



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 03/30/2020 | Report No: ESRSA00625



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Nepal	SOUTH ASIA	P173760	
Project Name	Nepal: COVID-19 Emergency Response and Health Systems Preparedness Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/27/2020	4/3/2020
Borrower(s)	Implementing Agency(ies)		
Ministry of Finance	Ministry of Health and Population		

Proposed Development Objective(s)

The project development objective is to prevent, detect and respond to the threat posed by COVID-19 and to strengthen national systems for public health preparedness in Nepal.

Financing (in USD Million)	Amount
Total Project Cost	29.00

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

No

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

The project development objective is to prevent, detect and respond to the threat posed by COVID-19 and to strengthen national systems for public health preparedness in Nepal. It will achieve this objective by supporting the Government of Nepal, and specifically the Ministry of Health and Population (MoHP), to (i) provide emergency COVID-19 response for better case detection, confirmation, contact tracing, recording, and reporting as well for strengthening health system for enhanced case diagnosis and treatment, focusing on critical hospital and laboratory infrastructure needed for COVID-19 and other public health emergencies; (ii) support community engagement and risk communication; (iii) strengthen the MoHP and its emergency coordination and implementation structures to improve the coordination of the response, monitor and learn from the response, and as well as to support project



implementation including procurement, financial management, undertaking of the Stakeholder Engagement Plan (SEP) and compliance with the Environment and Social Commitment Plan (ECSP); and (iv) enable the government, following an eligible crisis or event, to request the Bank to re-allocate project funds to support additional emergency response through Contingency Emergency Response Component.

D. Environmental and Social Overview

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

This emergency response project is being prepared as a stand-alone operation to improve Nepal's capacity to undertake disease surveillance and response especially epidemic diseases. The proposed activities include strengthening the epidemiological capacity of the country to carry out case detection, confirmation, contact tracing and recording of COVID-19 and other infectious diseases; improve health infrastructure (hospitals, laboratories, supplies) to diagnose and treat communicable diseases, improving risks communication and community engagement (RECCE) and health promotion; and providing technical assistance and training aimed at improving the overall preparedness of country's health system to prevent and control epidemic events. The project will invest in selected critical core hospitals (Patan, Bir, and Sukraraj hospitals), laboratories and emergency coordination infrastructure in the country which are needed to respond to the possible scenarios for outbreak of COVID-19 in Nepal. The activities will be implemented in both urban and rural locations with varied social, economic and environmental settings. In the provinces, low adult literary, high poverty rates, and inadequate access to healthcare services remain constraints. Rehabilitation and refurbishment of health infrastructure will entail minor construction works and occur in existing health facilities with no need for additional land-take. Disease surveillance activities as well as health risks communication and engagement may also impact cultural protocols of indigenous groups, and depending on cost and availability, could further marginalize access to quality healthcare services for vulnerable groups. The project is not expected to impact natural habitats and cultural sites.

D. 2. Borrower's Institutional Capacity

Based on preliminary experience, the client's capacity for managing the environmental and social impacts of this operation is considered as weak. The World Bank has prior experience working with the MoHP, the lead implementing agency of this project. However, these prior experiences were largely in low-risk and PforR operations (e.g. Nepal Health Sector Management Reform Program) and presented limited opportunities for project staff to familiarize with the Bank's safeguards policies.

Currently, the Curative Services Division (CSD) of the Department of Health Services (DoHS) has the primary responsibility for ensuring that waste from healthcare facilities are managed properly. The CSD is responsible for managing the environmental impacts of this project; whilst the Nursing Services Division (NSD) takes responsibility for RECCE and managing social impacts of the project. However, both Divisions face limited resources and budget constraints and have no internal procedures for exercising their mandates effectively. In the recent quarantine exercise at Kharipati in February 2020, the MoHP developed and adopted a Health Care Waste Management Standard and is seeking to apply this standard to similar activities that will be carried out under this project. The MoHP also developed a Gender Equality and Social Inclusion section/unit (GESI) to address GESI issues and to promote and facilitate the inclusion of women, Dalit, Indigenous Peoples, persons with disability and other excluded communities in the formulation, implementation of health policies and programs. Beyond its modest experience in carrying out community animation and engagement, the ministry lacks the institutional capacity for managing the broader environmental and social risks and impacts that are presented by this emergency operation. Recognizing these capacity lapses, the German Development Agency (GIZ) is currently providing support (including training and



equipment for staff) to help strengthen health care waste management system in 10 hub hospitals. The status of the health care waste management is poor in the country. Very few health institutions and hospitals have established health care waste disposal facility. These few hospitals have been mainly using incinerators which seldom comply with prescribed standards to burn wastes .

As part of the project preparation, the CSD and NSD (through the MoHP) will hire environmental and social specialists and draw on the expertise of other government agencies to build and strengthen its capacity for managing notable risks and impacts of the project. Under this emergency situation, the Bank is providing hands-on support and will work with the MoHP and other Development Partners to develop and implement a proportionate capacity building plan, as well as train and provide technical support for project staff who will implement the Environmental and Social Commitment Plan (ESCP), Environmental and Social Management Framework (ESMF), and Stakeholder Engagement Plan (SEP) and other mitigation plans. A capacity evaluation will be conducted during project implementation and, if needed, additional E&S specialists will be assigned for the project.

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

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

The proposed investments under this project will improve the capacity of the GoN to prevent and control disease epidemics. Some of the proposed activities under the project includes opportunities for upgrading skills of health staff including training women as cadre of health staff for tackling epidemics. As such, the project will have overall positive environmental and social impacts through improved institutional capacity for diseases surveillance, monitoring and containment. Nonetheless, the environmental risks are considered Substantial due to concerns about improper disposal and management of medical waste and bio-hazards, and the government’s existing capacity and resource constraints in responding to epidemics and the medical, environmental and social impacts that come with these types of operations. Other environmental risks and potential impacts include: (i) occupational health and safety (OHS) concerns to direct and contracted workers, laboratory technicians and medical crews in the specimen collection and handling, testing and handling of supplies; (ii) disposal of hazardous waste generated from quarantine and isolation centers, laboratories, and screening posts could include contaminated fluids (e.g. blood) and infected materials such as reagents, syringes, and lab solutions; and (iii) air, noise, water emissions, waste generation, OHS issues during rehabilitation works. Generally, the GoN’s regulatory framework for managing medical waste and ensuring sanitation at healthcare facilities is not widely implemented.

Given Nepal's limited experience, capacity and ineffectual regulatory framework to manage highly infectious medical wastes such as COVID-19, the project will require substantial risk mitigation measures, support and monitoring. To mitigate the above-mentioned risks, the MoHP will develop and implement an ESMF as per the Bank’s Environmental and Social Standards (ESSs); and apply the World Bank Group’s Environmental, Health and Safety Guidelines and all relevant WHO Protocols on epidemics such as COVID-19, relevant national laws and regulations. In particular, the ESMF will include procedures for Waste Segregation and Disposal.

Social Risk Rating

Substantial

Public Disclosure



The social risks are considered Substantial based on the project’s potential for creating or exacerbating the following risks and impacts during project implementation: (i) the potential for exacerbating existing marginalization of poor vulnerable (including the elderly, persons with pre-existing conditions, people with disabilities and indigenous peoples) and lower-caste groups in terms of access to relevant information and healthcare services which could deepen inequalities and undermine the objectives of the project; (ii) medical waste (especially sharps) on open waste dumps and discharge of contaminated water that may undermine community health and safety, injury waste pickers and cause contaminated land and surface water; and (iii) social tensions may arise from mandatory isolation and quarantine and prevention of transmission amplifying events due to concerns for personal privacy or intrusion on cultural protocols when dealing with indigenous groups. Other social risks issues include labor influx and its extended impacts such as sexual exploitation and abuse and the likelihood for violating ethical considerations (e.g. informed consent) during surveillance, epidemiological investigations, and case management. These risks are predictable, expected to be localized, and can be managed following routine/existing regulations and enhanced measures to be outlined in the ESMF and other social management plans.

To mitigate social risks the MoPH, commits, in the ESCP, to apply existing GESI Guidelines, and where necessary, develop additional protocols for ensuring adequate coverage of vulnerable groups and extend access to medical services and supplies for vulnerable groups. In line with the requirements of ESS 10, the MoPH will also update the preliminary SEP and implement it, ensuring a timely disclosure of relevant information on surveillance activities, risks and benefits, and the environmental and social impacts that may occur with such activities. The SEP will also anticipate specialized information needs of disabled and vulnerable populations and comply with WHO Guidelines on Risks Communication and Community Engagement. The SEP will include a Grievance Redress Mechanism (GRM) for addressing project-related complaints and concerns. No land acquisition or involuntary resettlement is expected as the minor civil works/rehabilitation expected will take place within existing hospitals and laboratories.

The overall Environmental and Social Risks Classification of the project along with the accompanying environmental and social management plans is based on the defined activities under components 1, 2, and 3 of the project. In the event that an eligible emergency or crisis is activated under CERC in component 4, this risk classification will be revised accordingly and proportionate to emerging risks that may occur with the CERC activities. In such circumstances, the ESMF and other instruments will be revised to provide additional guidance for the assessment and management of social and environmental risks that may occur with eligible emergency activities.

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:

The project will have positive environmental and social impacts as it may improve surveillance for infectious epidemic diseases (including COVID 19), monitoring and containment. At the same time, the project presents substantial environmental, health and safety (EHS) risks to direct and contracted workers and local communities due to the risky nature of the pathogen and reagents to be used in the project-supported laboratories and quarantine facilities. Without adequate planning and service delivery, disadvantaged or vulnerable groups could be further marginalized from accessing the services that are provided by this project. Healthcare-associated infections due to inadequate adherence to OHS standards can lead to illness and mortality among health and laboratory workers. The



National Public Health Laboratory (NPHL) and designated hospitals (e.g. Patan, Bir, and Sukraraj hospitals) to be used for diagnostic testing and patient isolation can generate biological and chemical waste, and other hazardous byproducts. The laboratories to be supported by the project will also process COVID-19 specimens and will therefore have the potential to cause serious illness or potentially lethal harm to the laboratory staff and to the community. Thus, effective administrative and containment controls will be put in place so minimize these risks. In general, the hospitals and health facilities to be supported by this project 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 procedures, 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.

To mitigate these risks, the MoPH will develop an ESMF to guide environmental and social risks assessment and management during project implementation. This will provide for the application of international best practices in COVID-19 diagnostic testing and handling the medical supplies, disposing of the generated waste, and road safety. This ESMF will have an exclusion list for project activities that may not be undertaken unless the appropriate OHS capacity and infrastructure is in place (e.g., BSL3 level). International best practice as outlined in the WBG’s EHS Guidelines for Health Care facilities and WHO’s “Operational Planning Guidelines to Support Country Preparedness and Response”, existing relevant national regulations like Public Health Service Act, 2018, Health care waste management standards and procedures will inform the design of the ESMF and other relevant environment and social management plans to be implemented in the project. In the case of thermal screening, detection and isolation at the Tribhuvan International Airport, the MoHP will be guided by WHO “Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV” (February 11, 2020).

As indicated above, major social risks that are anticipated in this project include the potential for marginalizing access to services and medical supplies for indigenous communities and other vulnerable groups (women, Dalit, and religious minorities); community health and safety issues which may arise from improper disposal of medical waste; and social tensions which may arise from surveillance and disease control measures including the isolation and social distancing. The draft Nepal Pandemic Preparedness and Response Plan (NPPRP, 2019) acknowledges the need to prioritize services for at-risk and vulnerable populations during epidemics, and will be further strengthened and used as basis for extending adequate access to services that are being offered through this project. As noted in the ESCP, the MoHP, commits to develop guidelines that prioritizes access to critical and highly susceptible populations such as the elderly and based on the urgency of the need. The ESMF will include procedures for waste segregation, transport and disposal so as to avoid or minimize risks of injury and illness to local populations and the potential for contamination of land and surface water.

Beyond this, project implementation needs also to ensure appropriate stakeholder engagement, proper awareness raising and timely information dissemination to (i) better inform and counter misinformation and false rumors; (ii) ensure equitable access to services for all who need it; and (iii) address tension resulting from people being detained in mandatory quarantine. In developing the SEP, the MoHP will be guided by the requirements of the ESS 10 and WHO’s Standards Guidelines for Risks Communication and Community Engagement (RCCE) to (i) facilitate noted appropriate stakeholder engagement and outreach towards a differentiated audience (concerned citizens, suspected cases and patients, relatives, health care workers, etc.); and (ii) promote the proper handling of quarantining



interventions (including dignified treatment of patients; attention to specific, culturally determined concerns of vulnerable groups; and prevention of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) as well as minimum accommodation and servicing requirements).

The ESMF should be finalized before establishing any new isolation units and quarantine facilities and/or undertaking minor rehabilitation /construction activities, for which individual Environmental and Social Management Plans (ESMPs) needs to be prepared. In addition, any activities that have been screened for environmental and social risks will not be carried out without the ESMF being in place, if potential associated risks are identified as substantial from an environmental and social perspective. Any activities that are screened as having high E&S risk, will be excluded from project support.

ESS10 Stakeholder Engagement and Information Disclosure

Considering the environmental and social risks of the project and the potential for misinformation is similar emergency epidemic operations, the MoHP will develop a SEP to streamline its procedures and strategies for public disclosure of relevant project-related information, public consultations, and risks communication. The SEP will consolidate on-going Information, Communication and Education (IEC) activities, ad hoc public consultation and engagement. It will also outline strategies for meaningful consultation and disclosure of appropriate information, taking into account the specific challenges associated with combating COVID-19. Prior to implementation of the proposed activities, the ESMF will also be consulted upon and disclosed to relevant stakeholders. The SEP will acknowledge the need for engaging marginalized and vulnerable social groups such as ethnic and religious minorities, IPs, and persons with disabilities, especially those living in remote or inaccessible areas, while keeping a clear focus on those who are most susceptible to the transmission of the novel coronavirus, such as the elderly and those with compromised immune systems due to pre-existing conditions. Stakeholder engagement strategies will point out ways to minimize close contact and follow the recommended good hygiene procedures as outlined in the US-Center for Disease Control (CDC) for patients with confirmed COVID-19 or persons under investigation for COVID-19 in healthcare settings. People affected by or otherwise involved in project-supported activities, including different types of health care workers, will be provided with accessible and inclusive means to raise concerns or lodge complaints, via the GRM included in the SEP. Beyond this, project implementation will need to be complemented by a strong and well-articulated broader project communication strategy, to help in community mobilization and behavioral change objectives, minimize false rumors about COVID-19, ensure equitable access to services, and to counteract the isolation and uncertainty that comes from people being kept in 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

Through the proposed activities, direct and contracted workers especially public health workers will be exposed to OHS risks. Except for rehabilitation and refurbishment works, most of the proposed activities will be conducted by public health staff and laboratory technicians, civil servants, and specialized consultants. The procurement and installation of laboratory equipment will be carried out by staff of suppliers. The biggest risks confronting workers is related to OHS and include exposure to infectious diseases (including COVID-19), hazardous materials, and exposure



to radiation. The project will ensure the application of OHS measures as outlined in WHO and World Bank ESH guidelines which will be captured in the ESMF. This ESMF will include (i) procedures for entry into health care and quarantine facilities, including minimizing visitors and undergoing strict checks before entering; (ii) procedures for protecting workers against infections and hazardous waste; (iii) training and toolbox meetings on OHS procedures to all categories of workers including direct and contracted workers; (iv) post signage to isolate and moderate risks exposure; and (v) mandatory use of Personal Protective Equipment (PPE), both direct and contracted workers. The ESMF and all other guidelines developed under this project will be flexible to allow review and integration as new guidance are provided by WHO over time and experience addressing COVID-19 globally.

In this project, the use of forced and child labor is forbidden in accordance with ESS2, for any person under the age of 18. Civil works will be carried out by contractors who may hire and use local labor. In all such works, workers will have access to necessary PPE and handwashing stations. Where labor camps are established (not expected, but can happen for the small scale construction works), the required health and safety and fire safety measures will be implemented along with worker protocols that prohibit sexual relations with local girls and women. The project will also provide accessible grievance mechanism to allow workers to raise workplace concerns and labor issues to be addressed by the MoHP, hospital administrators, and facility managers.

ESS3 Resource Efficiency and Pollution Prevention and Management

Medical 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 substantial environmental impacts and with human consequences. Solid wastes generated from medical facilities/ labs and discharge of contaminated water and fluids, chemicals and other hazardous materials, and other waste from labs and quarantine and isolation centers including of sharps, used in diagnosis and treatment can endanger health and safety of local communities. Each beneficiary hospital and facilities will follow the procedures outlined in the ESMF and relevant WHO COVID-19 Guidelines, and other best international practices. The hospitals will strengthen and apply the MOHP's Health Care Waste Management Plan to prevent or minimize adverse impacts. The ESMF will include guidance related to: (i) transportation and management of samples, medical goods and expired chemical products; and (ii) measures for ensuring energy and resource efficiency during refurbishment and operation of health facilities. The procedures for realizing energy and resource efficiency would be documented for each civil work activity in a site-specific ESMP. Waste water, used chemicals and solid waste generated from quarantine facilities and laboratories will be treated and discharged as per the standards and measures by WHO.

ESS4 Community Health and Safety

Apart from injury from sharps and syringes on landfills and open dumps, medical and general wastes from the laboratories, hospitals, and quarantine and isolation centers have a high potential of carrying micro-organisms that can transmit diseases the community at large if they are 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 disasters (e.g., earthquakes). The project design (subcomponent 1.1) includes investments to strengthen bio-safety measures. The OHS procedures in the ESMF will outline:



- Procedures for Risks Communication and Community Engagement (RCCE) as per WHO Guidelines to create awareness about hazards associated with medical waste.
- Measures to prevent or minimize the spread of infectious diseases.
- Emergency preparedness and response measures.

Laboratories, quarantine and isolation centers, and screening posts will 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 operation of the quarantine and isolation facility at the Sukraraj Infectious Disease Hospital and other facilities in the provinces will be implemented in a way that both the wider public, as well as the quarantined patients, are treated in line with international best practice as outlined in WHO guidelines referenced under ESS1.

The likelihood that project activities will generate or exacerbate the risks of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) is low. Nonetheless, the all facilities that will receive funds and support from the project will adopt basic measures to prevent and deter workers from engaging SEA/SH. The borrower has committed to work with the Bank to develop and implement SEA/SH Action Plan. The plan will promote gender-sensitive messaging, provide separate infrastructure such as segregated toilets, and implement mandatory Code of Conduct (CoC) for workers and staff. The above activities for preventing and minimizing risks to community health and safety will be an integral part of the SEP with focus on creating awareness and promoting safe community conduct. RECCE activities as proposed in the SEP will include messages aimed at reducing the potential for social tension.

In situations where quarantine and isolation centers are protected by security personnel, the MoHP will ensure that the personnel follow a CoC, taking into consideration the needs of quarantined persons.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is Not Relevant for this project. All civil works to be carried out under this project involves existing facilities and properties located on land that belongs to the GoN and/or the titled to the beneficiary hospitals and facilities. Based on preliminary assessments, the properties are without encumbrances. The scope of the planned civil works do not require additional land taking. There is a proposal to construct new infrastructure at the Kharipati Hospital or the National Infectious Disease Hospital. These hospitals currently hold encumbrance-free land that will be dedicated to new constructions should they become necessary. Any restrictions on land use and access to ecosystem services which is connected to the project implementation will be undertaken through voluntary and good faith negotiations between the parties. In the unlikely event of permanent land acquisition in connection with any project activities that have not yet been identified, this standard will become relevant and used to inform the preparation and implementation of Resettlement Action Plan(s) (RAPs) . RAPs will address compensation and livelihood needs of Project-Affected Persons (PAPs).

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, no impacts on natural habitats and biodiversity are expected. Accordingly, this standard is not considered relevant.



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

Nepal’s population includes indigenous peoples (e.g., Gurung, Tharu, Rai, etc) whose collective identity and presence is consistent with the characteristics that are specified in paragraphs 8 and 9 of ESS7. Official statistics indicate that this groups constitute approximately 36 percent of the population. The proposed activities do not present adverse impacts on indigenous people. However, there is a potential that the project activities could become directly present and visible among indigenous communities should there be an outbreak of COVID-19 or other infectious diseases among them. In such circumstances, the necessity for patient isolation and quarantine, social distancing, and prohibition of transmission amplifying events (e.g. funerals, cultural events, etc) could pose material effects on the cultural, ceremonial, or spiritual aspects of indigenous groups. Accordingly, this ESS is considered relevant for this project. Given the scope of the project, some of the project activities - disease surveillance, public health education, and RCCE - may be carried out among indigenous groups. All project-financed activities will be carried out with due respect for the rights, dignity, aspirations, identity, culture and livelihoods of IPs. Training and capacity building for health care workers under the project will ensure that care is provided for all, regardless of ethnicity and social status, and with due care, taking into account the cultural and ethnic protocols of IPs. The relevant aspects of ESS7 will be adopted to ensure full participation and consultation of IPs throughout the project implementation, and to create culturally-sensitive mechanisms by which IPs can raise concerns or seek redress for project-related grievances. The project activities will not induce adverse impacts on land belonging to indigenous groups and are not expected to cause relocation of such groups or cause material changes to their ways of life, therefore, the project will not be subjected to FPIC procedures.

ESS8 Cultural Heritage

This standard is currently considered Not Relevant as expected works will not involve significant earth movement, excavation, or other activities that could have an adverse impact on cultural heritage. In the unlikely event of construction or the movement of earth in connection with any project activities that have not yet been identified, a chance finds procedure will be prepared and integrated into the ESMF for the project.

ESS9 Financial Intermediaries

There are no financial intermediaries involved in this project.

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)

Public Disclosure



DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
Environmental and Social Management Framework (ESMF)	05/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
Stakeholder Engagement Plan (SEP)	03/2020
ESS 2 Labor and Working Conditions	
Occupational Health and Safety (OHS) procedures as part of ESMF; Incorporate labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms.	05/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Procedures for managing health care wastes, hazardous and non-hazardous wastes as part of ESMF; Procedures for energy and resource efficiency as part of ESMF	05/2020
ESS 4 Community Health and Safety	
Community Health and Safety Measures (as part of ESMF); Emergency preparedness measures in case of laboratory accidents/ emergencies, e.g. a fire response or natural phenomena event.	05/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
Not relevant	
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
Not relevant	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
Indigenous People's framework (as part of ESMF)	05/2020
ESS 8 Cultural Heritage	
Chance find procedure (as part of ESMF)	05/2020
ESS 9 Financial Intermediaries	
Not relevant	

Public Disclosure

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:

Borrower framework will not be used in this operation. But the project will comply with borrower's laws and regulations which are relevant for the operation.

IV. CONTACT POINTS

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Borrower/Client/Recipient

Borrower: Ministry of Finance

Implementing Agency(ies)

Implementing Agency: Ministry of Health and Population

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s): Kari L. Hurt, Manav Bhattarai
Practice Manager (ENR/Social) Kevin A Tomlinson Cleared on 29-Mar-2020 at 12:07:23 EDT
Safeguards Advisor ESSA Nina Chee (SAESSA) Concurred on 30-Mar-2020 at 07:55:7 EDT

Public Disclosure