



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 07/08/2020 | Report No: ESRSA00950



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Guinea-Bissau	AFRICA WEST	P174243	
Project Name	Guinea-Bissau: COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	7/8/2020	7/15/2020
Borrower(s)	Implementing Agency(ies)		
Republic of Guinea-Bissau	Ministerio da Saude Publica		

Proposed Development Objective(s)

Project development objective is to prepare and respond to the COVID-19 pandemic and strengthen systems for public health preparedness in Guinea-Bissau.

Financing (in USD Million)	Amount
Total Project Cost	6.00

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

No

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

The Project is structured around two complementary components, which will support the Government of Guinea-Bissau in the implementation of its National COVID-19 Response Plan. The Plan focuses on scaling-up and strengthening all aspects of preparedness and response including coordination, surveillance, case management, communication and social mobilization. The Project would provide immediate support to enhance disease detection capacities through the purchase of laboratory equipment and systems to ensure prompt case finding and contact tracing, and isolation measures consistent with WHO guidelines in the National COVID-19 Response Plan. Additionally, the Project would provide support to scale-up and strengthen case management capacity through the procurement of medical equipment, drugs and supplies, to equip selected COVID-19 treatment centers in the country.



D. Environmental and Social Overview

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

This emergency operation has been prepared as a new stand-alone project which will be implemented throughout Guinea-Bissau. It will contribute to COVID-19 preparedness, monitoring, surveillance and response. The specific locations where project sub-components will be implemented have partially and include existing health facilities in urban and rural areas. No major civil works are expected in this project; any works involved will focus on rehabilitation of existing structures and within existing modified footprints, including health facilities, laboratories, and possibly warehouses. Should there be a need for major refurbishments and/or construction of any new structures, Environmental and Social Management Plans (ESMPs) will be prepared based on the provisions of the Environmental and Social Management Framework (ESMF). The ESMF for this project will be prepared by updating the ESMF prepared for the World Bank-funded Regional Disease Surveillance Systems Enhancement Project - REDISSE II for Guinea Bissau (P159040) disclosed in January 2017. The ESMF and project activities will consider international protocols for infectious disease control and will include updated provisions on medical waste management. The project is not expected to impact natural habitats or cultural sites.

D. 2. Borrower’s Institutional Capacity

The Ministry of Public Health (MINSAP) has been implementing two World Bank-financed projects in the health sector over the years, including on infectious disease control. Implementation arrangements will consider current efforts to support national COVID-19 response through REDISSE II Project under the same PIU. MINSAP’s Project implementation unit (PIU), has a limited capacity to screen, implement, monitor and report on environmental and social commitments as part of Bank-financed activities. Nonetheless, the circumstances around preparedness and response to any potential COVID-19 outbreak poses a unique set of challenges given the importance of immediate action synchronized over a broad geographic space. This is the first Project under ESF that MINSAP will implement, and the safeguards specialist will need targeted support through Effectiveness and beyond to prepare documents and instruments required under the ESF. Alternative implementation arrangements in procurement and payment of incentives for staff will be arranged with United Nations Development Programme (UNDP) and health sector non-governmental organization NGO Entraide Médicale Internationale (EMI). These partners will be required to comply with the Environmental and Social Commitment Plan (ESCP) and it’s related ESF instruments.

The team will need support to update the existing Environmental and Social Management Framework (ESMF) to integrate the updates outlined above, with a particular focus on medical waste management, occupational health and safety, and stakeholder engagement. Going forward, and throughout project implementation in particular, Borrower’s institutional capacity will need to be strengthened in a coordinated approach between all Project partners Capacity building. Interventions may include training, additional recruitment, and support from third party entities to deliver on the objectives of the COVID-19 response operation. Given the need for a comprehensive stakeholder engagement and communications strategy, specialists in the field of public health awareness and communication may be necessary as immediate additions to the team.

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

A. Environmental and Social Risk Classification (ESRC)	Substantial
Environmental Risk Rating	Substantial

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Although the main long-term impacts are likely to be positive, there is a number of short-term risks that need to be taken into account. The main environmental risks include: (i) environmental and community health related risks from inadequate storage, transportation and disposal of infected medical waste; (ii) occupational health and safety issues related to the availability and supply of personal protective equipment (PPE) for healthcare workers and the logistical challenges in transporting PPE across the country in a timely manner; and (iii) community health and safety risks given close social contact and limited sanitary and hygiene services (clean water, soap, disinfectants) and isolation capabilities at health facilities across the country. To mitigate these risks the MINSAP will update the existing Environmental and Social Management Framework (ESMF) prepared for the World Bank-funded Regional Disease Surveillance Systems Enhancement Project - REDISSE II for Guinea Bissau (P159040). The revised ESMF will contain updates on provisions for storing, transporting, and disposing of contaminated medical waste and outline guidance in line with international good practice and WHO standards on COVID-19 response on limiting viral contagion in healthcare facilities. The relevant parts of the WHO COVID-19 quarantine guidelines and COVID-19 biosafety guidelines will be reviewed so that all relevant occupational and community health and safety risks and mitigation measures will be covered. In addition to the ESMF, the client will implement the activities listed in the Environmental and Social Commitment Plan (ESCP). The Project will also support MINSAP in coordination with UNDP and other partners in overcoming logistical constraints in the timely provision of technical expertise, supplies, equipment and systems across the country.

Social Risk Rating

Substantial

One central social risk is that vulnerable social groups (poor, disabled, elderly, isolated communities) are unable to access facilities and services, which could undermine the objectives of the project. The project will also ensure that the medical isolation of individuals does not increase their vulnerability (for example, to gender-based violence, GBV) especially in rural areas of the country. 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 meeting minimum accommodation and servicing requirements) can also be listed as issues that will require close attention while managing the social risks of the project. Social risks also include social tensions that could be exacerbated by the project and community health and safety-related outcomes (especially related to spread of disease and waste management) in addition to risks of social exclusion. To mitigate these risk, MINSAP, in the ESCP, will commit to the provision of services and supplies based on the urgency of the need, in line with the latest data related to the prevalence of the cases. MINSAP will also use the preliminary Stakeholder Engagement Plan (SEP) prepared for the emergency project to engage citizens and for public information disclosure while they update it during implementation to include more information on the environmental and social risks of project activities and new modalities that take into account the need for a comprehensive community engagement and participation plan, including improved hygiene and social distancing.

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 Standard is relevant. The Project will have overall positive environmental and social impacts in that it will contribute to epidemic preparedness, monitoring, surveillance and response, specifically with regard to combatting

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COVID-19. Nonetheless there are wide-ranging environmental and social risks and impacts that will need to be assessed and managed through a risk-based approach.

Waste management in Guinea Bissau is inadequate and in need to be improved, where open dumping is the only disposal currently available. For management of medical waste, some hospitals present incinerators, although sometimes are obsolete. The informal disposal of health care waste is also common in Guinea Bissau, and poses health risks also to ancillary workers (cleaning staff, waste collectors, etc.) that lack proper protection equipment and collect, transport and dispose waste. The management of biomedical waste in Guinea Bissau varies between health facilities and will depend on the volume of waste generated, the equipment, human resources and management systems in place. Their common feature remains the incompleteness and obsolete equipment, the full enforcement of the procedures and the deficit of training in budgeting the operations. The Ministry of Public Health (MINSAP) is responsible for the development and implementation of health policy, including the hygiene of health facilities and the management of biomedical waste. The hygiene component in health facilities and the control of biomedical waste is specially entrusted to the Department of Environmental Health and Public Hygiene (DSEHP), which lacks financial means and human resources. Legislation are limited and poorly applied and there is currently no national strategy waste management in place.

The primary risks identified include: (i) environmental and community health related risks from inadequate storage, transportation and disposal of infected medical waste; (ii) occupational health and safety issues related to the availability and supply of personal protective equipment (PPE) for healthcare workers and the logistical challenges in transporting PPE across the country in a timely manner; (iii) community health and safety risks given close social contact and limited sanitary and hygiene services (clean water, soap, disinfectants) and isolation capabilities at health facilities across the country; (iv) possible risks around social exclusion for access to health facilities and services, especially for the poorest and most marginalized who have a limited ability to pay, and for the elderly or those with underlying medical conditions who would be most at risk in the event of a pandemic outbreak; (v) patient-centric risks for those receiving treatment for COVID-19 symptoms, including GBV or sexual exploitation and abuse (SEA) of patients in quarantine; and (vi) socio-political risks specifically related to the ongoing political instability throughout the country and low trust in the government which could lead to the rejection of public health interventions and information in some country contexts, contributing to the continued spread of the disease, while extreme control measures to slow or halt the spread of COVID-19 may add to existing resentment against the government in some sectors of society.

To mitigate these risks and their related impacts, MINSAP, in coordination with national and international partners, will develop or update and implement tailored risk management plans and communications strategies to promote the Project objectives. MINSAP will update the existing Environmental and Social Management Framework (ESMF) prepared for the World Bank-funded Regional Disease Surveillance Systems Enhancement Project - REDISSE II for Guinea Bissau (P159040) within 60 days* after effectiveness. The revised ESMF will contain updates on provisions for storing, transporting, and disposing of contaminated medical waste and outline guidance in line with international good practice and WHO standards on COVID-19 response on limiting viral contagion in healthcare facilities. To mitigate impacts related to OHS, MINSAP- will work with relevant partners such as UNDP to leverage all existing supply chain options and open new ones where possible to ensure that PPE and other relevant equipment, kits and material can be procured and dispatched nationwide in a timely manner, subject to the existing health PPE constraints in the global supply chain. To manage the potential for social exclusion, the Project design takes into



account aspects of service access in preparing for and responding to any COVID-19 outbreak. To minimize Community Health and Safety impacts, MINSAP will outline a comprehensive community engagement and participation plan to engage and inform citizens on good practices to limit COVID transmission. To mitigate any potential patient-centric risk, MINSAP with support from the World Bank will develop codes of conduct and training materials targeted at the healthcare sector and develop communication strategies (as part of the SEP) to raise awareness around SEA/SH. These various actions and protocols will be captured in the ESMF as it is updated throughout implementation. To limit potential socio-political risks and impacts, the SEP will be a critical tool to help identify intervention points and communication strategies to reinforce the behaviors that limit transmission and to counter any likely rumors or misinformation that may circulate as a result of COVID-19 interventions.

*The development of the revised ESMF is required 60 days after Effectiveness based on previous experiences with other projects whereby 30 days after project effectiveness were initially planned. However, 30 days proved to be an insufficient amount of time under these circumstances to develop/update the ESMF and related instruments.

ESS10 Stakeholder Engagement and Information Disclosure

Once approved, the project will establish a structured approach to stakeholder engagement and public outreach that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with combating COVID-19. In addition to updating the existing ESMF for the WB-funded REDISSE project in line with the provisions of the ESCP, the client will apply the preliminary Stakeholder Engagement Plan (SEP) prepared for the emergency project, to engage citizens as needed and for public information disclosure purposes. Within 60 days** of project effectiveness, this SEP will be updated to include more information on the environmental and social risks of project activities and new modalities that take into account the need for improved hygiene and social distancing. The updated SEP will also include a more elaborate Grievance Redress Mechanism for addressing any concerns and grievances raised in relation to the project.

The updated SEP will acknowledge the particular challenges with engaging 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. People affected by or otherwise involved in project-supported activities, including different types of health care workers, will be provided with accessible and inclusive means to raise concerns or lodge complaints, via the Grievance Redress Mechanism (GRM) included in the SEP.

Beyond this, project implementation will be underpinned by a strong and well-articulated broader National Risk Communication and Communication Engagement Plan for COVID-19, which will not only help with the implementation of the community mobilization and behavioral change objectives of the project, but also help in a broader sense to tamp down on false rumors about COVID-19, to ensure equitable access to services, and to counteract the isolation and uncertainty that comes from people being kept in quarantine.



**The development of the SEP is required 60 days after Effectiveness based on previous experiences with other projects whereby 30 days were given after project effectiveness. However, 30 days proved to be an insufficient amount of time under these circumstances to update the SEP.

B.2. Specific Risks and Impacts

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

ESS2 Labor and Working Conditions

This Standard is relevant. Most activities supported by the project will be conducted by health and laboratory workers. 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 WHO guidelines which will be captured in the updated ESMF. 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 personal protective equipment (PPE); ensuring adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap and sanitizer); and overall ensuring adequate OHS protections in accordance with General EHSs and industry specific EHSs and follow 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.

MINSAP will develop procedures which respond to the specific health and safety issues posed by COVID-19, and protect workers' rights as set out in ESS2. This shall include Labor Management Procedures (LMP), included in the ESMF, to establish a procedure for the protection of workers' rights. The use of child labor will be forbidden in accordance with ESS2. The Project may outsource minor works to contractors. The envisaged works will thereby be of minor scale and thus pose limited risks, but workers will have access to necessary PPE and handwashing stations. Also, no large-scale labor influx is expected due to the same circumstance. In line with ESS2, the use of forced labor or conscripted labor in the Project is prohibited, both for construction and operation of health care facilities. The Project will also ensure a basic, responsive grievance mechanism to allow workers to quickly inform management of labor issues, such as a lack of PPE and unreasonable overtime via MINSAP.

ESS3 Resource Efficiency and Pollution Prevention and Management

This Standard is relevant. Pollution prevention and management – specifically medical waste management – will be a particularly important activity under the Project. Medical waste, including chemicals, contaminated PPE and equipment, and lab testing kits from healthcare facilities will need to be safely stored, transported and disposed. Waste management in Guinea Bissau is inadequate and in need to be improved, where open dumping is the only disposal currently available. For management of medical waste, some hospitals present incinerators, although sometimes are obsolete. The informal disposal of health care waste is also common in Guinea Bissau, and poses health risks also to ancillary workers (cleaning staff, waste collectors, etc.) that lack proper protection equipment



and collect, transport and dispose waste. The REDISSE project’s Infection Control and Waste Management Plan will be updated and adopt Good International Industry Practice (GIIP) , Environmental, Health and Safety Guidelines (EHSGs) in line with CDC and WHO COVID-19 guidance to prevent or minimize contamination from inadequate waste management and disposal. The ICWMP will set out details of the procedures to be implemented to manage infection control and waste management. The ICWMP for the different healthcare facilities (e.g. hospitals, laboratories, clinics, quarantine or isolation centers) will identify particular risks to each facility to support mitigation measures to reduce or avoid cross-infection in e.g. the procurement of appropriate waste management infrastructure, including waste containers, PPE, training of medical, laboratory and waste management personnel.

ESS4 Community Health and Safety

This Standard is relevant. In line with safety provisions in ESS2, it is equally important to ensure the safety of communities from infection with COVID-19. 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 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 or natural disasters such as seismic event.

The current ESMF will be updated to include further measures on medical waste including:

- 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 guidelines);
- measures in place to prevent or minimize the spread of infectious diseases;
- emergency preparedness measures.

Laboratories, quarantine and isolation centers, and screening posts, will have to follow respective procedures with a focus on appropriate waste management of contaminated materials as well as protocols, in line with WHO Guidance, on the transport of samples and workers cleaning before leaving the work place back into their communities. These will be captured in the updated ESMF.

The operation of quarantine and isolation centers (maximum 3) 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 Recipient will also operate quarantine and isolation centers in line with WHO guidelines on “Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV” as well as the Africa CDC guideline on “Africa CDC Guidance for Assessment, Monitoring, and Movement Restrictions of People at Risk for COVID-19 in Africa”.

Some project activities may give rise to Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) risks. The ESMF to be updated for this project will include a SEA/SH risk assessment and preventive measures. The Project will promote the avoidance of SEA by relying on the WHO Code of Ethics and Professional Conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure such as segregated toilets and enough light in quarantine and isolation centers.



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.

In case quarantine and isolation centers are to be protected by security personnel, it will be ensured that the security personnel follow a strict code of conduct 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.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

All construction is expected to be undertaken within existing facilities; therefore, ESS5 is not considered relevant at this point. In case a need for land acquisition leading to economic or physical displacement emerges during project implementation, Resettlement Action Plans (RAPs) would be developed to the satisfaction of the Bank prior to commencement of any civil works/construction.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This Standard is not currently relevant. The Project is not expected to support any significant construction activities that might jeopardize the integrity of biodiversity or living natural resources.

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

This standard is not relevant as there are no Indigenous Peoples/Sub-Saharan Historically Underserved Traditional Local Communities in the project area of influence.

ESS8 Cultural Heritage

This Standard is not currently relevant. With regard to tangible heritage, there are no significant construction activities anticipated and any physical works will be limited to rehabilitation or upgrading of existing facilities, entirely within their existing footprint. Should any new activity arise, Chance Find procedures will be included in the ESMF. No activities with a likely impact on intangible cultural heritage are under consideration.

ESS9 Financial Intermediaries

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

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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	
Environmental and Social Management Framework (ESMF) Environmental and Social Management Plans (ESMPs) for civil works	08/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
Stakeholder Engagement Plan (SEP)	06/2020
ESS 2 Labor and Working Conditions	
Labor Management Procedures (LMP)	08/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Infection Control and Waste Management Plan (ICWMP) included in the ESMF	08/2020
ESS 4 Community Health and Safety	
Relevant provisions in the ESMF	08/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
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	

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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



The World Bank

Guinea-Bissau: COVID-19 Emergency Response Project (P174243)

World Bank

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Borrower/Client/Recipient

Borrower: Republic of Guinea-Bissau

Implementing Agency(ies)

Implementing Agency: Ministerio da Saude Publica

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s): Edson Correia Araujo
Practice Manager (ENR/Social) Valerie Hickey Cleared on 30-Jun-2020 at 10:39:2 EDT
Safeguards Advisor ESSA Nina Chee (SAESSA) Concurred on 08-Jul-2020 at 20:03:19 EDT