation and construction waste; (iv) traffic management; (v) workers occupational health and safety; (vi) community health and safety, and; (vii) erosion of debris (especially if works are carried out in the rainy season). Sustainability of the interventions in terms of ensuring effective operation and maintenance of the facilities after construction are other risks identified. These impacts would be site specific, limited to the immediate surroundings and can be managed through the implementation of cost-effective mitigation measures indicated in the ESMF and ESCP. Once the specific locations of the subproject activities have been identified, ESMPs and checklists will be prepared to address the site-specific risks.

Social Risk Rating Substantial

Similar to the parent project, the Social Risk Rating is Substantial. The main social risks are: (i) marginalized and vulnerable social groups including women and disabled population having barriers to access to COVID-19 services and information (ii) discrimination or sexual exploitation or abuse resulting from people being kept in quarantine, (iii) OHS related risks to health and laboratory workers, and (iv) if there is labor influx for the construction of off-grid solar electricity, portable water and sanitation services for selected rural and peri-urban health facilities across the country; and refurbishment of health facilities, there could be related risks of sexual exploitation and abuse and sexual harassment and use of child labor from the neighboring communities. These activities are expected to be onsite activities in existing government health facilities, so no new land acquisition or restrictions on land use are envisaged under the project. Other risks identified include the existing health facilities not being accessible to persons with disabilities or gender friendly and could exclude vulnerable groups from having equal access to these facilities. Again, the activities include treatment of patients as well as assessment of samples. The key risk is 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. However, limited these risks might be, the proposed activities can create labor related risks involved in construction and refurbishment activities as well as issues of labor influx and risks of SAE/SH for health care workers and communities where the construction will happen.

To mitigate these risks, the project will rely on standards set out in the SEP, ESMF and by WHO as well as the Africa CDC to (1) facilitate appropriate stakeholder engagement and outreach towards a differentiated audience (concerned public at large, suspected COVID-19patients, relatives, health workers, persons with disabilities etc.) to ensure

widespread sharing of project benefits (COVID-19 prevention and treatment) as well as avoidance of potential rumors and social conflicts; (2) appropriate management of quarantining interventions (including dignified treatment of patients; appropriate handling of the specific concerns of vulnerable groups, including cultural needs and prevention of Sexual Exploitation and (SEA), and (3) minimum accessible accommodation and service delivery requirements).

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 scope of this AF project is limited to bridging the financial gaps and there will be no change to the scope of project activities. The project will have positive impacts as it will improve capacity for surveillance, monitoring and containment of COVID-19. However, the project could also cause environment, health and safety risks due to the dangerous nature of the pathogen (COVID-19) and reagents and equipment to be used in the project-supported activities. These include risks associated with transportation and delivery of clinical supplies as well as laboratory or health care facilities associated infections if occupational health and safety standards and specific infection-control strategies, guidelines and requirements as suggested by WHO and CDC are not in place and implemented, leading to illness and death among laboratory workers and communities. Health care facilities which will treat COVID-19 exposed patients and laboratories which will use COVID-19 diagnostic testing will generate biological waste, chemical waste, and other hazardous byproducts and represent pathways for exposure to the virus. Hence, laboratories or clinical facilities supported by the project will increase exposure to COVID-19 that can have the potential to cause serious illness or potentially lethal harm to patients, suppliers, laboratory staff and to the community that may be in contact with the virus. Therefore, effective administrative and infectious-controlling and engineering controls should be put in place to minimize these risks.

Environmentally and socially sound capacity building, training, case detection, containment and treatment of COVID-19 will require adequate provisions for minimization of occupational health and safety risks, proper management of hazardous waste and sharps, use of appropriate disinfectants. Appropriate chemical and infectious substance handling and transportation procedures is required. In line with WHO Interim Guidance (February 12, 2020) on “Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)”, COVID-19 diagnostic activities and non-propagative diagnostic laboratory work (e.g., sequencing) could be undertaken in BSL2 labs with appropriate care. Any virus propagative work (e.g., virus culture, isolation or neutralization assays) will need to be undertaken in a containment laboratory with inward directional airflow (BSL-3 level).

To mitigate these risks, the government will implement the National Health Care Waste Management Policy and a National Guideline for Health Care Waste Management, Guidelines on Safe And Dignified Burial Of Covid-19 Dead, Stakeholder Engagement Plan (SEP), and the COVID-19 Response Environmental and Social Management Framework (ESMF). The SEP of the parent project has been updated and the draft ESMF has been reviewed and comments to the client are being addressed. The updated SEP and ESMF will be completed and approved by the Bank prior to the implementation of the AF.

One obvious type of social risk related to this kind of operation is that marginalized and vulnerable social groups including women and persons with disabilities unable to access facilities and services designed to combat the disease. To mitigate this risk MOH, in the ESCP, will commit to the provision of accessible health facilities to be refurbished with support from the project and inclusion of persons with disabilities in the project based on the urgency of the need, in line with the latest data related to the prevalence of the cases and according to the ESMF. If during implementation there is need for any construction activities where private land is acquired or purchased, the project will prepare Resettlement Framework and Action Plans, as may be required.
The project will ensure appropriate stakeholder engagement, proper awareness raising and timely information dissemination to (i) avoid conflicts resulting from rumors; (ii) ensure equitable access to services for all; and (iii) address issues resulting from people being kept in quarantine. The project can thereby rely on standards set out by WHO as well as international good practice to (i) facilitate noted appropriate stakeholder engagement and outreach towards a differentiated audience (concerned citizens, suspected cases and patients, relatives, health care workers, etc.); and (ii) promote the proper handling of quarantining interventions (including dignified treatment of patients; attention to specific, culturally determined concerns of vulnerable groups; and prevention of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) as well as minimum accessible accommodation and service requirements.

ESS10 Stakeholder Engagement and Information Disclosure

The project has developed a SEP to engage stakeholders through meaningful consultation and disclosure approaches that are appropriate , considering the specific challenges associated with COVID-19.The SEP outlines ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The SEP has been updated to ensure engagement mechanisms respond to COVID-19 restrictions on meetings, gatherings, movement of people and reduced personal contact and consistent with the World Bank interim guidance on stakeholder engagement in times of pandemic.

To ensure this approach, the project has integrated the SEP into the “Risk communication and Community Engagement” (RCCE. The updated Stakeholder Engagement Plan (SEP) describes the framework for consultation activities, following the guidance provided by WHO “Pillar 2: Risk communication and community engagement”. The updated SEP will be re-disclosed after review and approval by the World Bank.

The approaches will ensure that consultations and information dissemination are meaningful, timely, and accessible to all affected stakeholders, including use of different languages, to addressing cultural sensitivities, as well as challenges deriving from illiteracy or disabilities. Due to the expected countrywide implementation of activities, the differences in areas and socioeconomic groups will equally be taken into consideration throughout the implementation of the RCCE.
It will be important that care management in quarantine and isolation centers is managed systematically, allowing patients to access information as well as patients’ relatives to get necessary information about the quarantined, if feasible, by enabling two-way communication. Stakeholder engagement will be adaptable to new developments and in line with World Bank guidance note on “Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings” issued in March 20, 2020 and national protocols on social distancing to deal with the pandemic.

The project has established a Grievance Mechanism. The government has established call and teleconsultation centers. There's a wide distribution of information posters, leaflets and erection of billboards to disseminate information. The information leaflets have been translated into braille for the visually impaired. Discussion on COVID -19 pandemic in local languages are held daily on over 200 radio stations. On four (4) television stations with the widest reach, there are dedicated times for broadcast by the President and the Information Minister where sign language is used to inform the hearing impaired. Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms.

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

The AF project footprint is envisaged to be relatively small and may not likely entail large scale of skilled and unskilled labor influx. Most activities supported by the project will be conducted by health and laboratory workers, i.e., civil servants employed by the Government of Ghana. Activities encompass treatment of patients as well as assessment of samples. The key risk is 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). The project will ensure the application of OHS measures as outlined in the ESMF (including HCWMP) noted under ESS1 as well as WHO guidelines. This encompasses procedures for entry into health care facilities, including minimizing visitors and undergoing strict checks before entering; procedures for protection of workers in relation to infection control precautions; provision of immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and PPEs; ensuring adequate supplies of PPEs (particularly face mask, gowns, gloves, hand washing soap and sanitizer); and overall ensuring adequate OHS protections in accordance with evolving international best practice in relation to protection from COVID-19. Also, the project will regularly integrate the latest guidance by WHO as it develops over time and experience addressing COVID-19 globally.

The project may outsource refurbishment and construction works to contractors. The envisaged works will be limited to the compounds of existing government health facilities and thus pose limited risks to the public. The workers will not work in contaminated areas. Also, no large-scale labor influx is expected due to the same reason. However, there could be health and safety of workers during the construction and operational phases, general labor working conditions, community grievances over recruitment process and selection, and protection of female workers, and SEA and SH risks associated with labor. The risk of COVID-19 spread may also result from inadequate adherence to occupational health and standards. The project has included labor management procedure as part of the ESMF for the parent project which will be applicable to this AF. The ESMPs for the sub-projects should include measures to minimize the risks to the population, through a combination of education and awareness-raising, and the adoption and signing of code of conduct by contractor workers.

In line with ESS2 as well as the Ghanaian law, use of forced or child labor is prohibited both for construction and operation of health care facilities. The project will ensure that no child labor is allowed under the project. The contractor will be required to establish a worker's GRM to allow workers to quickly inform management of labor issues, such as a lack of PPEs or any other grievances to MOH. To manage labor related risks, the project's ESMF will include a Labor Management Procedures and contactors will be required to prepare Labor Management Plan, where relevant.

ESS3 Resource Efficiency and Pollution Prevention and Management

Medical wastes and chemical wastes (including water, reagents, infected materials, etc.) from the labs, quarantine, and screening posts to be supported (drugs, supplies and medical equipment) can have significant impact on the environment and human health. Wastes that may be generated from medical facilities/ labs could include liquid contaminated waste, chemicals and other hazardous materials, and other waste from labs and quarantine and isolation centers including of sharps, used in diagnosis and treatment. Each beneficiary medical facility/lab will implement the National Health Care Waste Management Policy and a National Guideline for Health Care Waste Management, the ESMF, WHO COVID-19 guidance documents, and other best international practices, to prevent or minimize such adverse impacts. Use of resources (water, air, etc.) would follow relevant WHO environmental infections control guidelines standards for medical facilities.

ESS4 Community Health and Safety

In line with safety provisions in ESS2, it is equally important to ensure the safety of communities from infection with COVID-19.

As noted above, medical wastes and general waste from the labs, health centers, and quarantine and isolation centers have a high potential of carrying micro-organisms that can infect the community at large if they are is not properly disposed of. There is a possibility for the infectious microorganism to be introduced into the environment if not well contained within the laboratory or due to accidents/ emergencies e.g. a fire response or natural phenomena event (e.g., seismic). The Infection Control and Waste Management Plan therefore describes:

- how project activities will be carried out in a safe manner with (low) incidences of accidents and incidents in line with good International Industry Practice (WHO guideline).b
- measures in place to prevent or minimize the spread of infectious diseases.
- emergency preparedness measures.

Laboratories, quarantine and isolation centers, and screening posts, will thereby have to follow respective procedures with a focus on appropriate waste management of contaminated materials as well as protocols on the transport of samples and workers cleaning before leaving the work place back into their communities. The project will thereby follow the provisions outlined in the ESMF.

Secondly, the operation of quarantine and isolation centers needs to be implemented in a way that both, the wider public, as well as the quarantined patients are treated in line with international best practice as outlined in WHO guidelines referenced under ESS1.

The project will ensure the avoidance of any form of Sexual Exploitation and Abuse by relying on the WHO Code of Ethics and Professional conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure such as segregated toilets and enough light in quarantine and isolation centers.

The project will also ensure via the above noted provisions, including stakeholder engagement, that quarantine and isolation centers and screening posts are operated effectively throughout the country, including in remote and border areas, without aggravating potential conflicts between different groups, including host communities and refugees/IDPs.

The project does not envisage the use of security personnel. However, in case quarantine and isolation centers are to be protected by security personnel during implementation, it will be ensured that the security personnel follow strict rules of engagement 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.
In case any of the project activities including protection of isolation and quarantine centres require using security personnel, engagement of security, it will be done in accordance with the provisions of ESS4. This will also include reporting obligations as per ESS 4, specific prohibitions with regard to use of no child labor, no forced labor, restrictions on what military personnel under the age of 18 or not do anything, health and safety requirements; Code of Conduct (C-o-C) type obligations; requirements for Grievance Redress mechanism; training required regarding interactions with the community, operation of the project GRM, use of PPE, CoC etc.Project Contractors shall be required to develop and implement actions in the sub project ESMPs to assess and manage traffic and road safety risks, as required during implementation. SEA/SH prevention plan will be required by the contractors as part of C-ESMP with adequate funding for implementation. The contractor shall ensure workers strictly abide by the measures and workers code of conduct.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

The standard is not relevant as all works will be conducted within existing facilities. In case permanent land acquisition would be necessary during implementation, a Resettlement Framework and action plans would be developed based on Bank's ESF principles prior to commencement of any land acquisition.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

Construction or rehabilitation activities anticipated in this project and all works will be conducted within existing facilities. Hence, impacts of the project on natural resources and biodiversity are considered unlikely and so this standard is not considered relevant.

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

This standard is not considered relevant. The preliminary assessment suggests that there are no distinct social and cultural groups in the project area who exhibit characteristics akin to the criteria for indigenous or traditionally under-served communities as spelled out in the ESS7.

ESS8 Cultural Heritage

This standard is currently considered not relevant as the project is not expected to support major construction or rehabilitation activities that would involve the movement of earth (thereby potentially having an impact on tangible cultural heritage), or other activities that could have an impact on intangible cultural heritage. In the unlikely event of major construction or the movement of earth in connection with any project activities that have not yet been identified, a chance finds procedure contained in the existing ESMF of the project will be followed for the project.

ESS9 Financial Intermediaries

This standard is Not Relevant for the suggested project interventions, as no financial intermediaries will be used.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways	No
OP 7.60 Projects in Disputed Areas	No

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

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
The project has developed the Environmental and Social Management Framework (ESMF) which will be approved by the World Bank and disclosed. The ESMF includes Screening Forms to be used to screen all sub-project to determine requirement for follow up ESIA, ESMPs, RAPs etc.	11/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
The SEP has been developed and will be disclosed.	09/2020
ESS 2 Labor and Working Conditions	
Labor Management Procedures (LMP) will be elaborated in the ESMF, disclosed, adopted, and implemented consistent with ESS 2.	11/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Each beneficiary medical facility/lab will implement the National Health Care Waste Management Policy and a National Guideline for Health Care Waste Management and the ESMF.	11/2020
ESS 4 Community Health and Safety	

Prepare ESMF/ESMP/LMP	11/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
No land acquisition is envisaged under this project since works will be conducted within existing government health facilities.	11/2020
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
ESS 8 Cultural Heritage	
ESS 9 Financial Intermediaries	

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

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

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

None

IV. CONTACT POINTS

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Borrower/Client/Recipient

Borrower: Republic of Ghana

Implementing Agency(ies)

Implementing Agency: Ghana Health Services

Implementing Agency: Ministry of Health

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Anthony Theophilus Seddoh
Practice Manager (ENR/Social)	Senait Nigiru Assefa Cleared on 17-Sep-2020 at 16:41:17 GMT-04:00
Safeguards Advisor ESSA	null on