



Additional Financing Appraisal Environmental and  
Social Review Summary  
Appraisal Stage  
**(AF ESRS Appraisal Stage)**

Date Prepared/Updated: 11/06/2020 | Report No: ESRSAFA055



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Borrower(s)	Implementing Agency(ies)
Moldova	EUROPE AND CENTRAL ASIA	Republic of Moldova	Ministry of Health, Labor and Social Protection.
Project ID	Project Name		
P174761	Moldova Pandemic Emergency Financing for COVID-19		
Parent Project ID (if any)	Parent Project Name		
P173776	Moldova Emergency COVID-19 Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	10/28/2020	11/30/2020

Proposed Development Objective

The objectives of the Project are to prevent, detect and respond to the threat posed by the COVID-19 pandemic in Republic of Moldova.

Financing (in USD Million)	Amount
Current Financing	0.00
Proposed Additional Financing	0.00
Total Proposed Financing	0.00

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

Yes

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

The proposed project will support the Government of Moldova in responding to a potential outbreak of COVID-19. Component 1 Emergency COVID-19 Response will provide immediate support to respond to the COVID-19 outbreak,



with a focus on limiting community transmission, building capabilities to handle severe cases and mitigating the negative financial economic at the household level. It will also support the development of multisectoral response coordination and community preparedness. This will include a communication and outreach strategy, training for community health workers, national bodies and media outlets. The focus of communication activities will be to ensure that the population at risk will be better informed and engaged in prevention and treatment measures. In addition, the Component 1 will support social assistance efforts to mitigate the effect of containment measures on the poor. Finally, Component 2 will provide financing for a project management unit and monitoring activities.

#### D. Environmental and Social Overview

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

Similarly with the original Moldova Emergency COVID-19 Project (the Project), the Additional Financing (AF) has the same E&S baseline and country-wide coverage.

Moldova has a surface area of 33,850 square kilometers and is located in the south-eastern Europe, between Ukraine and Romania, with an estimated population of approximately 3.5 million people (WDI, 2018). The surface area is roughly divided in 91% rural and 9% urban. Agricultural land use covers about 75% of Moldova's total land area.

Moldova is divided to 32 districts (rayon), 3 municipalities and 2 autonomous regions (Gagauzia and Transnistria).

Moldova is vulnerable to changes in external demand and climate shocks due to its small size, open economy, and reliance on agriculture. In the COVID-19 context, Moldova's poor systems for medical waste management and disposal and lack of adequate and appropriate water supply and sanitation conditions, especially in the rural areas, make the country highly vulnerable.

The project at one month after effectiveness (May 2020) had not completed some E&S requirements, but gradually moved into progress with the preparation of the ESMF and staffing the E&S specialists within the PIU in September 2020. Although there are no "lessons learned" that can be shared due to short (less than six months) project implementation and due to continuous lock of the country under pandemic situation, the Government is fully committed to provide relief and assistance to the affected people.

This Project, together with the AF, will provide immediate support to respond to the COVID-19 outbreak, in particular to limit local transmission through containment strategies, appropriate infection prevention and control (IPC) and intensive care to patients suffering from severe acute respiratory infection. The Project-AF activities will take place nationwide, however, at this stage, the specific project locations have not yet been identified. COVID-19 response activities such as strengthening of laboratories and intensive care units, as well as quarantine and isolation centers may have considerable environmental and social impacts, such as those related to medical and general waste disposal. The Government of Moldova (GoM) has limited funds to adequately prepare for the onset of the COVID-19 pandemic, as the health system is not sufficiently equipped to contain the spread of diseases and provide necessary and timely treatment. Despite good progress in the development of the system of multilateral epidemiological, environmental and infection control, the systemic gaps remain in the organization of public health, which keep up environmental, sanitary, health and occupational risks at all stages of the process of identifying and treating diseases. On March 17, 2020, the Parliament of Republic of Moldova declared the state of emergency and announced measures to contain the crisis impact.

#### D. 2. Borrower's Institutional Capacity

As with the parent Emergency COVID-19 Project (the Project), AF implementation will be led and coordinated by the Ministry of Health, Labor and Social Protection (MoHLSP).



MoHLSP has experience in managing environmental and social risks associated with World Bank projects, including the ongoing PforR project “Health Transformation Operation” (HTO) P144892. Though their experience is primarily with Bank’s safeguards Operational Policies rather than the newer Environment and Social Framework (ESF). The country also has an appropriate legal framework and established institutions for environmental and social risk management. MoHLSP has full responsibility for the organization and regulation of health services provided to individuals and the public, and for ensuring the state surveillance of population health; however, the financing of most health services is the responsibility of the Compania Națională de Asigurări în Medicină/National Health Insurance Company (CNAM). MoHLSP is responsible for providing the legal framework on the management and proper disposal of medical waste generated in the public and private health service sector. Therefore, MoHLSP develops and approves sanitary norms, rules, and hygienic specifications. MoHLSP will be the implementing agency for the project.

It is designated as the central operational body within the GoM and standing headquarters for COVID-19 prevention and response. The MOHLSP will receive professional implementation and project management support, including procurement and financial management, from the existing Project Implementation Unit (PIU) working for HTO. As per the Project's Environmental and Social Commitment Plan (ESCP), MoHLSP already ensured the appointment of one environmental specialist and one social specialist within the PIU. The PIU will be responsible for Project and AF delivery in accordance with the Environment and Social Management Framework (ESMF) prepared after effectiveness in accordance with the ESCP requirements.

Generally, Moldova’s capacity to manage risks associated with COVID-19 is a major concern as the lab personnel may not have the detailed know-how on the bio-safety risk management in the labs to be used for COVID-19 diagnostic testing. Equally, the country has no experience in handling public health emergency concerns like COVID-19 as well as related measures, including quarantine. The project will provide funding to address these shortcomings and it will be important that the Project will use international expertise to achieve international best practices on these matters in line with WHO guidelines.

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

### A. Environmental and Social Risk Classification (ESRC)

Substantial

#### Environmental Risk Rating

Substantial

The AF has the same PDO, components and institutional arrangements as the parent project. Thus, the environmental risks have been assessed to be the same for both.

Although the main long-term impacts are likely to be positive, there is a number of short-term risks that need to be taken into account. The main environmental risks are related to include: (i) occupational health and safety for medical staff, laboratory staff and communities in due course of detection, transportation of patients/tests/chemicals and reagents, and treatment stages of the COVID-19 cycle; and (ii) occupational health and safety related to collection, transportation and disposal of medical waste management. To mitigate these risks the MoHLSP prepared an Environmental and Social Management Framework (ESMF) which contains provisions for storing, transporting, and disposing of contaminated medical waste and outline guidance in line with international good practice and WHO standards on COVID-19 response on limiting viral contagion in healthcare facilities. The relevant parts of the WHO COVID-19 quarantine guidelines and COVID-19 bio-safety guidelines will be reviewed so that all relevant occupational and community health and safety risks and mitigation measures will be covered. In addition to the ESMF, the client will implement the activities listed in the ESCP. The Project and AF will also support MoHLSP in coordination with



WHO, UNICEF, CDC, and other partners in overcoming logistical constraints in the timely provision of technical expertise, supplies, equipment and systems across the country. The Project and AF will support minor rehabilitation works (repair) of intensive Care Unit (ICUs) in selected hospitals. The location of ICUs will be selected based on existing services and human resources capacities and expanding geographical access to health care services in order to ensure equitable access to highly specialist care across the country. All works will be interior and implemented within the existing footprint of the target facilities; thus, the environmental impacts are expected to be low in magnitude, reversible, predictable and temporary.

**Social Risk Rating**

Moderate

The AF has the same PDO, components and institutional arrangements as the parent project. Thus, the social risks have been assessed to be the same for both. The main social risk is that vulnerable and disadvantaged groups (low-income, disabled, elderly, isolated communities, including potentially Roma communities) encountering obstacles to access facilities and services provided by the project activities. The Project and AF will have to ensure that the medical isolation of individuals does not increase their vulnerability (for example, to gender-based violence, GBV). 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 and sexual harassment as well as meeting minimum accommodation and servicing requirements) can also be listed as issues that will require close attention while managing the social risks of the project. Social risks also include social tensions that could be exacerbated by the project and community health and safety-related outcomes (especially related to spread of disease and waste management) in addition to risks of social exclusion which is widespread in Moldova due to variance in communities' or individual's ability to pay. In addition to health components, the Project and AF will also finance social and financial support to households targeting specifically vulnerable populations. This measure will result in expanding the coverage of the poor who as a group will be disproportionately affected by to increased prices and loss of income associated with COVID-19. Employment status checks will be temporarily dropped, which will enable inclusion of returning migrant workers and families with members in informal employment, thus including these vulnerable categories. Proposed component would rely on the existing benefits payments system managed by the National Social Insurance House and the Government's budget management and reporting systems (also used under ongoing Strengthening the Effectiveness of the Social Safety Net Results-Based Financing Project) and ensuring transparency and equity will be one of the risks. Low income families, pension recipients, persons with disability, as well as those on maternity leave will also be eligible for support under this sub-component. MoHLSP will use the Stakeholder Engagement Plan (SEP) updated for this AF project to engage citizens and for public information disclosure. MoHLSP will continue to update the SEP during implementation to include more information on the environmental and social risks of project activities and new modalities that take into account the need for a comprehensive community engagement and participation plan, including improved hygiene, physical distancing and procedures describing access and eligibility for social protection activities of the project.

Public Disclosure

**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 original Emergency COVID-19 Project (the Project) became effective on May 28, 2020, and therefore, no E&S developments were noticed so far. The scope, as well as, the geographical coverage of eligible activities remain the



same. There are no additional environmental and social risks that are likely to arise from activities supported under the AF.

The AF will have, similarly with the Project, positive environmental and social impacts as it should improve COVID-19 surveillance, monitoring and containment as well as provide targeted support for the more vulnerable households. However, the Project and AF could also cause environmental, health and safety risks due to the dangerous nature of the pathogen and reagents and other materials to be used in the project-supported ICUs, laboratories, and quarantine facilities. Other risks, associated with site specific rehabilitation of health facilities, are identified/identifiable and easily to mitigate. The WHO's assessment of Republic of Moldova's operational readiness for preventing, detecting and responding to public health emergency records it rather low (scoring 3 out of 5), indicating high vulnerability to COVID-19. To manage these risks, the MoHLSP, with support from the PIU, prepared two major instruments: (i) an ESMF that includes templates for site specific Environmental and Social Management Plans (ESMP) and Infection Control and Medical Waste Management Plan (ICWMP) so that the ICUs, laboratories, and quarantine facilities to be supported by the Project will apply international best practices in COVID-19 diagnostic testing and other COVID-19 response activities; the ESMF has an exclusion list for COVID-19 ICU and lab activities that may not be undertaken at the labs unless the appropriate capacity and infrastructure is in place; and (ii) a Stakeholder Engagement Plan (SEP) for effective outreach and citizen participation.

The Borrower is considering also to supplement the PIU's capacity to address potential areas of weakness, including additional biosafety and/or waste management experts to work alongside the E&S specialists.

These safeguards instruments that have been developed under the parent Project, in compliance with the Environmental and Social Framework (ESF), will also apply to the proposed AF. The ESMF has been updated to ensure that adequately reflect the additionalities brought in through the AF.

The ESMF includes ESMP/ESMP Checklist templates for small rehabilitation/repairs works of facilities for ICUs. The physical works envisaged will be interior, of a small scale and implemented within the existing footprint of the target facilities and the associated environmental impacts are expected to be temporary, predictable, and easily to mitigate with risks including disposal of construction waste, dust, noise, and worker health and safety. The envisaged minor works could also include improvement of basic hand-washing facilities, restrooms or other basic health and hygiene conditions at the Points of Entry (PoE), wastewater management (mini septic tanks, etc). The ESMF also includes exclusion criteria under the Project and AF for establishing ICUs in facilities containing asbestos insulation or pipe lagging, etc.

**Medical Waste Management and Disposal:** Moldova's Medical Waste Management System is negatively affected by socioeconomic status and by limitation in health services and has no clear organizational concept and the legal framework is still weak. Given that the medical waste generated by laboratories and health care facilities is a potential vector for the contagion, improper handling of medical waste runs the risk of further spread of the disease. Therefore, the ESMF includes an ICWMP specifically designed for COVID-19 identification, testing, and treatment.

**Worker Health and Safety:** Workers in healthcare facilities are particularly vulnerable to contagions like COVID-19. Healthcare-associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and laboratory works as well as the wider spreading of the disease within communities. The ICWMP being developed will contain detailed procedures, based on WHO guidance, for protocols necessary for treating patients and handling medical waste as well as environmental health and safety guidelines for staff, including the necessary PPE.

Proper disposal of sharps (see medical waste above), disinfectant protocols, and regular testing of healthcare workers will be included. **Community Health and Safety:** The SEP is a key instrument for outreach to the community at large on issues related to social distancing, higher risk demographics, self-quarantine, and quarantine. It is critical that



these messages be widely disseminated, repeated often, and clearly understood. Each ICU, laboratory, and quarantine facility will apply infection control and waste management planning following the requirements of the ESMF and relevant guidelines (World Health Organization (WHO), Good International Industry Practice (GIIP), etc.). The ESMF covers environmental and social infections control measures and procedures for the safe handling, storage, and processing of COVID-19 materials including the techniques for preventing, minimizing, and controlling environmental and social impacts during the operation of project supported laboratories and medical facilities. It will also clearly outline the implementation arrangement to be put in place by MOH for environmental and social risk management; training programs focused on COVID-19 laboratory bio-safety, operation of quarantine and isolation centers and screening posts, as well as compliance monitoring and reporting requirements, including on waste management based on the existing ICWMP prepared as part of the ESMF.

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

The timing and methods of engagement with identified stakeholders has been outlined in a Stakeholder Engagement Plan (SEP) prepared for the Project by the Borrower. The SEP prepared for the parent Project has been updated to reflect the scale-up of activities under AF and serves the following purposes: (i) stakeholder identification and analysis; (ii) planning engagement modalities viz., effective communication tool for consultations and disclosure; and (iii) enabling platforms for influencing decisions; (iv) defining roles and responsibilities of different actors in implementing the Plan; and (iv) a grievance redress mechanism (GRM). A detailed mapping of the stakeholders will be done during implementation. Individuals and groups likely to be affected (direct beneficiaries) have been identified. Risk-hot spots on the international borders as well as in-country have been delineated. Mapping of other interested parties such as government agencies/authorities, NGOs and CSOs, and other international agencies have also been completed.

The client has also developed and put in place a GRM to enable stakeholders to air their concerns/ comments/ suggestions, and includes possibility of anonymous grievances to be raised and addressed, appeal process for unsatisfactory complainants, and provide accessible grievance uptake channels (online and offline, including telephone, text message, email, grievance boxes etc.).

## B.2. Specific Risks and Impacts

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

### ESS2 Labor and Working Conditions

The AF, similarly as the Project, shall be carried out in accordance with the applicable requirements of ESS 2, in a manner acceptable to the Bank, including through, inter alia, implementing adequate occupational health and safety measures (including emergency preparedness and response measures), setting out grievance arrangements for project workers, and incorporating labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. The Project and the AF are expected to encompass the following categories of workers: direct workers and contracted workers, Direct workers could be either government civil servants or those deployed as 'technical consultants' by the project. The former will include: health care providers and workers in health care facilities. The latter includes chiefly construction workers involved in the minor





civil works. The civil servants will be governed by a set of civil services code and the 'technical consultants' by mutually agreed contracts. The Project and AF proposes some small scale civil works and the expectation is that the majority of labor will be locally hired and hence no large-scale labor influx is envisaged. The ESMF includes ESMP templates for the works and those templates will contain a section on worker health and safety requirements. The workers will not work in contaminated areas and will be safeguarded with protective measures as appropriate. The ESMF includes Labor Management Procedures (LMP) and sections on Environment Health and Safety (EHS) including, inter alia, emergency preparedness and response measures, setting out grievance arrangements for Project workers, and incorporating labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. Civil works contracts will incorporate social and environmental mitigation measures based on the WBG EHS Guidelines and the ESMF; other referenced plans e.g. SEP. All civil works contracts will include industry standard Codes of Conduct that include measures to prevent Gender Based Violence/Sexual Exploitation and Abuse (GBN/SEA). A locally based GRMs specifically for direct and contracted workers will be provided. The necessary protocols for treating patients and handling medical waste, disinfectant protocols, regular testing of healthcare workers, requirements for proper disposal of sharps, along with the environmental health and safety guidelines for staff and necessary Personal Protective Equipment (PPE), will be included in Infection Control and Medical Waste Management Plan (ICWMP) to be adopted and implemented by ECs and laboratories participating in the project. In line with ESS 2 and Moldavian law, the use of forced labor, child, or conscripted labor is prohibited in the project, including for construction and operation of health care facilities. Labor management procedures (LMP) for the project will be included in the ESMF.

### ESS3 Resource Efficiency and Pollution Prevention and Management

Medical wastes 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 impact on the environment and human health. Wastes that may be generated from medical facilities and labs could include liquid contaminated waste, chemicals, and other hazardous materials, and other waste from labs and quarantine and isolation centers including sharps, used in diagnosis and treatment. Each beneficiary medical facility/lab, following the requirements of the ESMF, WHO COVID-19 guidance documents, and other best international practices, will prepare and follow an ICWMP to prevent or minimize such adverse impacts. The ICWMP will mandate that any waste associated with COVID-19 testing or treatment will be incinerated on site whenever possible. It will also contain strict protocols for disinfecting and packing such waste for transportation to the nearest medical waste incinerator if on site destruction is not possible. The ESMF includes guidance related to transportation and management of samples and medical goods or expired chemical products, as well as small scale rehabilitation activities. The site specific ESMPs, to be prepared for rehabilitation of the ICUs in selected hospitals will include procedures for handling construction waste. Facilities with asbestos insulation, pipe lagging, etc. will be excluded from financing under the project. In case of basic hand-washing facilities, restrooms or other basic health and hygiene conditions, these will be improved by taking into consideration safe wastewater management (mini septic tanks, etc.). Resources (water, air, etc.) used in health care and quarantine facilities and labs will follow standards and measures in line with State Sanitary Hygienic Service of MoHSP and WHO environmental infection control guidelines for medical facilities.





### **ESS4 Community Health and Safety**

Medical wastes and general waste from the labs, health centers, and quarantine and isolation centers have a high potential of carrying micro-organisms that can infect the community at large if they are not 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 phenomena event (e.g., seismic). Laboratories, quarantine and isolation centers, and screening posts, will thereby have to follow procedures detailed in the ESMF and ICWMP (see ESS 3 above). The operation of quarantine and isolation centers needs to be implemented in a way that staff, patients, and the wider public follow and are treated in line with international best practice as outlined in WHO guidance for COVID-19 response as above under ESS 1 and ESS 2.

The SEP will also ensure widespread engagement with communities in order to disseminate information related to community health and safety, particularly around social distancing, high risk demographics, self-quarantine, and mandatory quarantine. The AF, similarly as the Project, will mitigate the risk of Sexual Exploitation and Abuse by applying the WHO Code of Ethics and Professional Conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure, such as segregated toilets and enough light in quarantine and isolation centers. The AF and 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, without aggravating potential conflicts between different groups. In case quarantine and isolation centers are to be protected by security personnel, it will be ensured that the security personnel follow strict rules of engagement and avoid any escalation of the situation, taking into consideration the above-noted needs of quarantined persons as well as the potential stress related to it. However, hiring security personnel under the project is not envisioned.

### **ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement**

This ESS is not relevant. There will be no new construction or reconstruction activities, except minor refurbishing activities. No physical or economic displacement is expected. There will be no restrictions on land use/land access.

### **ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources**

All works will be conducted within the existing footprint of selected facilities and the proposed project interventions will have no impacts to the biodiversity and habitats.

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

This standard is not relevant to the proposed project. There are no distinct social and cultural groups as defined by ESS7 in Moldova.

### **ESS8 Cultural Heritage**

All works will be conducted within the existing footprint of selected facilities.

### **ESS9 Financial Intermediaries**



This project will not involve any FIs.

**C. Legal Operational Policies that Apply**

<b>OP 7.50 Projects on International Waterways</b>	No
<b>OP 7.60 Projects in Disputed Areas</b>	No

**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 Moldova

**Implementing Agency(ies)**

Implementing Agency: Ministry of Health, Labor and Social Protection.

**V. FOR MORE INFORMATION CONTACT**

Public Disclosure



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## VI. APPROVAL

Task Team Leader(s):	Roman Zhukovskyi, Volkan Cetinkaya
Practice Manager (ENR/Social)	Anne Olufunke Asaolu Cleared on 06-Nov-2020 at 12:44:19 GMT-05:00
Safeguards Advisor ESSA	Agnes I. Kiss (SAESSA) Concurred on 08-Nov-2020 at 22:13:42 GMT-05:00