



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 07/30/2020 | Report No: ESRSA00993



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Kosovo	EUROPE AND CENTRAL ASIA	P174452	
Project Name	Kosovo Pandemic Emergency Financing RETF		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing		8/7/2020
Borrower(s)	Implementing Agency(ies)		
Ministry of Finance	Ministry of Health		

Proposed Development Objective

The project development objective is to strengthen detection capacities related to COVID-19 in the Kosovo public health system.

Financing (in USD Million)	Amount
Total Project Cost	2.12

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]

Grant will finance the procurement of laboratory diagnostic tests, equipment and supplies for molecular and serological testing for SARS CoV 2.

This TF will trigger paragraph 12 of Section III of the IPF Policy to respond to the urgent needs for assistance with the health system response to the COVID-19 pandemic. Kosovo meets the definition of a country experiencing an urgent need of assistance as a result of a natural disaster, given the declarations of a global pandemic by the WHO and a national public health emergency by the Government, as well as the urgent requests for equipment and supplies for prevention and treatment of COVID-19. The application of Paragraph 12 of Section III of the IPF Policy to the “Pandemic Emergency Financing Facility” will facilitate a rapid response by the World Bank to these urgent needs.



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 public health response to the pandemic is led by the Kosovo health system, which has limited capacity to surge as demand rises. Although the role of the primary levels is preventive care, Primary Health Centers (PHC) centers in Kosovo are not acting as gatekeepers of care and are therefore missing an opportunity to positively affect the health outcomes of the poor population.

With existing public funds and resources, it is difficult for Kosovo to incentivize any quality improvement and also respond to the surging demand for health care services arising from COVID-19. Kosovo's health expenditure, both in total and as a share of the Government's health budget, is low relative to both regional and GDP per capita comparators. Total health expenditures have risen from an estimated 169.1 million Euros in 2015 to about 180.3 million Euros in 2017 but has stayed at 4.0 percent of GDP. In addition, the Kosovo health system is predominantly tax-funded (97% of public spending on health comes from the general budget), but a significant share of contributions comes from private out-of-pocket payments.

The implementation of the recently initiated health insurance reform has been delayed, leaving Kosovo's health system under the direct-provision model. Currently, the financing, risk pooling, and provision of health care are integrated and managed by the central Government. Public health facilities are owned by the state, and all health care personnel are salaried state employees, governed by civil service law and budget rigidities. Moreover, healthcare facilities in the country are characterized by an aging medical equipment, using imaging tests, treatment equipment, and maintenance activities which are insufficient. Some patients, who are in need of further medical services are often transferred to private hospitals or neighboring countries. Kosovo spends fewer public resources in health compared to other Western Balkan countries and the EU average. Wages and salaries account for over half of the total budget, leaving limited resources for investments in equipment and quality improvement in public healthcare.

A limited capacity in the country's healthcare system is undermining Kosovo's ability to respond to COVID-19. The number of physicians and nurses per patient, and the number of beds, among other things, are among the lowest in Europe. The country has a severe shortage of qualified medical staff; over the last five years, the number of physicians has decreased by more than one-third. There are also reports of unavailable drugs and services, long waiting times, lack of diagnostics and lab services, and absence of specialists. The existing public health emergency staff is under-resourced, and their working hours have been doubled to meet the surging demand for public health services, contact tracing, and diagnosing and treating COVID-19 cases. The Government of Kosovo had to mobilize additional workforce by recruiting temporary medical staff to meet the emergent needs to prevent, detect, and treat COVID-19.

Therefore, the project will support the enhancement of disease detection capacities by providing laboratory equipment and systems to ensure prompt case finding and contact tracing. It is expected that the project results will an increased capacity of diagnostic tests and functional equipment in public health laboratories around the country and increased testing and contact tracing capacities;

The project will supply the laboratories with medical equipment and supplies therefore the PCU will screen each Infection Clinic Units (ICU), if the appropriate medical waste management and disposal practices are in place in line



with World Bank Group's EHS Guidelines and current WHO Guidelines for COVID-19. The screening will provide the information on:

- current methods of medical waste management and disposal at the ICU;
- Identification of any on-site facilities for disposal of medical waste including incinerators, pits for burning medical waste, pits for burial of medical waste, etc.;
- Identification of any off-site disposal of medical waste, including how material is gathered and stored, routes taken to the disposal facility, and disposal procedures;
- Review of protocols for dealing with medical waste specifically related to infectious diseases like COVID-19;
- Review of training procedures for healthcare workers and other relevant ICU employees for medical waste management and disposal;

The more detail guidelines of the screening procedures will be provided in the ESMF.

The project activities will be implemented countrywide. The expected beneficiaries will be the population at large. Given the nature of the disease, special attention will be paid to vulnerable groups including infected people, at-risk populations, the elderly, and people with chronic conditions; medical and emergency personnel; medical and testing facilities; and public health agencies engaged in the response.

Given that beneficiaries, stakeholders for this project are the same as the one for the Health Component of the Kosovo Emergency Covid 19 Response Project same SEP, which has already been approved and disclosed will be used. The Stakeholder Engagement Plan (SEP) of the Emergency Response Project has identified primary stakeholders and guides all outreach and communication for all project activities to target beneficiary groups, and includes a focus on ensuring vulnerable groups are included in project information.

All environmental and social risks such as medical waste, worker safety etc. will be addressed through the Environmental and Social Management Framework (ESMF) according to new ESF template, to be prepared no later than 30 days of the the project effectiveness which sets out environmental and social (E&S) risk assessment requirements of each activity. It provides guidance on the preparation of site specific Environmental and Social Management Plans (ESMPs) as well as Infection Prevention and Control and Waste Management Plans (IPC&WMPs) where needed. The ESMF will include Labor Management Procedures (LMP) with a section on Occupational Health and Safety (OHS) to be followed for project workers which will complement the ESMF prepared for restructuring of Kosovo Health Project (P147402) prepared in April this year.

The ESMF will consider national and international protocols for infectious disease control and will include updated provisions on medical waste management. Any identified gaps in the Kosovo medical waste management system will be addressed through the ESMF.

D. 2. Borrower's Institutional Capacity

As part of its previous and ongoing involvement in the sector, the World Bank is well positioned to effectively support the Government's rapid response to COVID-19. Under the current World Bank-financed Kosovo Health Project (P147402) (KHP), two major components focus on strengthening primary care and developing the key building blocks for social health insurance. Recently, under the ongoing project, the Government has used Euro 1 million to purchase PPE and medical supplies to respond to the immediate COVID-19 emergency. In addition, the KHP has been



restructured to accommodate the Government's request to use Euro 4 million to further respond to the needs arising from COVID-19. The parent project KHP has started in 2015, and rated systematically moderate satisfactory throughout implementation. The monitoring of safeguard impacts and measures related largely to environmental performance during small scale reconstruction works under the project triggering OP 4.01

The Bank has actively supported the country in capacity-building and analytical work while introducing social health insurance reform and technical support to improve targeting mechanisms for health insurance subsidies. In addition, the World Bank has recently approved a fast-track facility emergency response project, pending Government's ratification and effectiveness, to respond to GoK's needs for COVID-19 prevention, detection, and treatment needs. The World Bank is thus well positioned to support the Government in strengthening its surge capacity for COVID-19. Through this work, the World Bank has established itself as a leading donor in the sector and it is the only development partner providing technical assistance to the Government's healthcare policy reforms and capacity strengthening.

The project will be implemented over a period of 6 months, through procuring of laboratory equipment and systems to ensure prompt case finding and contact tracing. ,with the Ministry of Health (MoH) as the key implementing agencies and in close coordination with the Ministry of Finance (MoF), the Kosovo University Clinical and Hospital Services of Kosovo (KUCHS), and the National Institute for Public Health (NIPH).

The existing Project Coordination Unit (PCU) of the parent Kosovo Health Project in the MoH will be accountable for the implementation of project. The PCU is staffed with Project coordinator, a Procurement specialist, a Financial Management specialist, a monitoring and evaluation specialist, assistant and the directors of relevant departments of the MoH (such as HR department and the department of health services) will be responsible for the technical implementation of Project activities. The PCU will be strengthened, under the Kosovo Health Project (P147402) and Kosovo Emergency Covid-19 Response project (P173819), by an additional environment and social standards specialists which will be supported by the Bank team to ensure adequate knowledge of the ESF and compliance with it. The specialist will also be responsible for environment and social aspects of Kosovo Emergency Covid -19 project (173819) and the of the current project activities. The parent project KHP has started on 2015, and is systematically rated as moderate satisfactory throughout implementation.

PCU will be responsible for carrying out stakeholder engagement activities. The nature of the Project requires a close coordination between the national, regional and local institutional stakeholders to implement behavior change communication activities. SEP implementation activities will be documented through quarterly progress reports and shared with the World Bank.

The RETF financed activities will use the grievance mechanism, already established by both the Kosovo Health Project, recently restructured as response to the Covid 19 epidemic and the Kosovo Emergency Covid Response Project. The grievance structure will be handled by the PCU, implementing arrangements, at the Ministry of Health.

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



A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

The project's environmental risks are substantial. The project will have positive impacts as it should improve COVID-19 surveillance, monitoring and containment. However, it can also cause substantial environment, health and safety risks due to the medical waste from the project procured medical supplies and equipment for public health laboratories; dangerous nature of the pathogen (COVID-19) and reagents and other materials to be used in the project supported Intensive Care Units (ICUs) and participating in the project laboratories. Infections due to inadequate adherence to occupational health and safety standards can cause spread of virus for medical staff, laboratory staff and population at large in due course of detection, transportation of patients/tests/chemicals and reagents, and treatment stages. Also, this can lead to illness and death among health workers. Furthermore, the ICUs and laboratories involving COVID-19 diagnostic testing and treatment will generate medical waste and other hazardous biproducts which, in the case of inadequate management during their collection, transportation and disposal, also may cause additional health risks.

The implementing agency has committed to prepare, during project implementation and no later than 30 days after project effectiveness, an ESMF that covers the environmental and social mitigation measures to be implemented for the various proposed activities of the Kosovo Pandemic Emergency Financing (RETF). Mitigation measures will largely be based on WHO technical guidance on COVID-19 response on limiting viral contagion in healthcare facilities, World Bank Group EHS Guidelines and other good international industry practice (GIIP). If the existing medical waste management is not compliance with the international standards, the ESMF will include an Infection Prevention and Control and Waste Management Plan (IPC & WMP) which will include specific guidance and protocols on developing site-specific plans. Although the governemnt has not asked for retroactive financing for the Grant (Kosovo Pandemic Emergency Financing) , in case this happens the current ESMF prepared for the restructuring of the KHP (P147402) will be used (the restructuring will finance purchase medical supplies , rehabilitation of quarantine areas and support of medical staff and operations) for the screening.

Social Risk Rating

Substantial

The social risks are considered Substantial. The risks and impacts are considered temporary, predictable and can be readily managed through the Project design features and instruments designed within. In addition the Project will largely have long term positive social impacts insofar as it should improve COVID-19 detection, monitoring, treatment and containment. However without adequate controls and procedures project activities ranging from medical facility operation to on the ground public engagement exercises can add to the risk of transmission and spread of Covid -19 to workers on labs and medical health care centers.

The central social risk is the exposure to health and safety risks for suppliers; project workers, particularly those working in medical, quarantine and laboratory facilities, stemming from improper disposal of medical waste, contacts with infected persons, and/or inadequate OHS measure.

Another central social risk is around vulnerable and disadvantaged groups (elderly, disabled, chronically diseased, people with no health insurance, migrants, single parent headed households, economically marginalized and disadvantaged groups especially residing in geographically challenging areas, Roma, Egyptian, residents of

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shelters/care facilities, prisoners) who could experience inequitable access to project supported facilities and services because of their qualifying characteristics which could lead to social unrest and tensions and possible increase of their vulnerabilities. The outreach activities and targeted messaging will be tailored to address particular needs of each group and will be refined based on their feedback and response as captured by the M&E activities of the Project.

GBV risk associated with this Project is assessed as low, based on country level assessment. Notwithstanding, the grievance redress mechanism (GRM) shall be strengthened with procedures to handle allegations of GBV/Sexual Exploitation and Abuse and Sexual Harassment violation risks. The ESMF shall incorporate the requirement for WHO Code of Ethics and Professional Conduct for all workers, as well as provision of gender sensitive infrastructure and segregated toilets in workplaces, isolation/quarantine centers. The ESMF will have measures to ensure female front-line workers are kept safe and free from pressure in health facilities, and in designated quarantine locations. Health care workers if and where needed can be trained to properly identify GBV risks and cases and facilitate appropriate and timely referrals.

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:

Overview of the relevance of the Standard for the Project:

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

(i) Occupational Health and Safety issues. Workers in healthcare facilities and laboratories are particularly vulnerable to COVID-19 contagion. A significant part of future infection spread risk is proper management of medical waste generated in laboratories and other facilities alike. If not adequately handled and treated, waste can turn into a vector in spread of COVID-19.

(ii) Community health and safety related risks. All project activities ranging from operation of laboratories to community engagement interactions present a risk of transmission in the community. The operation of laboratories and health centers have a high potential of infecting the wider population if not systematically managed and controlled. The Project's ESMF prepared for RETF (174452) will outline the procedure for each project activity, including monitoring, commensurate to the risk.

(iii) Possible risks around exclusion of Vulnerable Groups Access to Project supported Services and Facilities. A key social risk related to this kind of an operation is that marginalized and vulnerable social groups are unable to access facilities and services designed to combat the disease, in a way that undermines the central objectives of the project. Real or perceived inequities also have the potential to lead to conflicts and citizen unrest. To mitigate this risk the MoH, shall commit in the ESCP, to include in the POM to be prepared by the Kosovo Emergency Covid -19 project (P173819), clear mechanisms to all provision of and supplies to all people, regardless of their social status based on



the urgency of the need, in line with the latest data related to the prevalence of the cases. In addition, the SEP has identified specific vulnerable groups and other interested parties with regard to project activities and includes a strategy to target these groups to enhance their access to project benefits and inclusion in Project M & E.

(v) Gender risks. There is low risk associated with the Project and in the Country in relation to Sexual exploitation, Abuse (SEA) and Sexual Harassment yet promotion of avoidance of SEA relying on the WHO Code of Ethics and Professional Conduct for all workers. Health care workers may be trained to properly identify GBV risks and cases and facilitate appropriate and timely referrals if and when required.

(vii) The medical waste that will be generated from healthcare facilities and labs 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. The ESMF prepared for the RETF (P174452) will include a template for the Infection Prevention and Control and Waste Management Plan (ICWMP) to be adopted and implemented by all ICUs and laboratories if the procedures in place are inadequate.

Medical waste management and disposal generated by project medical supplies. In the University Clinical Center of Kosovo (UCCK) the medical waste is treated in the sterilization plant licensed by Ministry of Economy and Environment (MEE) and the pathological & infectious waste from the contracted licensed companies, and disposal at the site designated by MEE. The UCCK workers handling the waste are trained and licensed by MEE. The MoH/PCU will ensure that the existing system in place for medical waste management follows the ICWMP and WHO COVID-19 Guidelines;

- i. Onsite waste management and disposal will be reviewed regularly and training on protocols contained in the ICWMP conducted on a weekly basis;
- ii. The PCU will audit any off-site waste disposal required on a monthly basis and institute any remedial measures required to ensure compliance; and
- Waste generation, minimization, reuse and recycling are practiced where practical in the COVID-19 context.

As result of the project, the waste generated if improper handled and disposed it is expected to have the environmental impacts:

- water pollution, contamination of drinking water source;
- soil pollution; non-biodegradable waste put in landfills;
- Air pollution – incinerator emissions;
- public sensitivity

and health impacts:

- Injuries due to physical- sharps; Chemical – toxic; corrosive, flammable and reactive chemicals
- Infections: Occupational hazard for healthcare professionals-hospital acquired infection

ESS10 Stakeholder Engagement and Information Disclosure

This standard is relevant. The proeject will use initial SEP developed for the Kosovo Emergency COvid 19 Response Project, as the starting point. The SEP is expected to be updated on or before 1 month from the Effective date, the project is not yet effective, of the Kosovo Emergency Covid 19 Response Project. .

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Dissemination of clear messages around physical distancing, high risk demographics, self-quarantine, and, when necessary, mandatory quarantine is critical. The SEP serves the following purposes: (i) stakeholder identification and analysis; (ii) planning engagement modalities that serve as an effective communication tool for consultations and disclosure; (iii) outreach strategies to vulnerable groups; (iv) enabling platforms for influencing decisions; (iv) defining roles and responsibilities of different actors in implementing the SEP; and (v) a grievance redress mechanism (GRM).

The preliminary SEP identifies key stakeholders (i.e. affected parties, other interested parties and disadvantaged and vulnerable groups) and describes the process and modalities for sharing information on the project activities, incorporating stakeholder feedback into the Project and reporting and disclosure of project documents. Direct beneficiaries have been identified as COVID-19 patients and their families, people in quarantine/isolation centers and their families, front line health workers and technicians in facilities, hospitals, laboratories, public/private health care workers (Doctors, Nurses, Public Health Inspectors, Midwives, laboratory technicians, sanitary workers), and vulnerable groups as identified. Other interested parties such as media, NGOs etc. have also been mapped.

The project, through the SEP and communication strategy will carry out targeted consultations with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at workplaces and in their communities. Communication strategies have already been put in place targeting the vulnerable groups to understand their concerns and needs in terms of accessing information, medical facilities and services and other challenges they might face in their working or home environment.

The updated plan will be re-disclosed on the PCU and MoH websites and outreach media.

The client has developed and put in place under the exiting project (Kosovo Emergency Covid -19) a GRM and this will be tailored to meet the Project standards and to enable stakeholders to air their concerns/ comments/ suggestions. The GRM for Covid 19 Emergency Project for the Component 1 will be de facto a GRM for the RETF as well. An on-line Grievance mechanism and registry has been established within the Project PCU (Ministry of Health) (<https://msh.rks-gov.net/>). This GRM will be strengthened further and described in the updated SEP. The aim is to inform all stakeholders of the procedures for submitting grievances/suggestions regarding the Project and receiving responses on the submitted grievance. The same mechanism will be available at the dedicated social network accounts for the project. Information about the GRM shall be locally advertised i.e. at social work centres and local governments.

This will be managed from the PCU and information on access channels will be delivered as part of the SEP and communication outreach to all potential project beneficiaries. The GRM shall include staff with GRM responsibilities, community awareness tools, grievance lodging tools, and investigation and feedback processes and will be operational within 1 month on or about Effective date. The updated SEP will have refined consultation strategies and modalities with due consideration of measures in place at such times and the appeal process for unresolved grievances before referring to legal recourse. The approach to stakeholder engagement shall guide all project activities including the process of updating the ESMF .

The final SEP (and GRM), though the initial one has been disclosed, will be shared with relevant stakeholders via culturally appropriate means (and having regard to language, logistical and technological constraints).



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. The project workforce is expected to include i) direct workers including government health workers/staff; waste management workers; and consultants engaged directly by the PCU and ii) suppliers of the medical equipments.

The activities relate to treatment of patients, assessment of samples, medical waste disposal and outreach activities. Risky environments include laboratories, hospitals and health care centers, isolation centers and interaction with the broader community where project workers may be exposed to the virus. Project workers are also at higher risk of psychological distress, fatigue and stigma due to the nature of their work. The Project will ensure the application of OHS measures as outlined in WHO guidelines captured in the ESMF. This encompasses procedures for entry into health care facilities, including minimizing visitors, undergoing stringent protocols for admittance and release of patients, and building upon experience gained over time.

The ESMF, will include Labor Management Procedures (LMP) and sections on Environment Health and Safety (EHS) which (i) responds to the specific health and safety issues posed by COVID-19, and (ii) protect workers' rights as set out in ESS2. Health and safety issues associated with project financed activities will incorporate the WHO guidance tools for COVID-19 preparedness and healthcare facility management with the information, procedures, and tools required to safely and effectively work.

No child or forced labor is permitted under the Project

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 will be treated as described above in the ESS1.

ESS4 Community Health and Safety

The standard is relevant. The operation of quarantine and isolation centers needs to be implemented in a way that staff, patients, and the wider public follow and are treated in line with international good practice as outlined in WHO guidance for COVID-19 response as above under ESS 1 and ESS 2.

The SEP also ensures widespread engagement with communities in order to disseminate information related to community health and safety, particularly around physical distancing, high risk demographics, self-quarantine, and mandatory quarantine.

Roma and Egyptian communities in Kosovo have a higher infection risk due to their living environment which is crowded and often lacks amenities like running water and waste disposal, thereby compromising hygiene. Often these groups engage in green economy activities such as collection of secondary raw materials (waste picking). This



may also expose them to the infection risks. This will be mitigated by providing active outreach and targeted information sessions for these groups on COVID-19, to inform them about the virus, the disease it causes and how to protect themselves from infection by increased emphasis on hand and general hygiene and respiratory etiquette and use of PPP. These measures shall be adequately detailed in the ESMF and in final SEP (thought addressed in the initial SEP) as appropriate.

Gender-based Violence. Project activities are assessed as low risk on Gender-based Violence. Some project activities may give rise to the risk of Sexual Harassment (SH) risks. In response, the GRM shall be strengthened to handle allegations of GBV/SEA/SH. The ESMF could include a GBV risk assessment and preventive measures if and when deemed necessary, commensurate with the risk. The project will promote the avoidance of SEA/SH by implementing the WHO Code of Ethics and Professional Conduct for all workers, as well as the provision of gender-sensitive infrastructure and adequate lighting in isolation centers.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

The Standard is not relevant

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

The Standard is not relevant

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

The Standard is not relevant

ESS8 Cultural Heritage

The Standard is not relevant

ESS9 Financial Intermediaries

The standard is not relevant

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways

No

The project will finance purchase of equipment

OP 7.60 Projects in Disputed Areas

No

The project will finance purchase of equipment

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	
<p>ESS 1 Assessment and Management of Environmental and Social Risks and Impacts</p> <p>Timeline: To address the Borrowers capacity related risk, the PCU will appoint Environmental and Social specialists (to be hired by the Restructuring Kosovo Health Project (P147402)) no later than 30 days after the Effectiveness date.</p>	07/2020
<p>Prepare a project ESMF;</p> <p>Timeline: The ESMF will be finalized no later than 30 days after the Effectiveness date. Between project approval and the approval of the ESMF, the Project will strictly follow current WHO Guidance and avoid activities such as establishment of isolation units and treatment facilities at scale.</p>	08/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
<p>ESS 10 Stakeholder Engagement and Information Disclosure</p> <p>Updated Stakeholder Engagement Plan</p> <p>Timeline: The SEP will be updated and re-disclosed within 30 days from Effective date. The SEP will then be continuously updated during project implementatio</p>	08/2020
<p>Adopt the Grievance Redress Mechanism and establish a dedicated grievance / feedback hotline for the Project</p> <p>Timeline: The GRM will be updated and hotline established within 30 days from Effectiveness date.</p>	07/2020
ESS 2 Labor and Working Conditions	
<p>Labor Management Procedures</p> <p>Timeline: The LMP as part of the ESMF will be finalized within 1 month from Effectiveness date.</p> <p>Establish worker’s GRM</p>	08/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
<p>Infection Prevention Control and Waste Management Plan</p> <p>Timeline: Relevant aspects of this standard shall be considered, as needed and incorporated into the ESMF</p>	08/2020
ESS 4 Community Health and Safety	
<p>Relevant aspects of this standard shall be considered, as needed and incorporated into the ESMF</p>	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

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

World Bank

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Borrower/Client/Recipient

Borrower: Ministry of Finance

Implementing Agency(ies)

Implementing Agency: Ministry of Health

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

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Public Disclosure