



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 04/09/2020 | Report No: ESRSA00699



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Honduras	LATIN AMERICA AND CARIBBEAN	P173861	
Project Name	Honduras COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/9/2020	4/3/2020
Borrower(s)	Implementing Agency(ies)		
Republic of Honduras	Honduran Strategic Investment Office (INVEST-H)		

Proposed Development Objective(s)

To detect and respond to the threat posed by COVID-19 in the Republic of Honduras.

Financing (in USD Million)	Amount
Total Project Cost	20.00

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]

This project supports the COVID-19 response plan for Honduras, under the Fast Track COVID-19 Facility. The Project components are aligned with the objectives of the COVID-19 SPRP and will support the Government’s capacity to detect and respond to the threat posed by COVID-19. The specific activities financed by the Project fit into the overall Government strategy to support the identification, isolation, and provision of care for patients with COVID-19 to minimize disease spread, morbidity and mortality. It is anticipated that the project will be implemented with support from UN agencies and other partners. Component 1 on Emergency COVID-19 response supports epidemiological surveillance, case management, and diagnostic capacity as well as strengthens critical aspects of health delivery to



cope with increased demand of services, through the provision of medical supplies and equipment, particularly for intensive care units. It will also support infection prevention and control in public health facilities, including laboratories, isolation units, and health sanitary offices. Component 2 supports the general implementation of the Project and Monitoring and evaluation functions. The Project will be implemented through a Project Implementation Unit in INVEST-H with technical support from the Ministry of Health (SESAL). INVEST-H and SESAL will enter into an Inter-institutional Cooperation Agreement to establish responsibilities and processes required to ensure a timely project implementation and compliance with World Bank fiduciary and safeguards policies. Overall governance challenges continue to constrain the Government's capacity to lead and implement all aspects of the emergency response. There is a multiplicity of actors (domestic entities and bilateral as well as international agencies) that would be involved in COVID-19 response efforts, and coordination across these actors is difficult. The Government, with the support of partners such as IDB, is coordinating the different supports to maximize complementarity and minimize potential overlaps.

D. Environmental and Social Overview

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

The project will be implemented nationwide, at public hospitals (including intensive care units) and laboratories, Points of Entry, International Sanitary Offices and mass isolation units. Through the procurement of essential goods, medical equipment and medicines, the project will support the timely identification and follow up of suspected and confirmed cases of COVID-19. Medical equipment and goods will be dispatched to prioritized public hospitals and laboratories across the country. All facilities to receive support through the project are existing. No civil works, either of new construction or rehabilitation works, are expected.

Honduras is the third poorest country in the Western Hemisphere, and faces various existing health sector challenges with consequences for the risks posed by COVID-19. While progress has been achieved in the reduction of maternal and child health mortality and morbidity, the epidemiological burden has now shifted towards non-communicable diseases such as cardiovascular disease, diabetes, cancer and pulmonary disease – all of which present underlying risk factors for COVID-19. The public health sector in Honduras has been investing in expanding coverage and services for primary health care, but coverage access varies across geographic regions and population groups, with age, income and education disparities in access to and quality of services. Density of human resources for health was significantly lower than the regional LAC average in 2016: 3.1 doctors and 8.8 nurses per 10,000 population versus 21.7 doctors and 47.2 nurses per 10,000 population (World Development Indicators 2020). Hospital bed density is also low, with 7 beds per 10,000 population in 2014. While primary level of care has been strengthened, and Intensive Care Units (ICUs) are available, the country is not fully prepared to provide health care services or mitigate the impacts of the COVID-19 if the number of cases were to increase considerably. Health and social challenges will be aggravated when health services are overburdened, posing an immediate challenge to the sustainability and effective functioning of the health system.

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. The new coronavirus (COVID-19) was declared a pandemic by the World Health Organization (WHO) on March 11, 2020. Currently, the number of COVID-19 cases in LAC is increasing daily, and the epidemic threatens to exceed the limited capacity of many healthcare systems in the region. Even though



Honduras presents a currently low number of confirmed cases of COVID-19 in Central America as of late March 2020, the government's response is limited when it comes to testing and actively identifying new cases. Health sector challenges in Honduras are expected to be aggravated by the pandemic, since Central America is classified as a high-risk area with limited response capacity and large groups of vulnerable populations.

Negative impacts of the COVID-19 pandemic could disproportionately affect vulnerable groups, who already have limited access to healthcare services and, most likely, depend on the informal economy, thus subject to loss of income. Identified vulnerable groups include populations in crowded peri-urban areas, communities in remote rural areas, households below the poverty line or people with disabilities. These groups might not have access/means to reach healthcare centers or reside in areas where healthcare centers are not equipped with the personnel, goods and equipment needed to treat COVID-19 patients. Communities in border areas could also be subject to higher risks of infection if sanitary controls are not established at points of entry. Statistics for COVID-19 are showing that the elderly or chronically ill are more likely to present complications if affected by the virus. Indigenous Peoples and Afro-descendants are also among the marginalized groups who lack access to health care and are often the groups most severely affected by poverty and social exclusion. While these groups account for an estimated 8.6 percent of the national population, rough estimates from indigenous organizations indicate that more than 70 percent live in poverty and more than half are unemployed. A lack of information from household surveys has translated into a lack of official estimates of poverty rates among these groups.

Honduras has developed a basic legal framework for waste management, which is in the process of being implemented. Honduras does not have an efficient and safe system for the management and treatment of hospital waste (PAHO, 2010. Análisis Sectorial de Residuos Sólidos de Honduras). The collection and transportation of solid and hospital waste is carried out in private vehicles contracted by the Ministry of Health or by municipal vehicles that often do not meet the requirements established for this type of activity. Hospital waste is separated and classified at the generation site, but this segregation is not efficient and medical waste is often mixed with municipal waste. Only a part of medical waste is treated by incineration, and the majority is sent along with municipal waste to final disposal sites, such as sanitary landfills, open dumps, or even uncontrolled dumps. The PAHO study indicates that in 2010 only 60 municipalities out of 298 (20%) had a collection service and an assigned site to deposit municipal waste, but by 2018 (WB, 2018. Los Desechos 2.0), San Pedro Sula and Tegucigalpa had a solid waste collection coverage of 59% and 97% respectively. Starting in 2012, formally operated sanitary landfills were also established to serve these cities. According to press reports, as of 2016, a private company is responsible for the collection and treatment by incineration of hazardous waste from hospitals, with coverage for San Pedro Sula of 90%. This information shows that in recent years, waste management in general and hospital waste in particular has improved in the two most important urban areas of the country. Given the uneven and generally weak existing medical waste management practices in the country, it will be important that all medical and quarantine facilities designated to attend the emergency by COVID19 are provided support and capacity building on the proper management of medical waste produced in connection with the project, including that related to its treatment and final disposal.

D. 2. Borrower's Institutional Capacity

A Project Implementation Unit (PIU) will be established within the Honduran Strategic Investment Office (INVEST-H), which has previous and ongoing experience working on projects with multilateral lenders applying World Bank (WB) safeguard policies and other similar requirements in various sectors, including rural development, water, and transport among others. INVEST-H is an official management unit in charge of project planning, administration and implementation, focusing on strategic, national-scale development programs, and acting as part of the General Coordination Unit of the Government of Honduras. The project will also be implemented in close collaboration with



the Secretary of Health (SESAL), which oversees the country's network of public hospitals and health units, which will be the main recipients of medical equipment and goods to be procured under the Project.

INVEST-H has adequate experience, and – with project resources -- will be able to mobilize and deploy the appropriate capacity and expertise relevant to the activities of the project, including by contracting PAHO to support on capacity building and field level supervision, to manage project environmental and social aspects. INVEST-H is currently implementing the Integrating Innovation for Rural Competitiveness in Honduras Project – COMRURAL II (P168385) and has a good track record of safeguards compliance; it has also recently prepared two WB project under the new ESF: the Water Security in the Dry Corridor of Honduras Project (P169901) and the Honduras' Urban Water Supply Strengthening Project (P173125). INVEST-H has a sound working knowledge of environmental and social management issues and it routinely hires social and environmental specialists to support preparation and implementation of its various projects. Nonetheless, the circumstances around preparedness and response to any potential COVID-19 outbreak poses a unique set of challenges given the importance of immediate action synchronized over a broad geographic space. In addition, beyond INVEST-H staff, the relevant capacity of SESAL and front-line doctors and medical staff at the recipient hospitals and laboratories – who will play the key roles on the ground of ensuring compliance with environmental and social requirements and procedures – is currently unknown but is presumed to require strengthening under the project, at minimum to provide full orientation and verify arrangements for the specific COVID19 related environmental and social (E&S) risk management measures to be detailed in the project's Environmental and Social Management Framework (ESMF) and Stakeholder Engagement Plan (SEP).

The existing environmental and social team members in INVEST-H who have recently worked on preparation of the two World Bank projects have the technical capacity to elaborate an Environmental and Social Management Framework (ESMF) with a particular focus on medical waste management, occupational health and safety, and stakeholder engagement. Given their recent experience in developing two projects under ESF, it is expected that INVEST-H will draw from this experience to prepare, implement and monitor the instruments required for this project. Going forward, to effectively oversee implementation of the ESMF and other ESF instruments, including to implement a comprehensive program of stakeholder engagement, communications and grievance redress program, INVEST-H will need to appoint dedicated environmental and social personnel for this project. At a minimum, an environmental specialist and a social specialist will be required, participating full time, as part of the INVEST-H team, no later than 30 days after project effectiveness.

In addition, given the weak existing capacity within SESAL on environmental and social management, the Pan American Health Organization (PAHO) will be subcontracted to the project by INVEST-H, to provide hands on support on adequate application of environmental and social management aspects through capacity building and training to SESAL officials and front line doctors and medical staff, as well as compliance supervision support of facilities receiving financing under the project, particularly on aspects related to medical waste management, occupational health and safety, and sanitary procedures in line with international guidelines for COVID19 related testing, response and patient care. PAHO will also procure some of the equipment and supplies for which they have a comparative advantage, as well as to provide technical assistance to both INVEST-H and SESAL to ensure the procured goods match the quality needed. If required, PAHO's capacity will be supplemented by direct contracting of additional expertise to provide training, support and oversight of environmental and social management aspects. This has been budgeted under Component 2 of 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 environmental risks for the project are considered substantial. Given that no civil works are envisioned and the project will focus on procurement of supplies, the main environmental risks expected include: (i) environmental and community health related risks from inadequate storage, transportation and disposal of infected medical waste, (ii) occupational health and safety issues related to the pandemic and dependent on the availability, supply and appropriate use of personal protective equipment (PPE) for healthcare workers as well as handling of medical machinery and equipment such as oxygen tanks; and (iii) pollution and human health and safety risks stemming from cleaning and disinfection products, chlorine and other hazardous byproducts, etc. These risks are considered substantial, in light of the emergency context in which there may be potentially large volumes of medical waste requiring management as well as difficulty in properly distributing PPE to all workers who require it, and with underlying weak existing capacity and track records in the health sector of proper management and disposal of regular medical wastes. To mitigate these risks, an Environmental and Social Management Framework (ESMF) will be developed and will include and reference the specific guidelines developed by the WHO for COVID19 response including on biosafety and medical worker safety.

Social Risk Rating

Substantial

The social risk for this project is considered substantial. The Project components will not involve resettlement or land acquisition and the project objectives benefit the Honduran society in general. However, the World Bank classifies the Social risk of the project as "Substantial" after considering the limited capacity of the government to manage the crisis in case the outbreak affects a large part of the population, and the country's underlying weakness in health provision, particularly to the most vulnerable sectors of society. Possible social risks for this project include: (i) difficulties in access to services by marginalized and vulnerable social groups (i.e. the poor, disproportionately represented by Afro-Hondurans and indigenous peoples, migrants, the elderly, and the disabled), and those with underlying medical conditions who would be most at risk in the event of a pandemic outbreak; (ii) patient-centric risks for those receiving treatment for COVID-19 symptoms, including GBV or sexual exploitation and abuse (SEA) of patients in quarantine; (iii) discrimination towards ethnic minority groups, indigenous people, Afro-Hondurans, or limited communication channels to inform their communities of preventive measures against COVID-19 contagion; and (iv) misinformation (fake news) in social media networks which may contribute to propagate contagion. Difficult access to health in rural and remote areas of the country can also pose a challenge for service and supply delivery, which could be a deterrent for an effective national response. To mitigate these risks, INVEST-H is committed to the provision of services and supplies based on the urgency of the need and following established protocols, in line with the latest data related to the prevalence of the cases. A draft Stakeholder Engagement Plan (SEP) has been prepared that incorporates a preliminary stakeholder mapping and guidance for INVEST'H's interactions with and outreach to a wide range of stakeholders (including the most vulnerable among them) regarding basic health precautions, access to emergency response services under the project, and other emergency measures as needed. The SEP also includes a Grievance Redress Mechanism (GRM) for addressing any concerns and grievances raised that are related to the project. This SEP will be revised within one month of the project's effectiveness.

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

Public Disclosure



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:

To address environmental and social risks and impacts under the project, INVEST-H, in coordination with SESAL, will prepare an Environmental and Social Management Framework (ESMF) within 30 days of project effectiveness. Project activities requiring environmental and social management will not be initiated before the ESMF or at least key management protocols in line with WHO guidelines and the ESSs are in place. The ESMF will outline comprehensive procedures and requirements for the safe handling, transportation, storage, and processing of COVID-19 treatment and testing materials, safety of medical workers and hospital staff, as well as safe management of biohazardous wastes resulting from the project activities. Foundational policies and regulations to be referenced in the ESMF will include The General Environmental Law, the Regulation for Solid Waste Management, the Environmental Health Regulation, which establishes the general requirements for waste management; and the Health Code, which contains provisions to reduce risks of infection, human exposure to hazards, and contamination of the environment; and the Regulation for the Management of Hazardous Wastes Generated in Health Establishments, which regulates the operations of handling hazardous wastes generated in health establishments, until their final disposal. WHO's specific COVID19 guidelines on laboratory biosafety, and other WHO and international good practice guidelines on COVID-19 medical waste management, diagnostic testing, administration of COVID19 health services, quarantine guidelines, handling of medical supplies, and healthcare occupational health and safety (OHS), will also be referenced in the ESMF, as detailed further under ESS2. Application of the ESMF will guide preparation of facility-specific Infection Control and Waste Management Plans and Infection and Prevention Control Protocols, which will be adopted and implemented at the hospital/facility level. The ESMF will also clearly outline the implementation arrangements to be put in place for environmental and social risk management, training programs focused on COVID-19 biosafety as well as compliance monitoring and reporting requirements.

Social risks will be mitigated through a (i) robust and coordinated national communication strategy promoting the Project's objectives, tailored to various audiences to address issues of access, discrimination, and ethnicity; (ii) continuous education and awareness raising campaigns; (iii) development of materials (radio, infographics, TV broadcasts); and (iv) a grievance redress mechanism that will provide real time feedback. These aspects are detailed in the project's Stakeholder Engagement Plan. Further, guidelines to be developed by INVEST-H, aligned with SESAL's COVID-19 emergency strategies, will include provisions to address the needs of patients, including the most vulnerable. They will also consider provisions on the establishment of quarantine and isolation centers and their operation considering the dignity and needs of patients. In addition, the ESMF will also include provisions to support non-discrimination in provision of services and equal treatment to all project beneficiaries, as well as identifying the barriers faced by poor, marginalized and ethnic minorities in accessing healthcare centers and treatment.

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

ESS10 Stakeholder Engagement and Information Disclosure



This standard is relevant. INVEST-H has prepared a Stakeholder Engagement Plan (SEP) that will be updated within 30 days of project effectiveness. The SEP has identified affected and interested parties as well as vulnerable groups, and presents an initial strategy that includes timelines and methods for consultations and continuous engagement throughout project implementation that is based upon meaningful consultation and disclosure of information, but which also takes into account the realities of advised physical distancing during the COVID-19 outbreak. Given that the most vulnerable groups such as the elderly and those with compromised immune systems or related pre-existing conditions are at an increased risk of contracting COVID-19, stakeholder engagement should minimize close contact. Outreach will primarily focus on the development and implementation of a communications plan to ensure consistent messaging around key issues specific to the Project’s identified risks, (prevention, awareness raising, and transparency), considering the specific challenges associated with COVID-19.

To limit potential socio-political risks and impacts, the SEP will be complemented by other critical tools to help identify intervention points and communication strategies to reinforce the behaviors that limit transmission and to counter any likely rumors or misinformation that may circulate because of COVID-19 interventions. Along these lines, the government has notably already established communication channels and an information hub that includes the latest information about the coronavirus. For phone calls, the national emergency line 911 will centralize COVID-19 related queries, assistance and information. The website <https://covid19honduras.org> consolidates all official government information on the pandemic, and includes: (i) real-time information on the number of cases and their territorial location; (ii) maps showing the prioritized hospitals for COVID-19 attention; (iii) a transparency portal showing the Government’s current COVID-19 estimated budget and the institutional responsibilities and mandates over emergency finances; and (iv) varied content with facts about coronavirus symptoms and prevention based on information produced by the United States Centers for Disease Control (CDC). In addition, senior government leaders broadcast daily reports through radio and television networks, and government sponsored social networks pages (through Facebook, Twitter, Instagram) are disseminating information about coronavirus and its containment measures. These measures will be further supplemented with targeted outreach and engagement efforts, focusing in particular on the most vulnerable groups, including the elderly, people with underlying conditions, those in poverty, women, those who often care for their elderly parents and children simultaneously, and ethnic minority groups (Indigenous People and Afro-Hondurans). The approaches taken will ensure that information is meaningful, timely, and accessible to all affected stakeholders and sensitive to cultural differences, as well as challenges deriving from illiteracy or disabilities, to the extent feasible given advised constraints on in-person contact. Due to the expected country-wide implementation of activities, the differences across geographic areas and socioeconomic groups will equally be taken into consideration during rollout of the communications strategy, as well as tailored messaging to mitigate GBV and SEA.

The SEP will build on these measures and also highlights the importance of systematic management of information flows for patients under managed care in quarantine and isolation centers, as well as to patients’ relatives to get necessary information about the quarantined. The initial SEP also includes basics on resources and responsible personnel to ensure its implementation as well as guidelines for monitoring and reporting, which will be further confirmed and developed in the updated SEP, along with a more elaborate Grievance Redress Mechanism for addressing any concerns and grievances raised in relation to the project.

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. Most activities supported by the project will be conducted by publicly employed health and laboratory workers. Additional project workers will include officials from PAHO, contracted suppliers (including those involved in transport, handling and delivery of procured goods), as well as potentially some private consultants and other contract staff. The key risk is contamination with COVID-19 (or other contagious illnesses as patients taken seriously ill with COVID-19 are likely to suffer from illnesses which compromise the immune system, which can lead to illness and death of workers). Staff of health facilities as well as all other workers involved in the procurement, delivery, training, use, supervision/monitoring, and/or handling and disposal of medical supplies, equipment, or waste products will receive necessary training on protecting themselves and others from COVID-19 infection, as well as other relevant OHS risks and management measures.

The Project will ensure the application of OHS measures as outlined in WHO guidelines which will be captured in the ESMF. SESAL has already published in its website two guidelines following WHO criteria for health providers outlining measures specific for COVID-19 treatment and protection. This encompasses procedures for entry into health care facilities, including minimizing visitors and undergoing strict checks before entering; procedures for protection of workers in relation to infection control precautions; provision of immediate and ongoing training on the procedures to all categories of workers, and mandating hand hygiene and personal protective equipment (PPE); ensuring adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap and sanitizer); and overall ensuring adequate OHS protections in accordance with General EHSs and industry specific EHSs and following evolving international best practice in relation to protection from COVID-19. During implementation, the ESMF will furthermore be regularly reviewed and updated to integrate the latest guidance by WHO as it develops over time and experience addressing COVID-19 globally. Staff of health delivery facilities will receive training under the project on how to use the medical equipment and supplies financed through the Project in a way that protects their health and safety.

These provisions and requirements will be documented within labor management procedures (LMP) as part of the ESMF. The LMP will also outline key national laws and regulations protecting workers' rights, and include a basic, responsive grievance mechanism to allow workers to quickly inform management of labor issues, such as a lack of PPE or unreasonable overtime. The use of child or forced labor will be forbidden in accordance with ESS2.

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 wastes and chemical wastes (including water, reagents, infected materials, etc.) from the health centers and home quarantine (drugs, supplies and medical equipment) can have an adverse impact on the environment and human health if not properly handled, transported and disposed. These wastes could include liquid contaminated waste, chemicals and other hazardous materials, and other waste from labs and quarantine and isolation centers including sharp items used in diagnosis and treatment. Existing capacity for ensuring proper medical waste management at hospitals across Honduras varies, and will therefore be a key area of focus of capacity building and supervision under the project, considering in particular the risks of further

Public Disclosure



COVID-19 spread if waste is not handled properly. The requirements for adequate mitigation of the risks will be part of the ESMF as described under ESS1.

ESS4 Community Health and Safety

This Standard is relevant. In line with safety provisions in ESS2, it is equally important to ensure the safety of communities from infection with COVID-19. Medical wastes and general waste from the labs, health centers, and quarantine and isolation centers have a high potential of being contaminated with the coronavirus or other microorganisms that can infect the community at large if they are not properly disposed of. There is a possibility for these infectious microorganisms to be transmitted to members of the public if not well contained within laboratories or appropriately isolated areas of hospitals and medical centers, or due to accidents or emergencies (i.e. a fire or disasters such as seismic events). Measures for waste management to be included in the ESMF, as described under ESS1 and 3, will build on international good practice and WHO protocols to describe: i) how Project activities involving the COVID-19 pathogen or waste generated in its identification and treatment will be carried out in a safe manner with (low) incidences of accidents and incidents in line with Good International Industry Practice (such as WHO guidelines) ii) measures in place to prevent or minimize the spread of infectious diseases, and iii) emergency preparedness measures. Information on preventive health measures to communities surrounding health facilities will be provided periodically through continuous stakeholder engagement. In addition, the ESMF will address access control and signage requirements around health facilities, especially those dedicated as quarantine and isolation centers or COVID focal facilities, to further educate and protect the surrounding public from possible virus exposure.

Sexual Exploitation and Abuse (SEA)/ Sexual Harassment (SH) risks will be assessed and addressed in implementation, including screening and putting in the corresponding measures to prevent and mitigate the SEA/SH risks. The Project will promote the avoidance of SEA by relying on the WHO Code of Ethics and Professional Conduct for all workers related to the Project who will work as part of the emergency response. If Honduras' military forces are mobilized as part of the government's response to the emergency and in direct connection with project activities, the Project will shall take measures to ensure that, prior to deployment, such personnel are: (i) screened to confirm that they have not engaged in past unlawful or abusive behavior, including sexual exploitation and abuse (SEA), sexual harassment (SH) or excessive use of force; (ii) adequately instructed and trained, on a regular basis, on the use of force and appropriate behavior and conduct (including in relation to SEA and SH), as set out in ESMF; and (iii) deployed in a manner consistent with applicable national law. Any allegations of unlawful or abusive acts of any military/security personnel in connection with the project will be processed through the project GRM and will be reviewed, acted (or request appropriate parties to take action) to prevent recurrence and, where necessary, report unlawful and abusive acts to the relevant authorities.

The Project will also ensure via the above noted provisions, including stakeholder engagement, that quarantine and isolation centers and screening posts are operated effectively throughout the country, including in remote and border areas. In case quarantine and isolation centers are to be protected by security personnel, it will be ensured that the security personnel follow a strict code of conduct and avoid any escalation of situation, taking into consideration the above noted needs of quarantined persons as well as the potential stress related to it. The ESMF will lay out measures for security personnel.



ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This Standard is not currently relevant. The project will not support construction or rehabilitation works and an initial E&S screening did not identify any potential risks and/or impacts relevant to ESS5.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This Standard is not currently relevant. The Project will not support any construction activities that might jeopardize the integrity of biodiversity or living natural resources.

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

This standard is relevant. Since this is a national Project, Afro-Hondurans and Indigenous Peoples are present in the project implementation area. It is not expected that any of the activities related to the Project will have either direct or indirect negative impacts on Indigenous Peoples beyond providing support to any individual IPs who are at risk or have been exposed to COVID- 19 and will be provided access to project resources. All the activities financed by the Project must ensure to respect the dignity, aspirations, identity, culture and livelihoods of Afro-Hondurans and IPs. These groups have been historically underserved and are often living in rural and remote areas, where access to information and health services is limited. As outlined in the draft SEP, the Project will set up communication channels to appropriately inform these communities of the risks posed by COVID-19 and recommended preventive measures, and will provide information that is culturally-sensitive, respectful and inclusive.

Indigenous Peoples are not expected to be the sole or the overwhelming majority of direct project beneficiaries. Accordingly, a separate Indigenous Peoples Planning Framework (IPPF) is not required. Rather, in accordance with the provisions of ESS7, the elements of an IPPF have been included in the overall project design and the above-mentioned SEP. Specifically: (i) the SEP will include provisions for specific targeting of stakeholder engagement activities relevant to indigenous peoples; (ii) an assessment of particular social risks and circumstances concerning indigenous peoples will be included as part of the preparation of the ESMF, and (iii) the ESMF will identify specific measures to address the needs of indigenous peoples within the scope of project activities.

ESS8 Cultural Heritage

This Standard is not currently relevant. Project activities will not have any adverse impact on tangible or intangible cultural heritage. However, some of the project beneficiaries will be IPs and Afro-Hondurans who might maintain distinct cultural health practices. Health providers should recognize these traditional methods when working with IPs and Afro-Honduran communities in health-related matters, which includes recognition of their own traditional governance structures and traditional medicine agents. The project will ensure these customs are taken into consideration when communicating with and treating these communities.

ESS9 Financial Intermediaries

This standard is not relevant.



B.3 Other Relevant Project Risks

None

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	
Put in place appropriate E&S staff within PIU, and hire PAHO experts to provide capacity support	07/2020
Develop Environmental and Social Management Framework (ESMF)	07/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
Update, adopt, and implement the Stakeholder Engagement Plan, including Grievance Mechanism	07/2022
ESS 2 Labor and Working Conditions	
Implement OHS and other labor management measures and procedures as specified in the ESMF.	07/2022
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Implement relevant provisions of ESMF, including on medical waste management.	07/2022
ESS 4 Community Health and Safety	
Implement relevant provisions of ESMF	07/2022
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	
Implement relevant provisions of SEP as pertain to indigenous and Afro-descendant communities	07/2022
ESS 8 Cultural Heritage	
ESS 9 Financial Intermediaries	

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:

None.

IV. CONTACT POINTS

World Bank

Contact: Nicolas Antoine Robert Collin Dit De Montesson Title: Economist

Telephone No: 5220+82120 / Email: ncollin@worldbank.org

Borrower/Client/Recipient

Borrower: Republic of Honduras

Implementing Agency(ies)

Implementing Agency: Honduran Strategic Investment Office (INVEST-H)

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): Nicolas Antoine Robert Collin Dit De Montesson
Practice Manager (ENR/Social) Valerie Hickey Cleared on 09-Apr-2020 at 11:28:11 EDT
Safeguards Advisor ESSA Nina Chee (SAESSA) Concurred on 09-Apr-2020 at 14:23:44 EDT

Public Disclosure