Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 03/24/2020 | Report No: ESRSA00573

BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Yemen, Republic of	MIDDLE EAST AND NORTH AFRICA	P173862	
Project Name	Yemen COVID-19 Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/24/2020	3/27/2020
Borrower(s)	Implementing Agency(ies)		

Proposed Development Objective(s)

To prevent, detect and respond to the threat posed by COVID-19 pandemic

Financing (in USD Million)	Amount
Total Project Cost	26.90

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 aims to help Yemen immediately respond and mitigate the risks associated with COVID-19 outbreak in Yemen. Based on the Yemen Preparedness and Response Plan, WHO will aim to fill critical gaps in technical areas, such as: points of entry interventions; national laboratories; infection prevention and control; case management and isolation; and operational support and logistics. These technical areas are identified to immediately strengthen the local capacity to respond and address the current COVID-19 potential challenges in timely manner, while working within the country's existing systems and providing technical assistance as needed for local entities. Emphasis will be placed on strengthening capacities at the district level through a model of decentralization. This plan is designed to leverage the capacities of other key stakeholders to engage multiple actors and sectors active in Yemen.

D. Environmental and Social Overview

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

The specific locations where project sub-components will be implemented have not yet been identified, but this project will be implemented countrywide in urban as well as rural areas, over a diversity of jurisdictions with different environmental, social and institutional settings. This project will contribute to COVID-19 surveillance and response, including the strengthening of selected health facilities and the establishment and equipping of quarantine and treatment centers so that they can manage COVID-19 cases. The project would be supporting existing healthcare facilities which will be selected by WHO based on the request of local health authorities at the Governorate level. The project will not finance new healthcare facilities' construction. The project will not involve in any major civil works. As all penitential activities are within existing facilities, it will not involve in any land acquisition and no impacts to biodiversity or cultural physical resources. The activities supported by the project, therefore, are not expected to have significant adverse physical environmental impacts.

Social impacts of the Project are also expected to be positive since activities will support prevention, detection, and response efforts in the fight against COVID-19, as well as the strengthening of national systems for public health preparedness. Training will ensure that health care professionals provide care irrespective of social or economic status.

D. 2. Borrower's Institutional Capacity

The proposed project will be directly implemented by WHO. In terms of capacity, WHO has experience with World Bank safeguard policies and procedures through the implementation of the ongoing Yemen Emergency Health and Nutrition Project (EHNP) P161809 – which supports health/cholera response as well as Water, Sanitation and Hygiene (WASH) interventions. WHO has currently adequate arrangements for implementing the Bank's environmental and social requirements, including the Project's Environmental and Social Management Framework (ESMF) and Medical Waste Management Plan (MWMP) which are implemented under the EHNP to address environmental and social risks and impacts. WHO has responded to previous epidemics in Yemen such as Cholera, Measles, and Dengue. For ensuring proper implementation of the ESMF and the MWMP, WHO recruited two national WASH experts who support safeguards' aspects. Although WHO has experience in implementing Bank-financed projects, this project will be the first that WHO will implement under the Bank's Environmental and Social Framework (ESF) in Yemen. In this sense, the current overall institutional capacity to implement the project under the ESF is considered limited. While WHO is a leading agency in terms of developing and applying good international practices, including for infection prevention and control, to ensure proper management of any potential environmental and social impacts and risks in Yemen, WHO should recruit a dedicated environmental expert with significant expertise in Occupational Health and Safety (OHS) and a social expert with expertise in community mobilization and participation to provide the required support to this operation including hands-on training and support for staff to ensure that the activities are executed following the ESF and internationally recognized best practices. All COVID-19 project-related activities will need to have and follow an appropriate medical waste management system, infection protection protocols, and communication and awareness process during the implementation of the project. WHO, as the implementation agency of the project, will ensure all entities involved in project implementation shall adhere to WHO Guidelines, WBG EHS Guidelines, Good International Industrial Practice (GIIP) including the procedures established for COVID-19.

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

A. Environmental and Social Risk Classification (ESRC) Substantial

Environmental Risk Rating Substantial

The Environmental Risk Rating is "Substantial" because of the current uncertainty around project location and specific activities, occupational health and safety and the issue of medical waste management. The main environmental risks are: (i) the occupational health and safety (OHS) issues related to testing and handling of supplies and the possibility that they are not safely used by laboratory technicians and medical crews; (ii) environmental risks and impacts associated with the strengthening of selected health facilities and the establishment and equipping of quarantine and treatment centers, including impacts resulting from minor civil works and retrofitting of isolation rooms in such facilities and treatment centers; and (iii) medical waste management and community health and safety issues related to the handling, transportation, and disposal of healthcare waste. Wastes that may be generated from labs that will be selected by WHO and the Government, quarantine facilities and screening posts to be supported by the COVID-19 readiness and response could include liquids contaminated waste (e.g. blood, other body fluids, and contaminated fluid) and infected materials (water used; lab solutions and reagents, syringes, bedsheets, majority of wastes from labs and quarantine and isolation centers, etc.) which requires special handling and awareness, as it may pose an infectious risk to healthcare workers in contact or handle the waste. It is also important to ensure that sharps are properly disposed of.

WHO has reported that 20% of total healthcare waste would be infectious waste, and improper handling of health care waste can cause serious health problems for workers, the community and the environment. There is a possibility for infectious micro-organisms to be introduced into the environment if they are not contained. Medical wastes can also include chemicals and other hazardous materials used in diagnosis and treatment. The contamination of the laboratory facilities and equipment may result from laboratory procedures: performing and handling of culture, specimens, and chemicals. If the contamination is due to highly infectious agents, it may cause severe human disease, present a serious hazard to workers, and may present a risk of spreading to the community. In sum, the medical wastes from COVID-19 could cause a higher environmental and social risk, if they are not properly handled, treated or disposed of. Environmental risks remain substantial during transportation and disposal of such waste if not achieved in line with international good practices and guidelines for healthcare waste acceptance and packaging.

Social Risk Rating Substantial

The social risks are considered substantial mainly related to the risk of the capture of project benefits by the elites and fortunate and exclusion of the poor and vulnerable groups such as elderly people, children under the age of 5 and women who acutely malnourished are unable to access facilities and services, as well as the internally displaced persons (IDPs) because of the ongoing conflict in the country, which could undermine the objectives of the project. The main challenge, therefore, is to make sure the procured items needed to prevent, detect and clinically manage COVID-19, are distributed in a transparent manner, ensuring equity and reaching the affected population. To mitigate for these risks the Government will work closely with WHO which has experience working in Yemen, WHO and the local health authorities at governorate level will define key selection criteria for healthcare facilities, these criteria will be part of the stakeholder engagement process, including public information disclosure and outreach as part of the COVID-19 Response Plan for Yemen. Project implementation needs also to ensure appropriate stakeholder engagement to (i) avoid conflicts resulting from false rumors, (ii) vulnerable groups not accessing services, or (iii) issues resulting from people being kept in quarantine.

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 should improve COVID-19 surveillance, monitoring, and containment. However, the project might cause substantial environmental, health and safety risks due to the hazardous nature of the pathogen and reagents and other materials to be used in the project-supported laboratories and quarantine facilities. Healthcare-associated infections due to inadequate adherence to (OHS) measures and infection prevention and control standards can lead to illness and death among health and laboratory workers. The laboratories and healthcare facilities will be selected by the WHO based on a request from local health authorities at governate level based on a transparent set of criteria to be shared with the relevant stakeholders. The laboratories and relevant health facilities that will be used for COVID-19 diagnostic testing and isolation of patients can generate biological waste, chemical waste, and other hazardous byproducts. The laboratories to be supported by the project will process COVID-19 and will, therefore, have the potential to cause serious illness or potentially lethal harm to the laboratory staff and to the community, so effective administrative and containment controls will be put in place to minimize these risks. Environmentally and socially sound health facilities management will require adequate provisions for minimization of OHS 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 in BSL2 labs with appropriate care. Any virus propagative work (e.g. virus culture, isolation or neutralization assays) will need to be undertaken at a containment laboratory with inward directional airflow (BSL-3 level). In addition, the project will support activities for strengthening selected health facilities and establishment and equipping of quarantine and treatment centers, so that they can manage COVID-19 cases. This would also include minor civil works and retrofitting of isolation rooms in such facilities and treatment centers which might cause impacts such as dust, noise, solid waste generation and management as well as workers' safety including occupational health and safety, and other standard risks and impacts of construction. However, the environmental risks and impacts are expected to be site-specific, reversible and of low magnitude that can be mitigated following appropriate measures. Furthermore, the application of adequate occupational and community health and safety precautions is expected to be enough to prevent any associated impacts.

The project is not expected to involve any land acquisition or repurposing of land. Social risks emanating from disease identification, prevention and control efforts related to the possibility of ineffective and inappropriate communication surrounding the disease and control efforts, inadvertently harming or excluding marginalized people and communities, or mistreatment of affected communities to enforce the quarantine.

Another key social risk is that vulnerable social groups including elderly people, children under the age of 5, women who are acutely malnourished, and IDPs are unable to access facilities and services, could undermine the objectives of the project. Vulnerable groups within the communities affected by the project will further be confirmed and consulted through dedicated means under Stakeholder Engagement Plan (SEP), as appropriate as well as the description of the methods of engagement that will be undertaken by the project to reach these groups. The SEP will also include an updated Grievance Redress Mechanism for addressing any concerns and grievances raised.

Beyond this, project implementation needs also to ensure appropriate stakeholder engagement, proper awareness-raising and timely information dissemination to (i) avoid conflicts resulting from false rumors; (ii) ensure equitable access to services for all who need it, and (iii) address issues resulting from people being kept in quarantine.

The project can thereby rely on standards set out by WHO as well as international good practice to (i) facilitate appropriate stakeholder engagement and outreach plans towards the 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 Assault (SEA) and Sexual Harassment (SH) as well as minimum accommodation and servicing requirements).

To mitigate potential environmental and social risks and impacts, WHO will update, consult and disclose the Environmental and Social Management Framework (ESMF) -which was prepared under the EHNP- within one month after project effectiveness, as per the Environmental and Social Commitment Plan (ESCP), in line with the ESF as well as update the Infection Control and Medical Waste Management Plan (ICWMP) which was prepared under the EHNP. The ICWMP will provide detailed guidance on how to manage different types of medical wastes and handle medical consumables starting from distribution, use (while applying infection prevention and control measures), collection, temporary storage, transportation, and final safe disposal. The ESMF and the ICWMP will include monitoring plans for ensuring proper implementation of procedures and mitigation measures.

WHO will be applying -to the extent practicable- the WHO standards on COVID-19 response. The international best practice is outlined in the WHO “Operational Planning Guidelines to Support Country Preparedness and Response”, annexed to the WHO “COVID-19 Strategic Preparedness and Response Plan” (February 12, 2020). Further guidance is included in the WHO “Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV” (February 11, 2020).

The contingent emergency response component (CERC) allows WHO to receive support by reallocating funds from other project components to mitigate, respond and recover from the potentially harmful consequences arising from the emergency situation. Disbursements under this component will be subject to the declaration of emergency and the preparation of an “Emergency Response Operational Manual” (EROM) by UNICEF and WHO, agreed upon by the Bank. The updated ESMF includes requirements managing the environmental and social risks and impacts by following ESF.

ESS10 Stakeholder Engagement and Information Disclosure

The preliminary SEP was prepared and identified the following expected project beneficiaries: infected people, populations at risk, medical and emergency personnel, medical, laboratory and testing facilities, and health agencies across the Country. For immediate response to stop the transmission and allocate necessary resources for the treatment of cases, the project will target communities in urban and rural who might be infected.

Other parties include WHO, permitting and regulatory agencies at the national and local levels, and mass media and associated interest groups, including local and national printed and broadcast media, digital/web-based entities, and

their associations. In order to ensure disadvantaged or vulnerable needs are taken into consideration, and that they are reached, WHO will adopt several mechanisms; such as, publishing all information about the project in Arabic and reaching out to these groups. In addition, when designing the grievance mechanism, the WHO will consider the availability of needed recourse for this group to give feedback, or send a complaint; for example, if internet option is not available to women at villages, WHO will assign a mobile number and contact person to address to their concerns. Particular attention and efforts should also be given to the disadvantaged and vulnerable groups to ensure effective and efficient distribution of information and access of the goods and services and avoid capturing of the rich, powerful and privileged, particularly at this time of short supply.

In addition, as per the ESCP, within two months after project effectiveness, WHO has updated and disclosed the SEP.

The SEP acknowledges the particular challenges to engage vulnerable social groups such as religious minorities, IDPs, returnees, 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 elderly people, children under the age of 5 and women who acutely malnourished are unable to access facilities and services. Stakeholder engagement strategies will adopt the WHO “COVID-19 Strategic Preparedness and Response Plan” (February 12, 2020)” and will 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 Grievance Redress Mechanism (GRM) included in the SEP. Beyond this, project implementation will need to be underlain by a strong and well-articulated broader project communication strategy, which will not only help with the implementation of the community mobilization and behavioral change objectives of Component 1, but also help in a broader sense to tamp down on false rumors about COVID-19, to 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

The project will involve the use of (i) Direct workers who will be engaged directly by WHO and staff from local health authorities at governorate level and (ii) Contracted workers (medical and non-medical) who will be hired to respond to a surge in demand for services due to the COVID-19 pandemic in selected hospitals and to support implementation including training and capacity building, communications.

All health workers will have to follow OHS protocols to prevent exposure to the disease developed by the WHO. Most of the direct workers from local health authorities at the governorate level will be civil servants and therefore subject to their existing contracts. Staff working for WHO are likely to be subject to existing policies and procedures which are expected to be aligned with international good practice, this will be confirmed within the first 4 months of project implementation. Regardless, due to the hazardous nature of the work no children under the age of 18 should be employed on any aspect of the Project. The use of forced labor to carry out any activities is also prohibited.

Contracted workers' contracts should be in line with the requirements of ESS2 including details of hours of work, rest periods and compensation, health insurance, and access to Personal Protective Equipment (PPE). It is anticipated that existing contract requirements will be aligned with the requirements of ESS2 and this will be confirmed within the first 4 months of project implementation. All workers on activities financed under this project will be covered by the provisions of ESS2 including volunteers. The grievance mechanism will be made available to all workers to report any issues associated with OHS and/or labor and working conditions. WHO will adopt the established hotline for registering and recording grievances or requests. The mechanism will include contact details for submission of grievances, timelines for responses and escalation procedures.

Laboratory- and or COVID19 health care facilities associated infections may result from inadequate adherence to occupational health and safety standards and can lead to illness and death among laboratory/healthcare workers. To minimize or avoid this risk for workers deployed to assist in a laboratory setting or medical waste disposal, the client will develop procedures which (i) respond to the specific health and safety issues posed by COVID-19, and (ii) protect workers' rights as set out in ESS2. Each beneficiary medical facility/laboratory will, therefore, develop a procedure for entry into health care facilities, including minimizing visitors and undergoing strict checks before entering, develop a procedure for the protection of workers in relation to infection control precautions and include these in the Labor Management Plan (LMP) to be developed and in contracts, provide immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and PPE, develop a basic, responsive grievance mechanism to allow workers to quickly inform management of labor issues, such as a lack of PPE and unreasonable overtime, ensure adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap, and sanitizer) are available, ensure adequate OHS protections in accordance with General EHSGs and industry-specific EHSGs and follow evolving international best practice in relation to protection from COVID-19.

ESS3 Resource Efficiency and Pollution Prevention and Management

Medical wastes and chemical wastes from the COVID 19 supported activities (drugs, clinical supplies and medical equipment) can have significant impact on environment or human health. Wastes that may be generated from medical facilities/ labs could include liquid contaminated waste, sharps, chemicals and other hazardous materials used in diagnosis and treatment. Each beneficiary medical facility/lab should implement appropriate measures and following the requirements of the ICMWMP to be adopted for the Project, as well as WHO COVID-19 guidance documents and other best international practices to prevent or minimize such adverse risks and impacts. The ESMF and site-specific instruments (ESMPs) will include related to transportation and management or expired chemical products as well as sustainable ways to use environmental resources (water, air, other relevant solutions/reagents) as recommended in healthcare infections control practices.

ESS4 Community Health and Safety

Medical wastes and exposure itself to COVID 19 have a high potential of carrying micro-organisms that can infect the community at large if not properly managed. There is a possibility for the infectious micro-organism to be introduced into the environment if not sustainably contained within the clinical practice, supplies' transportation and laboratory operation or due to accidents or emergencies. The ICMWMP therefore describe 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), measures in place to prevent or minimize the spread of infectious diseases, emergency preparedness measures. In addition, the project will actively promote sound community health and safety practices in the management of COVID-19 through training to all workers on WHO guidelines for identification, prevention and control of COVID-19. If there is a need to deploy security personnel, this would be done in compliance with the requirements of ESS4 and an indicative procedure for this will be provided in the ESMF.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

ESS5 is not currently relevant.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

No construction or rehabilitation activities are expected in this project that could affect protected areas, flora or fauna.

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

ESS7 is not currently relevant. No indigenous people are identified.

ESS8 Cultural Heritage

ESS8 is not currently relevant. No tangible or untangle cultural heritage will be impacted by the project activities.

ESS9 Financial Intermediaries

ESS9 is not currently relevant. There are no financial intermediaries involved in the project.

B.3 Other Relevant Project Risks

The Republic of Yemen is in the midst of a complex conflict that is causing massive physical damage, devastating the economy, weakening institutions and generating an unprecedented humanitarian crisis. The country is entering its sixth year of conflict, and there are substantial security and political challenges on the ground.

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	
Organizational structure: WHO shall establish and maintain a Project Coordination Unit with qualified environmental and social experts with resources to support the implementation of the ESMF and ICMWMP.	07/2020
Update and disclose the Medical Waste Management Plan (MWMP) and the Environmental and Social Management Framework (ESMF) -which was prepared under the EHNP, by following the relevant requirements of ESF.	10/2020
REGULAR REPORTING: Prepare and submit to the Bank regular monitoring reports on the implementation of the ESMF and ICMWMP, including but not limited to, stakeholder engagement activities and grievances log.	10/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
STAKEHOLDER ENGAGEMENT PLAN: adopt, implement and update the disclosed Stakeholder Engagement Plan (SEP) consistent with ESS10, in a manner acceptable to the [Bank/Association].	06/2020
GRIEVANCE MECHANISM: Accessible grievance arrangements shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10, in a manner acceptable to the [Bank/Association	06/2020
ESS 2 Labor and Working Conditions	
Develop the Labor Management Procedures (LMP) in accordance with the applicable requirements of ESS2	06/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Relevant aspects of this standard shall be considered, as needed, under action 1.2 above, including, inter alia, measures to: manage health care wastes, and other types of hazardous and non-hazardous wastes.	05/2020
ESS 4 Community Health and Safety	
Relevant aspects of this standard shall be considered to: minimize the potential for community exposure to communicable diseases; ensure that individuals or groups who may be disadvantaged or vulnerable, have access to the project's benefits.	05/2020
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	

ESS 8 Cultural Heritage
ESS 9 Financial Intermediaries

B.3. Reliance on Borrower's policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework? No

Areas where "Use of Borrower Framework" is being considered:

"Use of Borrower Framework" is NOT considered under this project.

IV. CONTACT POINTS

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V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

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Practice Manager (ENR/Social)	Kevin A Tomlinson Cleared on 23-Mar-2020 at 15:38:10 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 24-Mar-2020 at 18:08:55 EDT