



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 03/21/2020 | Report No: ESRSA00546



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Bangladesh	SOUTH ASIA	P173757	
Project Name	COVID-19 Emergency Pandemic Preparedness and Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/14/2020	6/26/2020
Borrower(s)	Implementing Agency(ies)		
Economic Relations Division	Ministry of Health and Family Welfare		

Proposed Development Objective(s)

To support the Government of Bangladesh to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness

Financing (in USD Million)	Amount
Total Project Cost	100.00

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]

Given that Bangladesh is one of the most densely populated countries in the world, adequate measures need to be put in place, as a matter of urgency, to ensure a strong and effective immediate response. The proposed project will focus on the following three key areas:

- i. Surveillance, Diagnostics and Community Engagement. This component will focus on limiting local transmission through containment strategies and subsequently mitigation strategies. More specifically, it will support enhancement of disease detection capacities through provision of technical expertise and laboratory equipment, and development of systems to ensure prompt case finding, contact tracing, and disease reporting.



ii. Health System Strengthening. As COVID-19 is expected to place a substantial burden on inpatient and outpatient health care services, this component will focus on strengthening the health care system to ensure that appropriate medical care is provided to COVID-19 confirmed and suspected patients, whilst safeguarding essential community services and minimizing risks to other patients and health personnel. The MoHFW will explore possibilities for partnership with the private sector to increase health care capacity.

iii. Institutional Capacity. This component will improve management, monitoring and preparedness capacity. Specifically, support will be provided to the following key areas: (a) improving the capacity of the Emergency Operations Center (EOC); (b) enhancing surveillance capabilities; (c) stockpiling of critical medical supplies; (d) operational research; and (e) implementation management.

D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social] This emergency operation has been prepared as a new stand-alone project which will be implemented throughout Bangladesh and will contribute to COVID-19 surveillance and response. The specific locations where project sub-components will be implemented have not yet been identified but will be implemented in urban as well as rural areas. The Project will involve capacity assessment of approximately 10 selected facilities, and these will be upgraded to ensure that they can serve as focal hospitals for management of COVID-19 (including Isolation and ICU support). This includes, for example, the Infectious Disease Hospital (IDH); the Bangladesh Institute of Tropical and Infectious Diseases (BITID); Combined Military Hospitals (CMHs)/ Medical College Hospitals in 8 divisions for isolation and case management. No major civil works are expected in this project; if any works are supported, they would be minor and take place in existing facilities within existing physical footprints. However, should there be a need for major refurbishments and/ or construction of any new structures, Environmental and Social Management Plans (ESMPs) will be prepared and disclosed prior to the beginning of works based on the provisions of the Environmental and Social Management Framework (ESMF). The ESMF for this project will be prepared no later than 30 days after the project effectiveness date. The ESMF and project activities should consider international protocols for infectious disease control and medical waste management. The project is not expected to impact natural habitats, indigenous peoples or cultural sites.

D. 2. Borrower's Institutional Capacity

The implementation of the proposed project will be the responsibility of the Ministry of Health and Family Welfare (MoHFW) through a project implementation unit (PIU). Due to the emergency nature of the project, the MoHFW may use selected United Nations agencies for procurement of medical equipment, medicines, and other supplies. The World Bank has been supporting the MoHFW in strengthening its health systems and improving delivery of health, nutrition and population services through a series of projects since the 1990s. Currently, the MoHFW is implementing the Health Sector Support Project (HSSP), which includes US\$550 million of IDA credit and US\$140 million in grant funds from five development partners that is channeled through a multi-donor trust fund managed by the World Bank. In addition, two projects are under preparation that will be implemented by the MoHFW – the Health and Gender Support Project (HGSP) for US\$150 million IDA credit that will improve health services for the displaced Rohingya and host population in Cox's Bazar district and is expected to be effective from April 2020. The second project is an Urban HNP Project for US\$300 million IDA credit to be effective by the end of 2020. The MoHFW is familiar with the Bank's safeguard policies and ESF. The E&S performance rating under the ongoing HSSP project is satisfactory. Through HGSP, the MoHFW experienced working under the ESF for the first time. The capacity of



MoHFW has already been assessed as part of the E&S capacity assessment of HSSP and HGSP. The capacity to execute the commitment made through Environment and Social Commitment Plan (ESCP) including various waste management plans and guideline of the health facility staffs are acceptable. The PIU to be set-up for the proposed project will need to recruit an Environment Specialist (ES) and a Social Specialist (SS) by no later than 3 months after effectiveness, who will assist the development of a long-term E&S capacity building program for the Ministry, especially those under emergency situations. Until recruitment, the MoHFW's own in house capacity will support the project's ES due diligence and other ES related issues.

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

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

The proposed project will support the MoHFW in strengthening its capacities for responding to an outbreak of any public health emergency, including COVID-19. Thus the project will support provisions for screening, detection and treatment of COVID-19 cases and further enhance health care facilities. The Environmental risk is rated Substantial.

The main environmental risks are: (i) the occupational health and safety issues related to testing and handling of supplies and the possibility that they are not safely used by laboratory technicians and medical crews; (ii) medical waste management and community health and safety issues related to the handling, transportation and disposal of healthcare waste as well as from construction related activities; and (iii) minor/moderate scale construction impacts related to air, water, noise emissions and waste. Waste that will 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 who come in contact with or handling the waste. It is also important to ensure that sharps are properly disposed of. The ESMF will build on the medical waste management plan already developed for the projects under preparation in the health sector currently. Also the planned civil works may cause noise and emissions from vehicles and machinery, waste generation and may involve risks regarding workplace and community health and safety. The ES screening will be required for civil works to evaluate if sub-project activities require specific environmental assessment and the ESMF will provide guidance about the preparation, consultation and disclosure of these documents. Procurement for goods (purchase of testing kits, medical equipment such as oxygen suppliers, etc.) and consultancy activities for COVID-19 communication can be initiated as soon as the project is approved. However, the ESMF must be finalized before establishing the isolation units, quarantine facilities, and/or construction activities at any scale (if included). In addition, any activities that have been screened for environmental and social risks will not be carried out without the updated, consulted and disclosed ESMF/Ps.

This proposed risk classification will be reviewed on a regular basis and changed (if necessary). Any change to the classification will be disclosed on the World Bank's website.

Social Risk Rating

Substantial

Public Disclosure



As mentioned above, the project may support renovation/refurbishment of selected health facilities, but only on existing footprints. Therefore, no land acquisition is envisaged as civil works involved will be only within existing compound of health facilities. No new infrastructure has been planned to be built either on public or private property. During implementation phase, selected sites will be screened to assess if there are any squatters who might be adversely affected. In such cases and if required, an abbreviated Resettlement Action Plan (RAP) may need to be prepared for their resettlement. The refurbishment and rehabilitation of the health facilities will entail employment of local labor, the number of which is not likely to cause any significant labor influx and its associated risks and impacts.

The Project beneficiaries will also include small ethnic minority communities, relevant steps will have to be taken to communicate project related information to these communities in a culturally appropriate manner, taking into consideration their special circumstances and potential for being excluded. The project will include specific Behavioral Risk and Communication (BCC) and risk communication aspects to inform general public about the disease, personal health and hygiene issues, provision of correct and updated information to reduce social risks from spread of misinformation.

Given the nature of the outbreak and potential lack/shortage of support/ equipment/ manpower, it may that the vulnerable and disadvantaged people may be left out of inclusion from the much needed and demanded service. Vital information and other physical medical resources may also be less available to these marginalized section of the community. It is of paramount importance that these vulnerable and disadvantaged people are provided with equal access to the services of the project and are consulted equally.

Given the scale and nature of the project, the potential community health and safety risks and the Borrowers limited capacity to manage them in the context under which the emergency project will be implemented, the social risk is rated Substantial.

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:

ESS1 will apply and will clarify the government’s responsibilities in identifying and managing the environmental and social risks of the project. The proposed project will provide health services in response to the global COVID-19 outbreak. Given the nature of how the disease spreads and the medical requirement and resources needed to address the issue, the health-care workers, the community members and the environment are likely to be exposed to health risks from medical, solid and liquid wastes generated from the health facilities (if not properly treated and managed) and the interaction among the potential COVID-19 cases and general public.

The Government of Bangladesh promulgated the Medical waste (management and processing) Rule 2008 for processing and management of medical waste in Bangladesh. The Medical Waste (Management and Treatment) Rules 2008 forms the base of management of all medical waste in the country. The rules are applicable only to waste management facility/operators i.e. those involved in transportation, treatment and disposal of medical waste. The law provides guidance on the collection, storage treatment and disposal of medical waste for management



facilities/operators. The institutions or agencies involved in collection, transport, storage, have to obtain authorization from the Department of Environment. In addition, the DGHS has developed an online record-keeping, reporting and monitoring system for in-house waste management, conducted training on MWM at various levels, explored the feasibility of different out-house waste management options in several hospitals in the country. However due to institutional capacity, inadequate monitoring and lack of awareness and enforcement, the issues associated with medical waste management still persist.

As part of the ongoing World Bank project (HSSP), the DGHS has ‘Kotripokkhko’ committees in eight Divisions of Bangladesh that are monitoring and supervising the disposal of hospital waste in accordance with the Medical Waste Management (MWM) Legislation 2008 and the agreed Environmental Management Framework (EMF) of the ongoing Health Sector Support Project (HSSP). The MoHFW has submitted an MWM monitoring report, which summarizes implementation progress of the MWM plan. No major issues were identified in the report.

As part of the proposed project, an Environmental and Social Management Framework (ESMF) will be developed which will include interventions keeping in line with the government’s MWM Act 2008, the EMF of the HSSP and WHO standards , to adequately mitigate environmental risks. Medical, solid and liquid wastes need to be treated as per accepted standards for which a Medical Waste Management Plan (MWMP) will be prepared, as a part of ESMF, to assist health facilities in developing and implementing their own plans. The Waste Management Plan cover: (a) anticipated waste composition and quantity; (b) existing medical, solid and liquid waste management system, including deviation and gaps from the emission standards and other protocols (c) existing regulatory framework and supervision / monitoring arrangements; (d) plan for using the existing medical, solid and liquid waste management system, including any measures to upgrade or remedy identified gaps and deviations; and (e) additional arrangements for supervision and monitoring of waste management including the generation of huge quantities of used and discarded PPEs.

Also, minor repair and renovation works for the project may generate construction related impacts such as cause noise and emissions, generate waste and involve risks regarding workplace and community health and safety. The project ESMF will cover the straightforward mitigation activities to manage these risks.

ESS10 Stakeholder Engagement and Information Disclosure

Relevant. From the very outset of the project, MoHFW will engage in meaningful consultations with all stakeholders throughout the project life cycle, paying special attention to the inclusion of women and vulnerable and disadvantaged groups. The project will address the issue of containment and treatment of COVID-19 which is very infectious, face to face communication and meeting/ gathering/ conferring in a closed place with a significant number of individuals will be avoided. Majority of the information dissemination will be done through websites/online portals, FAQ system, a toll free hotline, newspaper, community bulletin, local/FM radio station etc. Public address systems in mosques, para/mahalla etc will also be used. Gathering in congregational prayers, especially in Friday prayer will be a very effective setting in stakeholder consultation and dissemination of information. Contact may also be done in small groups following all safety and health protocols (use of PPE, not including anyone with symptoms to



be present etc.) will be followed, and only when allowed by local and national guidance and when needed. The borrower has prepared a Stakeholder Engagement Plan (SEP) which identified various stakeholders, ways and means of information disclosure and getting feedback with special reference to vulnerable and disadvantaged parties. Stakeholder engagement, consultation and communication, as well as a functional and an existing Grievance Redress Mechanism (GRM) of the Ministry (<http://app.dghs.gov.bd/complaintbox/?actn=adsrch>), will be used throughout the life of the project so that issues can be raised, information can be shared and addressed. The channel of communication may be restricted to online/ telephone methods so that physical interaction can be avoided. The SEP is a living document and will continuously be updated throughout the life cycle of the project. The SEP will be disclosed prior to negotiations allowing enough time for review and feedback from project affected and interested parties. The stakeholder engagement will also be used to provide and share information regarding the status of COVID-19, various health protocols and practice, deter rumors and the alert public of any emergency event.

B.2. Specific Risks and Impacts

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

ESS2 Labor and Working Conditions

The healthcare providers, staff and relevant workers, those treat coronavirus patients in the hospital are among the most important individuals in the fight against this virus and they may be gotten hit hardest by the virus. They should use safe mask, which are thicker than surgical masks and block out much smaller particles and other appropriate PPE. Some have even been pulled out of quarantine early to treat patients because of staff shortages. However, safety of healthcare workers is utmost important, and for the greater interest community. The guidance about how to handle the virus and assurance of self-quarantine facilities for the health workers should be confirmed. The project will include minor repair and renovation work in health facilities, which will require employment of local labor and their number is not expected to be significant. A Human and Occupational Resources Management Procedures (HORMP) will be prepared during implementation as per the directives of ESS2 which will include types and number of workers, legal frameworks, nature of their assignment, OHS issues, Grievance Redress Mechanism (GRM) etc. Further, a Human and Occupational Resource Management Plan (including Code of Conduct) proportionate to potential risks and impacts will be required to be prepared by the Contractor of the civil works prior to the beginning of works. This plan will also include the assessment and required mitigation measure to ensure health and safety of the contractor's workers that may be exposed to health risks. Issues such as child labor in the supply chain, forced labor, gender and GBV issues, occupational health and safety will be addressed in the bidding and contract documents as well. Labors will need to work closely in the potential COVID-19 environment hence use of PPE (particularly facemask, gowns, gloves, hand washing soap and sanitizer) free of charge, training on their usage, procedure of entry and exit the health facilities, continuous monitoring of their health condition (especially symptoms of COVID-19) will need to be ensured. No workers below the age of 18 will be assigned, given the hazardous nature of work. A basic Grievance Redress Mechanism (GRM) will be developed for the workers to report any issues relating workplace safety and other concerns. Adequate OHS protections in accordance with General EHSs and industry specific EHSs and GIIP in relation to protection from COVID-19 will be implemented.

ESS3 Resource Efficiency and Pollution Prevention and Management



The project is likely to generate a significant amount of medical, solid and liquid wastes. These may affect the health of care givers, local communities and the environment. A Medical Waste Management Plan (MWMP), (including medical, solid and liquid waste management) will be prepared as part of the ESMF to assess and manage waste of different kinds (solid, liquid, medical, hazardous and nonhazardous). The plan will include separation of different kinds of waste, treatment, reuse, recycle and transportation, storage and final disposal of wastes in approved sites/ through incineration/ other methods as per ESS 3 and related ESHGs, GIIP, WHO guidelines and national law. The Implementing Agency (IA – we’ve used this term everywhere – who do we mean? The PIU?) will ensure the execution of the waste management plans throughout the project implementation period. The IA will also ensure sustainable design for minor renovating/ refurbishment of health facilities and will consider energy, water efficiency measures where possible. The construction contractor will make arrangements for water required for construction in such a way that the water availability and supply to nearby communities remains unaffected. The construction contractor will be required to treat wastewater before discharging the same in to any stream or natural water bodies. Innovative solution will be sought for biomedical waste to be processed as close as possible to its generation place. The waste generated by the renovation works will be disposed of at approved sites according with the national laws and regulations.

ESS4 Community Health and Safety

Project activities under this project may give rise to a number of risks for community health and safety. The project would support the provision of health services to deter the COVID-19 outbreak through various health facilities. The requirement of labor will not be significant for refurbishment and renovation work and most the labors will be from local areas, hence labor influx will not pose a significant risk. However, the project will generate both non-hazardous and hazardous waste throughout the renovation and provision of medical service phases. The anticipated non-hazardous wastes would include construction material and debris, solid waste and waste water. Hazardous waste may include medical wastes including syringe, used medical supplies, masks and used PPEs, unused/ expired medicines, various disinfectant chemicals etc. If not treated, stored, disposed of following GIIP, these might have impact on human health and on the surrounding environment.

All these measures will be included in the ESMF. A Community Health & Safety Plan will be prepared, which will also include procedures on case investigation and reporting, emergency preparedness and response procedures and community awareness raising activities. Efficient waste management will depend on the implementation of appropriate procedures, protocols and monitoring of materials being delivered, handled and stored prior to disposal.

The interaction among potential cases of COVID-19 and general public in the health facilities will also be extremely serious, given the nature how the disease spreads from human to human. A public interaction protocol, good practices, use of PPE, good hygiene protocol will have to be posted in various locations and people made aware of to contain and eradicate the likelihood of transmission. This community engagement on how to avoid the risk of COVID-19 is part of the project design.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement



In this project, no land acquisition is envisaged since civil work involved will be refurbishment and rehabilitation of 8 divisional medical college hospitals, the National Infectious Diseases Hospital (NIDH), and the Bangladesh Institute of Tropical and Infectious Diseases (BITID). No new infrastructure has been planned to be built either on public or private property. However, presence of a small number of squatters will have to be identified within the existing health complexes who might be adversely In that case an abbreviated RAP may need to be prepared before the resettlement starts. Existing waste management facilities will be used for waste disposal and no additional waste management facilities/ dumpsite/ landfill will be required.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

The project is not likely to affect any biodiversity of living natural resources, given the information at the moment.

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

Given the width and breadth of the potential beneficiaries and reach of the project, small ethnic minorities present in various locations of the country will come under the umbrella of the project components. No specific direct negative impacts on IP/vulnerable communities are envisaged at the moment. But interaction with the small ethnic minorities to share information on project benefits will have to be done in a culturally appropriate manner—respecting the tradition and social environment the ethnic communities might be living under. Screening will be done during project implementation to confirm whether an Indigenous People Plan (IPP) will be required or not.

ESS8 Cultural Heritage

This project is unlikely to adversely affect any cultural heritage.

ESS9 Financial Intermediaries

The proposed project will not involve any financial intermediaries .

B.3 Other Relevant Project Risks

Given the existing state of the disease and its transmission mechanism, it is likely that schools, offices, public place, shopping centers/ bazars, places of large gathering may be subject to closure. Forced/ self-isolation may also become a common phenomenon. These may give rise to the price hike of essentials, disruption of supply chain mechanism, travel restriction, isolation from family support, social tension and rumors—all of which will add to the risk potential of the environment the project will operate in. As the overall area of influence of the disease rise, the healthcare facilities may come under serious stress with shortage of manpower and equipment, causing pressure on social stability. People living in close proximities (hostels, prisons etc) are likely to be more vulnerable than other populations and the need for special arrangements for isolation, initial case diagnosis and referral for these groups.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways

No

Public Disclosure



OP 7.60 Projects in Disputed Areas

No

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

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
The Borrower will prepare an Environmental and Social Management Framework (ESMF) including MWMP, and Emergency Protocol for COVID-19 (including information dissemination, use of PPE, community awareness etc.) The ESMF will be prepared in 30 days after Effectiveness date. Some activities (as defined under ESS 1 of this ESRS) will not be eligible before the final ESMF is in place.	06/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
The Borrower will update the Stakeholder Management Plan (SEP)	06/2020
ESS 2 Labor and Working Conditions	
The Borrower will be required to develop and follow a Human and Occupational Resources Management Procedures (HORMP) before physical work starts.	08/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Project will generate medical, solid and liquid wastes which may affect health service providers and population at large. A Medical Waste Management Plan (MWMP) (including medical, solid and liquid wastes) will be developed as a part of ESMF.	06/2020
ESS 4 Community Health and Safety	
A Community Health and Safety Plan will be developed	08/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
No land acquisition is necessary for the project. In case squatters are identified, an abbreviated RAP will be prepared.	08/2020
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
Screening will be done before implementation of project activities to confirm whether Indigenous People Plan (IPP) will be required or not.	08/2020

Public Disclosure



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

Contact:	Rianna L. Mohammed-Roberts	Title:	Senior Health Specialist
Telephone No:	5720+32355 /	Email:	rmohammed@worldbank.org

Borrower/Client/Recipient

Borrower: Economic Relations Division

Implementing Agency(ies)

Implementing Agency: Ministry of Health and Family Welfare

V. FOR MORE INFORMATION CONTACT

The World Bank
 1818 H Street, NW
 Washington, D.C. 20433
 Telephone: (202) 473-1000
 Web: <http://www.worldbank.org/projects>

VI. APPROVAL

Task Team Leader(s):	Rianna L. Mohammed-Roberts
Practice Manager (ENR/Social)	Valerie Hickey Cleared on 20-Mar-2020 at 17:25:54 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 21-Mar-2020 at 22:50:33 EDT

Public Disclosure