



Ethiopia COVID-19 Emergency Response Project (P173750)

**Environmental and Social Review Summary**  
**Appraisal Stage**  
**(ESRS Appraisal Stage)**  
**9-March-2020**



## I. BASIC INFORMATION

### A. Basic Project Data TABLE

Country Ethiopia	Region AFR	Project ID P173750	Parent Project ID (if any)
Project Name	Ethiopia Covid-19 Emergency Response Project		
Managing Unit Health, Nutrition and Population	Type of financing intervention IPF	Estimated Appraisal Date 12-March-2020	Estimated Board Date
Borrower(s) Federal Democratic Republic of Ethiopia	Implementing Agency(ies) Ethiopia Ministry of Health	Financing partners	

### Project Development Objective(s)

The objective of the project is to strengthen Ethiopia's capacity to prevent and to respond to the COVID-19 outbreak and other immediately reportable disease outbreaks.

Financing (in USD Million)	Amount
World Bank source(s)	84.00
Borrower's contributions	0.00
Other source(s)	0.00
<b>Total Project Cost</b>	<b>84.00</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?**

Yes

### C. Project Abstract

The project will finance specific activities over 12 months covering the response and recovery phase of the emergency in line with the Government of Ethiopia (GoE), Ministry of Finance, official request sent to the World Bank Regional Director for Integration, Africa Region on March 5, 2020 for financing support for the country's preparedness and response to the COVID-19 outbreak. The requested amount is approximately US\$84 million for activities across six broad categories: i. (Vaccines and Therapeutics) Procurement of drugs, supplies and medical equipment; ii. (Goods and Services) Surveillance and Investigation; iii. (Works) Points of entry preparedness and strengthening including establishment of and providing equipment for quarantine and isolation centers and screening posts at designated land crossings; iv. (Goods and services-- communication) Risk communication and community engagement; v. (Works) Strengthening coordination and



Emergency Operations Center (EOC) functionalization including quarantine and isolation centers establishment, and vi. (Technical Assistance) Sub-national preparedness support. The objectives of Ethiopia's ERP and activities included are fully in line with the COVID-19 financing facility. As such, the project will be structured around the following components to support the relevant national preparedness and response plan:

- **Component 1. Medical Supplies and Equipment** [US\$43.57 million]: Case management and Infection; Prevention and Control (IPC), including procurement of Medical Equipment, drugs and supplies; Capacity building and experience sharing.
- **Component 2. Preparedness, Capacity Building and Training** [US\$22.20 million]: Coordination, regional support and EOC functionalization. Specifically, sub-national coordination and support of preparedness (EOC functionalization, Training, Supervision); Human resources for supportive supervision and subnational support; Vehicle rental, fuel and other administrative related costs for supportive supervision and monitoring. For supporting points of entry: Establishing call center (contact center) and strengthen hotline center; Strengthening PHEM and community and event based surveillance for COVID-19; Build regional diagnostic capacity for COVID-19.
- **Component 3. Community discussions and information outreach** [US\$9.30]: Risk communication and Community engagement, specifically: Behavioral and sociocultural risk factors assessment; Production of RCCE strategy and training documents; Production of communication materials; Establish IEC production center (Media and community engagement; Monitoring and evidence generation; Documentation; Impact assessment); Human resources for risk communication.
- **Component 4: Quarantine, Isolation, and Treatment Centers establishment** [US\$ 6.93]: Establishing and equipping isolation centers with medical supplies and furniture and network installation (8 centers); Establish 15 isolation and treatment centers and furnish.
- **Component 5. Project Implementation and Monitoring** [US\$2.00 million]: Implementing the Project will require administrative and human resources that exceed the current capacity of the implementing institutions, in addition to those mobilized through the ACDCP.



## D. Environmental and Social Overview

### D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]

The emergency operation treated as a new standalone project builds upon the Ethiopia components of Africa CDC Regional Investment Financing Project (ACDCRP), which became effective on March 6, 2020. The new Project will be implemented throughout Ethiopia and will contribute to improved COVID-19 surveillance and response. However, specific locations where sub-components will be implemented have not yet been identified. Ethiopia has considerable geographical diversity and as a result, is endowed with great diversity of plant, animal and microbial genetic resources. Ethiopia also encompasses different World Heritage Sites. No major civil works are expected in this project, and any works will take place in existing facilities. As result, the project is not expected to endanger natural habitats or cultural sites. However, COVID-19 Preparedness and Response activities such as the operation of laboratories (equipment, reagents /chemicals) as well as quarantine and isolation centers can have considerable environmental and social impacts. Such activities will be implemented in urban as well as remote areas (including border areas and areas of potential communal conflicts); above all in the latter quality control will be essential. Ethiopia's proximity to multiple fragile states and as a major land and air transportation hub greatly exacerbate the vulnerabilities to epidemics. Additionally, Ethiopia currently shelters about 1.5 million registered refugees from neighboring fragile states, the second largest refugee population in Africa with most refugees being in emerging and under-developed subnational states with limited health services.

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

The Ethiopia Ministry of Health (MOH) will be the implementing agency for the project. The State Minister for Programs will be responsible for the execution of project activities. The Grant Management Unit (GMU) of the Ethiopia MOH's Partnership and Cooperation Directorate (PCD) will be responsible for the day-to-day management of activities supported under these subcomponents, as well as the preparation of a consolidated annual workplan and a consolidated activity and financial report for the above-mentioned project components. The PCD already manages and coordinates several donor-funded projects in the health sector, including the Sustainable Development Goal Program for Results (P123531) and the Ethiopia component of the Africa CDC Regional Project. In addition, technical directorates at the Ethiopia MOH, the regional health bureaus, and other key agencies, including development partners in some cases (e.g. UNHCR), will be involved in project activities based on their functional capacities and institutional mandates. The GMU will assign or recruit additional staff to implement the project subcomponents, including: a project coordinator (before project effectiveness); an environmental/social safeguards specialist or focal point, a financial officer, and a procurement officer (by no later than one month after project effectiveness), and a monitoring and evaluation officer (by no later than six months after project effectiveness), to strengthen the GMU. The GMU may also recruit specialized technical staff as needed, and some activities may be outsourced to third parties through contract agreements acceptable to the World Bank.

The EPHI will serve as the key technical entity for these subcomponents. It will both support the PCD and directly implement certain technical activities and procurement of laboratory equipment and ICT systems. The EPHI will report directly to the State Minister, and it will share the project's technical and financial updates with the PCD-GMU and Office of the State Minister of Programs. If necessary, the EPHI will also reinforce the GMU with additional staff, including accountants and procurement officers, to manage project activities under its purview. Ethiopia MOH will also deploy the staff needed for proper implementation of the environmental and social framework elements of the project.

The Government of Ethiopia has experience in managing environmental and social risks associated with Bank Projects along the Bank's Operational Policies. The country also has an appropriate legal framework and established institutions for environmental and social risk management. One of the implementing agencies, the Ethiopian Public Health Institute (EPHI) has existing safety manuals and standard operational procedures for waste handling and disposal. EPHI has a regular



training program on biosafety and biosecurity and waste management. Most of the staff are trained on biosafety and biosecurity and waste management. Staff working in the EPHI's laboratories are vaccinated according to the specific risk group. In addition, EPHI has been implementing quality management system including biosafety and biosecurity. Although the country has some experience in operating BSL2 labs, its capacity to manage risks associated with COVID-19 is a major concern as the lab personnel may not have the detailed know-how on the biosafety risk management in the labs to be used for COVID-19 diagnostic testing and it may not have appropriate lab equipment and facilities to properly operate such labs. Equally, the country has no experience in handling social concerns around COVID19 as well as related measures, including quarantine. The Project will provide considerable funding to address these short-comings and it will be important that the Project sources international expertise to achieve international best practices on these matters in line with WHO guidelines. The ESMF to be prepared by Ethiopia Ministry of Health will build on and update the existing ESMF prepared under Africa CDC Regional Investment Financing Project (P167916) so that the laboratories 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 in line with the Project proposal.

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

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

High

As this project will finance procurement of drugs, supplies and medical equipment, the environmental risks will mainly be associated with the operation of the labs, the quarantine and isolation centers, and screening posts at land crossings, as well as with the appropriateness of the medical waste management system to be put in place by the client. Given that Ethiopia has limited experience in managing highly infectious medical wastes such as COVID-19, the project can be judged to have a high environmental risk and will require that appropriate precautionary measures are planned and implemented. WHO has reported that 20% of total healthcare waste would be infectious waste, and improper handling of health care waste can cause serious health problem for workers, community and the environment. Medical wastes have a high potential of carrying micro-organisms that can infect people who are exposed to it, as well as the community at large if it is not properly disposed of. Wastes that may be generated from labs, quarantine facilities and screening posts to be supported by the COVID-19 readiness and response could include liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid) and infected materials (water used; lab solutions and reagents, syringes, bed sheets, majority of waste from labs and quarantine and isolation centers, etc.) which requires special handling and awareness, as it may pose an infectious risk to healthcare workers in contact or handle the waste. It is also important to ensure that sharps are properly disposed of.

There is a possibility for infectious microorganisms to be introduced into the environment if they are not contained within the laboratory or the quarantine facilities due to accidents/ emergencies e.g. a fire response or natural phenomena event (e.g., seismic). The expected healthcare infectious/hazardous waste also includes wastes generated from COVID-19 patients. Medical wastes can also include chemicals and other hazardous materials used in diagnosis and treatment. The contamination of the laboratory and quarantine facilities, and equipment may result from laboratory procedures: performing and handling of culture, specimens and chemicals. If the contamination is due to a highly infectious agents, it may cause severe human disease, present a serious hazard to workers, and may present a risk of spreading to the community. In sum, the medical wastes from COVID-19 could cause a high environmental and social risk, if they are not properly handled, treated or disposed.

Social risks link to this. The key risk related to the operation are public and occupational health risks deriving from engagement with people and samples contaminated with COVID19. Accordingly, provisions need thus to be in place for proper safety systems, with a focus on quarantine and isolation centers, screening posts, and laboratories to be funded



by the project; encompassing above all OHS and waste management procedures. Beyond this immediate concern, project implementation needs also to ensure appropriate stakeholder engagement to (i) avoid conflicts resulting from false rumors, (ii) vulnerable groups not accessing services, or (iii) issues resulting from people being kept in quarantine. The project can thereby rely on standards set out by WHO as well as the Africa CDC to (1) facilitate noted appropriate stakeholder engagement and outreach towards a differentiated audience (concerned public at large, suspected cases and patients, relatives, health workers, etc.) to ensure widespread sharing of project benefits (COVID19 prevention and treatment) as well as avoidance of potential rumors and social conflicts; as well as (2) appropriate handling of quarantining interventions (including dignified treatment of patients; appropriate handling of specific concerns by vulnerable groups including cultural needs and Prevention of Sexual Exploitation and Abuse; as well as minimum accommodation and servicing requirements).

The comprehensive ESRC is considered high.

## **B. Assessment of Environmental and Social Risks and Impacts**

### **B.1. General Assessment**

#### **ESS1 Assessment and Management of Environmental and Social Risks and Impacts**

The project will have positive impacts as it should improve COVID-19 surveillance, monitoring and containment. However, the project could also cause significant environment, health and safety risks due to the dangerous nature of the pathogen (COVID-19) and reagents and other materials to be used in the project-supported laboratories and quarantine facilities. 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 laboratories and relevant health facilities which will be used for COVID-19 diagnostic testing and isolation of patients can generate biological waste, chemical waste, and other hazardous biproducts. As the laboratories to be supported by the project will process COVID-19 that can have the potential to cause serious illness or potentially lethal harm to the laboratory staff and to the community, effective administrative and containment controls should be put in place so minimize these risks. Environmentally and socially sound healthcare including laboratory operation will require adequate provisions for minimization of occupational health and safety risks, proper management of hazardous waste and sharps, use of appropriate disinfectants, proper quarantine procedure for COVID-19, appropriate chemical and infectious substance handling and transportation procedure, institutional/implementation arrangement for environmental and social risks, etc. 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 at a containment laboratory with inward directional airflow (BSL-3 level).

To this date, Ethiopia Ministry of Health/Ethiopia Public Health Institute will update the existing Environmental and Social Management Framework (ESMF) for BSL2 labs (including ESMP and ICMWP) as developed under ACDCRP (P167916) at the implementation stage so that the laboratories and quarantine facilities to be supported by the Project will apply international best practices in COVID-19 diagnostic testing and other COVID-19 response activities. This updated ESMF will have an exclusion list for COVID-19 lab activities that may not be undertaken at the BSL2 labs unless the appropriate capacity and infrastructure is in place (e.g., BSL3 level). Therefore, this operation will not finance activities that are at the level of a BSL3 operation and as such the ESIA for the BSL3 to be constructed under P167916



will not be followed or updated. Until the updated ESMF has been cleared, the Project will apply the existing ESMF in conjunction with WHO standards on COVID-19 response.

International best practice is outlined in the WHO “Operational Planning Guidelines to Support Country Preparedness and Response”, annexed to the WHO “COVID-19 Strategic Preparedness and Response Plan” (February 12, 2020). Further guidance is included in the WHO “Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV” (February 11, 2020).

These guidelines include provisions to address the needs of patients, including the most vulnerable. They also include provisions on the establishment of quarantine and isolation centers and their operation considering the dignity and needs of patients.

Each medical facility/lab will apply infection control and waste management planning following the requirements of the ESMF.

The ESMF will adequately cover environmental and social infections control measures and procedures for the safe handling, storage, and processing of COVID-19 materials including the techniques for preventing, minimizing, and controlling environmental and social impacts during the operation of project supported laboratories and medical facilities. It will also clearly outline the implementation arrangement to be put in place by Ethiopia Ministry of Health/Ethiopia Public Health Institute for environmental and social risk management; training programs focused on COVID-19 laboratory biosafety, operation of quarantine and isolation centers and screening posts, as well as compliance monitoring and reporting requirements,; including on waste management based on the existing Infection Control and Waste Management Plan prepared as part of the ESMF. The relevant part of COVID-19 Quarantine Guideline and WHO COVID-19 biosafety guidelines will be applied while updating the ESMF so that all relevant risks and mitigation measures will be covered. In addition to the ESMF, the client will implement the activities set out in the ESCP. It will also implement the SEP in the proposed timeline.

Site- and activity-specific considerations will be made based on these documents on an ongoing base, to be post-reviewed by the Bank for any sub-activity not considered of high risk.

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

The project will establish a structured approach to engagement with stakeholders that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with COVID-19. In instances where there is a likelihood of more vulnerable groups in attendance, such as the elderly and those with compromised immune systems or related pre-existing conditions, stakeholder engagement should minimize close contact. People affected by Project activities should be provided with accessible and inclusive means to raise concerns and grievances.

To ensure this approach, the project has included a component on “Risk communication and Community Engagement” (RCCE), funded with more than 10m USD, encompassing behavioral and sociocultural risk factors assessment, production of RCCE strategy and training documents, production of communication materials, media and community engagement, and documentation. The prepared Stakeholder Engagement Plan (SEP) describes the framework for these activities, following the guidance provided in WHO “Pillar 2: Risk communication and community engagement”. The SEP will be updated and re-disclosed after the preparation of the RCCE.

The approaches taken will thereby ensure that information is meaningful, timely, and accessible to all affected



stakeholders, including usage of different languages, addressing cultural sensitivities, as well as challenges deriving from illiteracy or disabilities. Due to the expected country-wide implementation of activities, the differences of areas and socioeconomic groups will equally be taken into consideration during rollout 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.

The project will also ensure the establishment of a Grievance Redress Mechanism, including the establishment of a hotline.

## B.2. Specific Risks and Impacts

### Assessment of the relevance of the project's risks and impacts, given its context at the time of Appraisal.

#### ESS2 Labor and Working Conditions

Most activities supported by the project will be conducted by health- and laboratory workers, i.e. civil servants employed by the Government of Ethiopia. Activities encompass thereby 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 ESMP and ICMWP) 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 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.

Thereby, child labor is forbidden in accordance with ESS2 and Ethiopian law, i.e. due to the hazardous work situation, for any person under the age of 18.

The project may outsource minor works to contractors. The envisaged works will thereby be of minor scale and thus pose limited risks. The workers will not work in contaminated areas. Also, no large-scale labor influx is expected due to the same circumstance.

In line with ESS2 as well as the Ethiopian law, prohibited is the use of forced labor or conscripted labor in the project, 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 the Ministry of Health.





### 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 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, following the requirements of the ESMF to be updated for the Project, WHO COVID-19 guidance documents, and other best international practices, will prepare and follow an Infection Control and Medical Waste Management Plan (ICMWP) to prevent or minimize such adverse impacts. The ESMF and site-specific instruments (ESMPs) will include guidance related to transportation and management of samples and medical goods or expired chemical products. Resources (water, air, etc.) used in quarantine facilities and labs will follow standards and measures in line with CDC and WHO environmental infection control guidelines 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 COVID19.

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 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)
- 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, noted in ESS1.

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. This includes the following requirements:

- Infrastructure: there is no universal guidance regarding the infrastructure for a quarantine facility, but space should be respected not to further enhance potential transmission and the living placement of those quarantined should be recorded for potential follow up in case of illness
- Accommodation and supplies: quarantined persons should be provided with adequate food and water, appropriate accommodation including sleeping arrangements and clothing, protection for baggage and other possessions, appropriate medical treatment, means of necessary communication if possible, in a language that they can understand and other appropriate assistance. Further information is also included in the *CDC Interim Infection Prevention and Control Recommendations for patients with confirmed COVID-19 or persons under*



*investigation for COVID-19 in Healthcare Settings.*

- Communication: establish appropriate communication channels to avoid panic and to provide appropriate health messaging so those quarantined can timely seek appropriate care when developing symptoms.
- Respect and Dignity: quarantined persons should be treated, with respect for their dignity, human rights and fundamental freedoms and minimize any discomfort or distress associated with such measures, including by treating all quarantined persons with courtesy and respect; taking into consideration the gender, sociocultural, ethnic or religious concerns of quarantined persons.

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.

In case quarantine and isolation centers are to be protected by security personnel, 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.

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

All eventual construction will be undertaken within existing facilities and thus at this point ESS5 in reference to permanent resettlement or land acquisition is not considered relevant. Temporary closures, reduced access, or disruption will follow principles of voluntary negotiations. In case permanent land acquisition would be necessary, plans would be developed to the satisfaction of the Bank prior to commencement of any land acquisition.

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

No major construction or rehabilitation activities are expected in this project and all works will be conducted within existing facilities. Hence, likely impacts of the project on natural resources and biodiversity are low. However, if medical and chemical wastes are not properly disposed of, they can have impacts on living natural resources. The procedures outlined in the infection control and waste management plan will describe how these impacts will be minimized.

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

Due to the country-wide rollout of activities, it is likely that it will also affect people meeting the criteria of ESS7, notably in the emerging regions and potentially pastoralists at its borders. The project will ensure respect of human rights, dignity, aspirations, identity, culture and livelihoods of SSAHUTLC and avoid adverse impacts on them or, when avoidance is not possible, minimize, mitigate or compensate for such impacts.



This will be ensured via the Project’s communication and outreach strategy as outlined under ESS10: the project will ensure that such communities are appropriately informed and can share in the benefits of the project in an inclusive and culturally appropriate manner (i.e. prevention and treatment).

In case whole SSAHUTLC communities will be addressed by quarantine provisions, site-specific approaches will ensure adequate consideration of their specific cultural needs, to the satisfaction of the Bank.

No situations which would require FPIC are foreseen.

**ESS8 Cultural Heritage**

No construction or rehabilitation activities are expected in this project. Hence, likely impact of the project on cultural heritage is low.

**ESS9 Financial Intermediaries**

This standard is not relevant for the suggested project interventions.

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

	Reliance on Borrower’s policy, legal and institutional framework	Relevant laws, regulations, rules and procedures, including regional and local requirements
ESS 1	<u>No</u>	
ESS 2	<u>No</u>	
ESS 3	<u>No</u>	
ESS 4	<u>No</u>	
ESS 5	<u>No</u>	
ESS 6	<u>No</u>	
ESS 7	<u>No</u>	
ESS 8	<u>No</u>	
ESS 9	<u>No</u>	
ESS 10	<u>No</u>	

**B.4. Other Relevant Project Risks**

Security in Ethiopia continues to be volatile and rumors are spreading rapidly, including politically instrumentalized. It will thus be important that communication outreach takes this into account. The development of the RCCE strategy (see ESS10) will describe respective measures, including engagement with communities as well as security personnel. Also, the GMU shall be in close coordination with other government offices to be able to react to any worsening security situation. In such case it will be important that the client informs the World Bank accordingly.

**C. Common Approach**

No



*Provide outline of Common Approach, identifying key substantive and procedural aspects.*

Until the updated ESMF has been cleared, the Project will apply the existing ESMF in conjunction with WHO standards on COVID-19 response. International best practice is outlined in the WHO “Operational Planning Guidelines to Support Country Preparedness And Response”, annexed to the WHO “COVID-19 Strategic Preparedness and Response Plan” (February 12, 2020). Further guidance is included in the WHO “Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV” (February 11, 2020).

#### D. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways

No

*Describe steps taken to comply with the Bank Operational Policy:*

OP 7.60 Projects in Disputed Areas

No

*Describe steps taken to comply with the Bank Operational Policy:*

### III. WORLD BANK ES OVERSIGHT [NOT DISCLOSED]

Corporate advice/oversight will be provided by an Environmental and Social Standards Adviser (ESSA) during project implementation

Yes

### IV. CONTACT POINTS

World Bank

Borrower/Client/Recipient

Implementing Agency(ies)

### V. FOR MORE INFORMATION CONTACT

The World Bank  
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**VI. APPROVAL** [NOT DISCLOSED]

Task Team Leader(s):	Patricia Geli, Roman Tesfaye	
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Country Director:	Deborah L. Wetzel	