



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 04/15/2020 | Report No: ESRSA00688



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Burkina Faso	AFRICA	P173858	
Project Name	Burkina Faso COVID-19 Preparedness and Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/9/2020	4/10/2020
Borrower(s)	Implementing Agency(ies)		
Republic of Burkina Faso	Ministry of Health		

Proposed Development Objective(s)

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

Financing (in USD Million)	Amount
Total Project Cost	21.15

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

No

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

The proposed Project will be part of the COVID-19 Strategic Preparedness and Response Program using the Multiphase Programmatic Approach (MPA). The proposed Project will fill critical financing gaps that have been identified due to the new emergency preparedness and response needs created by COVID-19. The proposed project will consist of two components: Component 1: Emergency COVID-19 Response; and Component 2: Implementation Management and Monitoring and Evaluation. The first component provides immediate support to Burkina Faso to limit local transmission through containment strategies. Supported activities will mostly be related to: (i) case detection, confirmation, contact tracing, recording, and reporting; (ii) social distancing measures and prevention; (iii) health system strengthening; (iv) Communication Preparedness, communication and Community Engagement; and (v)



Social and Financial Support to Households. The second component supports project management, monitoring and evaluation, and the learning agenda.

D. Environmental and Social Overview

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

This emergency operation will be implemented nationally. It will contribute to COVID-19 preparedness, monitoring, surveillance and response. The project components are not yet finalized and the specific locations where project sub-components will be implemented have not yet been identified. No major civil works will be financed. Work to improve services in health facilities will focus on rehabilitation and/or renovation of existing structures within existing footprints. The project is not expected to impact natural habitats or cultural sites.

Increasing insecurity related to armed groups in the North and East of Burkina could negatively affect the implementation of project activities. In addition, Burkina Presidential and legislative elections are set for November 22nd, 2020. The Government is already facing a tense social climate and rising insecurity and this will be compounded by severe pressure from unions and threat of strikes ahead of the elections. It is in this context that the current project will be implementing.

D. 2. Borrower’s Institutional Capacity

The project will be implemented by the Ministry of Health (MoH) using the existing PIU for the Health Services Reinforcement Project (P164696, PRSS in French). The Ministry has implemented numerous World Bank-financed projects in the health sector over the years and the existing PIU has a full time environmental specialist. The PIU has demonstrated its capacity to screen, implement, monitor and report on environmental and social commitments as part of Bank-financed activities but it is recognized that a potential COVID-19 outbreak poses a unique set of challenges given the importance of immediate action synchronized over a broad geographic space. Meeting these challenges will strain the capacity of the existing PIU and this is also the first Project prepared under ESF that MoH will implement. The Environmental and Social Commitment Plan (ESCP) will include targeted support to build their capacity including training, recruitment of additional specialists including a social specialist and possible support from local organizations to deliver on the objectives of the COVID-19 response operation in a FCV context. PRSS has a full-time communication specialist who will be assigned for the two projects (PRSS+COVID19) and can be fully reassigned from PRSS to COVID project if deemed necessary.

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

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

Although the main long-term impacts are likely to be positive, there are several short-term risks that need to be considered. The main environmental risks include: (i) environmental and community health related risks from inadequate storage, transportation and disposal of infected medical waste; (ii) occupational health and safety (OHS) issues related to the availability and supply of personal protective equipment (PPE) for healthcare workers and the logistical challenges in transporting PPE across the country in a timely manner; and (iii) community health and safety risks given close social contact and limited sanitary and hygiene services (clean water, soap, disinfectants) and limited isolation capabilities at health facilities across the country. To mitigate these risks, the MoH will prepare an

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Environmental and Social Management Framework (ESMF) and an Infection Control and Medical Waste Management Plan (ICMWMP) based on WHO protocols for managing risks associated with COVID-19. The ICMWMP will contain provisions for storing, transporting, and disposing of contaminated medical waste and incorporate international good practice and WHO standards on limiting COVID 19 viral contagion in healthcare facilities. The relevant parts of the WHO COVID-19 quarantine guidelines and COVID-19 biosafety guidelines will be integrated so that all relevant occupational and community health and safety risks and mitigation measures will be integrated into the ESMF/ICMWMP. The Project will also support MoH in coordination with other partners to address logistical constraints regarding the timely provision of technical expertise, supplies, equipment and systems across the country.

Social Risk Rating

Substantial

The social risk rating of the project is Substantial. One key social risk related to the COVID-19 operations in general is that vulnerable social groups (poor, disabled, elderly, isolated communities) may be unable to access facilities and services, which could increase their vulnerability and undermine the general objectives of the project. Other social risks include the rise of social tensions that could be exacerbated by the lack of awareness regarding the behavior change required to decrease transmission (social distancing, hand washing and hygiene), stigma associated with victims of COVID-19 and their families, perceived exclusion from key health facilities and services and misinformation regarding how COVID-19 is transmitted and prevented. In addition, quarantine/isolation of patients may introduce other social challenges such as how to maintain dignified treatment of patients, attention to specific, culturally relevant concerns of vulnerable groups and prevention of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) as well as meeting minimum accommodation and servicing requirements. In addition, the planned activities may present risks to project workers – specifically, to health care workers potentially exposed to COVID-19 and more generally to project workers whose working conditions may be adversely affected due to the need to address the COVID-19 emergency. To mitigate these risks, the MoH will commit to the provision of services and supplies based on the urgency of the need in line with the latest data related to the prevalence of the cases. To address the risk of social conflict, the MoH has prepared a draft Stakeholder Engagement Plan (SEP) that will provide guidance regarding how to effectively engage citizens, culturally appropriate adaptations regarding behavior change, how to seek their inputs regarding project activities and the most effective way to provide project relevant information to all stakeholders. A Security Risk Assessment will be conducted if a decision is made by the government to deploy security forces to protect the health facilities supported by the Project. A Security Risk Plan will be prepared to provide guidance regarding how to protect local communities and workers.

B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

*This operation is being prepared as an emergency response using condensed procedures under the Fast Track COVID-19 Facility.

This standard is relevant. The Project will have overall positive environmental and social impacts as it will contribute to epidemic/pandemic preparedness, monitoring, surveillance and response, specifically with regard to combatting transmission of COVID-19. However, there are also wide-ranging environmental and social risks and impacts that will need to be assessed and managed through a risk-based approach during implementation. The primary risks identified



during preparation include: (i) environmental and community health related risks from inadequate storage, transportation and disposal of infectious medical waste; (ii) OHS issues related to the availability and supply of personal protective equipment (PPE) for healthcare workers and the logistical challenges in transporting PPE across the country in a timely manner; (iii) community health and safety risks given close social contact and limited sanitary and hygiene services (clean water, soap, disinfectants) and isolation/quarantine capabilities at health facilities across the country; (iv) possible risks around social exclusion for access to health facilities and services, especially for the poorest and most marginalized who have a limited ability to pay, and for the elderly or those with underlying medical conditions who would be most at risk in the event of a pandemic outbreak; (v) risks for those receiving treatment for COVID-19 symptoms, including discrimination and SEA/SH risks for patients in quarantine; (vi) socio-political risks specifically related to insecurity especially in the North and Center regions of the country; and (vii) low trust in the government which could lead to the rejection of public health interventions and information in some country contexts, contributing to the continued spread of the disease, while extreme control measures to slow or halt the spread of COVID-19 may add to existing resentment against the government in some sectors of society. To address these risks, the PIU will prepare an ESMF and an ICMWMP to provide clear guidance regarding the treatment of medical waste and the preparation of subproject ESMFs if and when necessary. The ESMF will incorporate international protocols for community health and safety during a pandemic and measures to address SEA/H. In addition, the ESMF will also screen and identify the risks related to contracting and/or using security forces to provide protection for healthcare workers and at certain health facilities. The ESMF will provide guidance regarding how to address these risks according to the principles of proportionality and GIIP, and by applicable national regarding civilian-military engagement, rules of conduct, training, equipping, and monitoring. The ESMF will be shared and consulted with stakeholders using the modified approach currently under preparation and publicly disclosed per the requirements of the ESF no later than 30 days after Project effectiveness. The PIU has prepared a draft ESCP and SEP that will be updated no later than 30 days after Project effectiveness in order to provide further details regarding the implementation of the various measures to address environmental and social risks.

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ESS10 Stakeholder Engagement and Information Disclosure

A draft Stakeholder Engagement Plan (SEP) has been prepared and disclosed. The draft SEP outlines the main characteristics and interests of the relevant stakeholder groups, timing and methods of engagement throughout the project cycle as well as an outline for the establishment of a project Grievance Redress Mechanism (GRM). After project approval and no later than 30 days after Project effectiveness, the SEP will be updated to include more detailed information regarding the methodologies for information sharing in FCV, more robust stakeholder mapping and identification of existing community-based platforms that can be used to facilitate effective community engagement and participation as well as the monitoring and evaluation plan. The updated SEP will also include details regarding the GRM that will be established to receive any concerns and/or grievances raised in relation to the implementation of project activities. In addition, more details will be provided in the updated SEP regarding the activities targeted at migrant and internally displaced populations that will be financed under Component 1. To address the possible social implications of supporting strict social distancing and isolation measures as a first step in slowing down the infection rate and to prevent overwhelming the already overstretched health system, conditional cash transfers and/or distribution of food/basic supplies to affected households are also being considered under Component 1 and the methodologies for engaging with potential beneficiaries and other stakeholders will be included in the updated SEP.



Supporting the SEP will be a strong and well-articulated communication strategy on COVID-19, which will not only help with the implementation of the community mobilization and behavioral change objectives that will be financed by the project, but also help minimize the circulation of false information regarding COVID-19, ensure equitable access to services, and to counteract the isolation and uncertainty that may accompany isolation/quarantine.

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. Many activities supported by the project will be conducted by health care and laboratory workers and will include both the treatment of patients as well as the assessment of patient samples and the key risk for them is possible COVID-19 infection. OHS measures as outlined in WHO guidelines will be captured in the updated ESMF and ICMWMP. This includes procedures for monitoring entry into health care facilities, including minimizing visitors and undergoing strict checks before entering; procedures for protection of workers in relation to infection control precautions; provision of immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and personal protective equipment (PPE); ensuring adequate supplies of PPE (particularly face masks, gowns, gloves, handwashing soap and sanitizer); and generally ensuring adequate OHS protections in accordance with the general and industry specific ESHGs and consistent with the evolving international best practice in relation to COVID-19 protection. Also, the PIU will ensure that they are regularly integrating the latest COVID-19 guidance by WHO as it develops. A Labor Management Procedure (LMP) will be prepared and disclosed. It will provide guidance regarding the policies and procedures that will govern health care workers, project staff and other workers hired under the project.

The Project shall be carried out in accordance with the applicable requirements of ESS2, in a manner acceptable to the Association, including through, inter alia, implementing labor management procedures (LMP) as set out in the ESMF and adequate occupational health and safety measures (including emergency preparedness and response measures), setting out grievance arrangements for project workers, as well as codes of conduct that address SEA/SH, and incorporating labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms, including specific provisions that address.

ESS3 Resource Efficiency and Pollution Prevention and Management

This standard is relevant. Pollution prevention and management – specifically medical waste management – will be a particularly important activity under the Project. Medical waste, including chemicals, contaminated PPE and equipment, and lab testing kits from healthcare facilities will need to be safely stored, transported and disposed. Waste management in general is a big constraint in Burkina Faso due to limited authorized disposal sites, and contaminated medical waste is of special concern. A number of healthcare facilities operate their own incinerators to ensure safe disposal, although these are unevenly dispersed across the country. The ESMF will include an Infection Control and Medical Waste Management Plan (ICMWMP) that integrates WHO COVID-19 guidance and other international good practice in order to prevent or minimize contamination from inadequate waste management and disposal.

ESS4 Community Health and Safety



This standard is relevant. Community health and safety risks identified during preparation include: (i) environmental and community health related risks related to the inadequate storage, transportation and disposal of infectious medical waste; (ii) community health and safety risks given close social contact and limited sanitary and hygiene services (clean water, soap, disinfectants) and isolation/quarantine capabilities at health facilities across the country (WHO guidelines); (iv) possible risks around social exclusion related to access to health facilities and services, especially for the poorest and most marginalized who have a limited ability to pay, and for the elderly or those with underlying medical conditions who would be most at risk in the event of a pandemic; (v) risks for those receiving treatment for COVID-19 symptoms, including discrimination and SEA/SH risks; (vi) socio-political risks specifically related to insecurity (armed groups); and (vii) low trust in the government which could lead to the rejection of public health interventions and information and violence against those providing services. These risks will be addressed in the ESMF. The PIU has prepared a draft ESCP and draft SEP that provide further details regarding the implementation of the various measures to address the other environmental and social risks identified and the updates that will be produced no later than 30 days after Project effectiveness will incorporate all relevant international standards such as the WHO Code of Ethics and Professional Conduct for medical workers. For the health facilities supported by the Project that may need to be protected by security personnel, a Security Risk Assessment (SRA) may need to be undertaken to identify the specific risks related to providing increased security at the various project sites and to propose adequate mitigation measures. This will be done when and if the government decides to deploy security forces to protect the health facilities supported by the Project.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not currently relevant. The project will not require any land acquisition or economic displacement. All rehabilitation and renovation will take place in existing facilities.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This standard is not currently relevant.

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

This standard is not currently relevant as it is not being implemented in areas where Indigenous Peoples/Sub-Saharan Historically Underserved Traditional Local Communities (IP/SSAHUTLCs) are present or in areas to which they have collective attachment. Should the presence of indigenous communities be confirmed through further screening, the project will address any risks posed to them and measures put in place to ensure that they receive culturally appropriate benefits. This will be done by ensuring that their views are sought as specified in the Stakeholder Engagement Plan (SEP) and that a Social Assessment (SA) is carried out prior to carrying any activities that would impact indigenous communities. Following the SA, and as appropriate: (i) a stand-alone plan or framework may be developed; (ii) or key elements of risk mitigation and culturally appropriate benefits will be included in the ESMF. Public consultations with representatives of indigenous communities and their organizations are provided for in the SEP, considering their circumstances. These organizations and representatives will be consulted during the revision of the SEP. The project will exclude any activities which would require Free, Prior and Informed Consent.



ESS8 Cultural Heritage

This standard is not currently relevant. There are no significant construction activities anticipated and any physical works will be limited to rehabilitation or upgrading of existing facilities.

ESS9 Financial Intermediaries

This standard is not currently relevant.

B.3 Other Relevant Project Risks

This Project will be implemented in increasingly insecure areas that face on-going attacks by armed groups against the Burkinabe armed forces and civilians. This is especially true for the activities that will be implemented in the northern and eastern parts of the country. As a result, it should be noted that the contextual risks exponentially increase the direct project risks and they cannot be entirely mitigated. It will be difficult to adequately supervise the activities that will be implemented in the insecure areas and there is a risk that project implementation will be interrupted by violence or conflict.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

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

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
The ESMF will be prepared and disclosed in country no later than 30 days after Project effectiveness.	05/2020
The draft ESCP has been prepared and disclosed per the requirements of the ESF. It will be updated as needed during implementation.	05/2020
A full time social specialist will be hired for the PIU no later than 30 days after Project effectiveness and maintained throughout Project implementation. Other specialists will be identified and reassigned from other projects or hired as needed.	06/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
A draft SEP was prepared and disclosed prior to appraisal. It will be updated no later than 30 days after Project effectiveness to include further details and implementation arrangements.	06/2020

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ESS 2 Labor and Working Conditions	
The LMP will be prepared no later than 30 days after Project effectiveness. Labor GRM to be functional no later than 30 days after Project effectiveness.	06/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Infection Control and Medical Waste Management Plan to be prepared no later than 30 days after Project effectiveness.	05/2020
ESS 4 Community Health and Safety	
A Community Health and Safety Plan (CHSP) will be prepared no later than 30 days after Project effectiveness. It will be cross referenced with the ESMF and SEP.	05/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
Not applicable.	
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
Not applicable.	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
Not applicable.	
ESS 8 Cultural Heritage	
Not applicable.	
ESS 9 Financial Intermediaries	
Not applicable.	

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: Republic of Burkina Faso

Implementing Agency(ies)

Implementing Agency: Ministry of Health

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

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Practice Manager (ENR/Social)	Kevin A Tomlinson Cleared on 08-Apr-2020 at 16:58:45 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 15-Apr-2020 at 07:48:33 EDT

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