Concept Environmental and Social Review Summary

Concept Stage

(ESRS Concept Stage)

Date Prepared/Updated: 07/23/2020 | Report No: ESRSC01513

BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Tanzania	AFRICA EAST	P174366	
Project Name	COVID-19 Pandemic Emergency Financing Facility Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing		7/31/2020
Borrower(s)	Implementing Agency(ies)		
United Republic of Tanzania	Ministry of Health, Community Development, Gender, Elderly and Children		

Proposed Development Objective

To strengthen capacity for laboratory diagnosis and management of COVID-19 cases.

Financing (in USD Million)	Amount
Total Project Cost	3.79

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]

This project is a health sector response to COVID - 19. Project has three components; 1. Improve management of COVID-19 cases

by providing medicines, medical supplies, equipment and oxygen supply. The objective being to reduce treatment time and reduce mortality caused by COVID-19 2. Strengthen National Public Health Laboratory diagnosis capacity; In particular to strengthen the to test to its full capacity 3. Implementation Management, Monitoring and Evaluation; Day to day management of the project, to ensure there is smooth implementation and DPO is achieved. Through M&E, would be in position to show the progress of the project and performance for each indicators.

D. Environmental and Social Overview

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

This emergency operation has been prepared to be implemented in seven (7) regional hospitals namely Amana, Mount Meru, Mbeya, Geita, Ruvuma, Mtwara and Lindi in the regions of Dar es Salaam, Mbeya, Ruvuma, Kilimanjaro, Geita, Mtwara and Lindi. This project will have significant positive environmental and health impacts as it will contribute to COVID-19 preparedness, monitoring, surveillance and response. On the other hand, the project activities can have various adverse environmental, health and safety risks and impacts that need to be assessed and managed properly. The environmental, health and safety risks associated with this project will mainly be linked with the siting and installation of the oxygen plants in the targeted hospitals, installation of laboratory equipment and operation of laboratories in the beneficiary facilities. Another risk is related to the possibility of explosion of oxygen plant if mishandled or exposed to extreme heat environment.

Component 1 on strengthening laboratory diagnosis capacity will done in Dar es Salaam in an already existing Mabibo National Public Health Laboratory while Component 2 involving procurement and installation of Liquid Oxygen generating plants and oxygen supply manifold system will be confined within the seven (7) regional referral hospitals (RRH) named above. This component will also support the procurement of essential medicines and supplies to highly infectious disease treatment units in the Mainland and Zanzibar; and strengthening capacity of biomedical technicians through specialized training on production and management of oxygen plants; of nurses on proper provision of oxygen gas to patients; and of the laboratory staff for diagnosis of SARS-CoV-2. Component 1 and 2 of the project will be implemented in existing facilities which are currently in use for treatment and management of other medical conditions. This poses both construction and operation related risks to project related workers, hospital personnel, neighboring communities to these health facilities and patients/persons visiting the medical facilities. The regions of Dar es salaam, Mbeya, Ruvuma, Kilimanjaro, Geita, Mtwara and Lindi respectively reported two hundred twenty (220), four (4), three (3), evelen (11), one (1), three (3) and four (4) positive cases of COVID-19 as of April 29, 2020. The likelihood of occurrence of risks of infection through medical and laboratory waste will be high should there be poor management of the COVID-19 medical and infectious wastes and / or if there is poor adherence to standard bio-safety practices. An assessment of existence and the adequacy of Infection Control and Waste Management Plan (ICWMP) and Risk Communication and Community Engagement will therefore be conducted. Also, the pressurized systems under Component 2 are to be procured and installed in existing and actively operating facilities where there will be a need to confirm availability of space for safe installation and use.

D. 2. Borrower's Institutional Capacity

Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDEC) which is the implementing agency has experience in the implementation of World Bank financed projects. At the moment, the MoHCDEC is overseeing the implementation of Strengthening Primary Health Care (PHC) for Results Program Project for Tanzania and East Africa Public Health Laboratory Networking Project. In these projects, the Ministry has been able to manage environmental and social risks of the project despite a few challenges such as lack of clear procedures for management of environmental and social risks and lack of attention to budget allocation for environmental and social supervision. MoHCDEC has also demonstrated a capacity to adapt, learn and improve at each stage. This includes appointing a Focal Point person in charge of management of environmental and social risks. All the RRH have at least one (1) Environmental Health Officer at hospital level. Environmental and Social management of the implementation of the project at hospital level will require oversight of the MoHCDEC Environmental and Social Focal point person

who will be part of the Project Management Team (PMT). The MoHCDEC still has areas to strengthen to improve environment and social risk management in the PEFP. These include: (i) systematic way to address, document, manage and track grievances and concerns related to projects; (ii) knowledge of the Environmental and Social Framework (ESF) and it's requirements to ensure staffing of environment and social risk management in the project.

II. SCREENING OF POTENTIAL ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC) Substantial

Environmental Risk Rating Substantial

The main environmental risks related to both construction and rehabilitation works may include (i) the occupational health and safety issues related to testing and handling of supplies and the possibility that they are not safely used by laboratory technicians and medical crews; (ii) medical waste management and community health and safety issues related to the handling, transportation and disposal of healthcare waste, and (iii) health and safety risk to staff and surrounding communities related to explosion of oxygen plant due to mishandling or when exposed to extreme heat. WHO has reported that 20% of total healthcare waste would be infectious waste, and improper handling of health care waste can cause serious health problem for workers, community and the environment. Transmission of disease through infectious waste is the greatest and most immediate threat from healthcare waste. If waste is not treated in a way that destroys the pathogenic organisms, dangerous quantities of microscopic disease-causing agents—viruses, bacteria, parasites or fungi—will be present in the waste. These agents can enter the body through punctures and other breaks in the skin, mucous membranes in the mouth, by being inhaled into the lungs, being swallowed or being transmitted by a vector organism.

Wastes that may be generated from the seven (7) Regional hospitals supported by the COVID-19 readiness and response will require special handling as it may pose an infectious risk to healthcare workers with contact or handle the waste. There is a possibility for infectious microorganisms to be introduced into the environment if they are not contained due to accidents/ emergencies e.g. a fire response. The contamination of the laboratory facilities, and equipment may result from laboratory procedures: performing and handling of culture, specimens and chemicals. In view of that, appropriate medical waste management system/plans and public awareness mechanisms need to be put in place by the client to reduce risks linked to clinical operations and infections generated by exposure to COVID 19. These risks will be managed through the update of the existing ESMF with a dedicated chapter on LMP and a SEP prepared for the project. Disposal and overall management of pressurized containers will be looked at as part of the Infection Control and Waste Management Plan (ICWMP) which will either be customized from the existing guidelines on waste management or prepare a new plan (such as an ESMP as will be stipulated in the updated ESMF) based on the identified risks associated with waste.

Social Risk Rating Substantial

The Social risk is rated Substantial. The main social risks associated with the project include: (I) health workers exposure to COVID-19 due to lack of provision or poor management of PPE; (ii) community health and safety due to exposure to infectious waste handling and transportation; (iii) exposure of the construction workers to infection in hospitals while installing the liquid oxygen concentration plants and associated works and the laboratory equipment;

(iv) cross infection of patients from workers accessing the facilities to install the plants financed in Component 1.1 and 21 of the project; (v) lack of engagement and risk prevention communication to health facilities' neighboring communities, project workers and health care personnel in targeted facilities; (vi) exposure of persons visiting the health facilities to construction related hazards during implementation of Component 1 and 2 of the project; (vii) possibility of sexual harassment and sexual exploitation and abuse due to the interaction of construction workforce with the neighboring communities and persons in the health facilities; (viii) exclusion of vulnerable individuals such as the poor from benefiting from facilities financed by the project due to cost limitations; and (ix) potential risk of discrimination against marginalized and vulnerable groups.

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 impacts as it will improve capacity for surveillance, monitoring and containment of COVID-19. However, the project could also cause environment, health and safety risks due to the dangerous nature of the pathogen (COVID-19) and reagents and equipment to be used in the project-supported activities. These include risks associated to transportation and delivery of medical supplies as well as laboratory or health care facilities associated infections if occupational health and safety standards and specific infectious control strategies, guidelines and requirements as suggested by WHO and CDC are not in place and implemented, leading to illness and death among laboratory workers and communities. Health care facilities which will treat COVID 19 exposed patients and laboratories which will use COVID-19 diagnostic testing will generate biological waste, chemical waste, and other hazardous biproducts and represent pathways for exposure to the virus. Hence, laboratories or clinical facilities supported by the project will increase exposure to COVID-19 that can have the potential to cause serious illness or potentially lethal harm to patients, suppliers, laboratory staff and to the community that may be in contact with the virus. Therefore, effective administrative and infectious controlling and engineering controls should be put in place to minimize these risks.

Environmentally and socially sound capacity building, training, case detection, containment and treatment of COVID-19 will require adequate provisions for minimization of occupational health and safety risks, proper management of hazardous waste and sharps, use of appropriate disinfectants. Appropriate chemical and infectious substance handling and transportation procedures is required. Other notable risks associated with the project include marginalization of vulnerable groups such as women and disabled populations being unable to access health facilities and services during operations of the hospitals in response to COVID-19.

To mitigate these risks, the MoHCDEC will need to update, consult, disclose and adopt the Environmental and Social Management Framework (ESMF) for the East Africa Public Health Laboratory Networking Project to include a ICWMP addressing all the findings of the assessment of the existing system and in line with GIIP including WHO guidelines, as well as national regulations. This will also include a chapter on Labor Management Procedures (LMP) within thirty (30) days of project effectiveness. which will describe all the practices for handling, storing, treating, and disposing of hazardous and non-hazardous waste, as well as types of worker training required. This will also include training of staff to be aware of all hazards they might encounter. All project activities shall be subjected to environmental and social screening and where necessary specific instruments shall be prepared before commencement of applicable

project activities. Specific mitigation measures will be outlined in the site-specific ESMPs and implemented, when necessary. This will provide for the application of international best practices in COVID-19 diagnostic testing and handling the medical supplies, disposing of the generated waste, and road safety. Safe work protocols shall be developed and implemented for hazardous tasks such as work-at heights, confined spaces, hot-works or those involving electrical circuits. Health screening and COVID-19 prevention measures for workers should be incorporated into the OHS procedures outlined in the ESMPs. Emergency response and handling procedures shall be developed to handle any accidents onsite. Construction waste shall be managed in line with the local provisions at each site, but in overall compliance with the National Waste Management Regulations and the World Bank's Environmental, Health and Safety Guidelines.

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

None

ESS10 Stakeholder Engagement and Information Disclosure

To guide participation of key stakeholders during project implementation, a draft SEP will be prepared and disclosed prior to appraisal of the project. The SEP will guide consultations with various stakeholders who will be identified as being directly and indirectly affected by the proposed intervention. These include government ministries, health institutions benefiting from the project and professionals working in them, media houses and communities neighboring project target facilities. The SEP will also include guidelines to ensure that the risk of spread of COVID-19 among stakeholders during consultations is minimized. The SEP will outline the proposed Grievance Redress Mechanism (GRM) for the project and make reference to mechanisms already in place for members of the public to register complaints related to the project. The finalized SEP will contain information on how the project GRM will operate including details of designated offices and contact numbers that the public can use to register complaints. The GRM will integrate GBV-sensitive measures, including multiple channels to initiate a complaint and specific procedures for SEA, such as confidential and/or anonymous reporting with safe and ethical documenting of GBV and SEA cases. Through the SEP the project will ensure that information is meaningful, timely, and accessible to all affected stakeholders and particularly populations that are most at risk project sites neighboring community, hospital staff, waste handlers and the project workers.

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 workers will include: (i) PIU staff; (ii) hospital staff receiving and assisting in the installation (iii) construction workers installing facilities under Components 1 and 2 of the project. COVID-19 associated infections in the project may result from inadequate adherence to occupational health and safety standards and can lead to infection of the workers installing the project related interventions in Component 1 and 2 and laboratory/healthcare workers. To minimize or avoid risk for health care workers, PIU staff and project construction workers, the client will abide by the LMP which is part of the updated ESMF in such a way that (i) responds to the specific health and safety issues posed by COVID-19, and (ii) protect workers' rights as set out in ESS2. Medical facilities/laboratories which will receive project funding will, therefore:

• Develop a procedure for entry into health care facilities, including minimizing visitors and undergoing strict checks before entering;
• Develop a procedure for protection of workers in relation to infection control precautions and include these in the labor management procedures 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 use of PPE;
• Develop a basic, responsive grievance mechanism to allow workers to quickly inform management of labor issues, such as a lack of PPE and labor management related grievances;
• Ensure adequate supplies of PPE (particularly face mask, gowns, gloves, hand-washing soap and sanitizer) are available;
• Ensure adequate OHS protections in accordance with General EHSGs and industry specific EHSGs and follow evolving international best practice, including WHO guidelines, in relation to protection from COVID-19;
• Mandate workers to follow the protocol prepared for this Project.

The health care staff within the targeted health facilities and project construction workers will be trained and kept up to date on WHO advice (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance) and recommendations on the specifics of COVID-19 by the PIU. Health workers and project construction workers will be also be encouraged to register any complaints or concerns that they may have related to the project using contact numbers provided in the GRM. A clear and separate channel of handling labor related complaints will be established in the section of the ESMF. Furthermore, the PIU will also ensure that all health workers adhere to the WHO Code of Ethics and Professional conduct for health workers to minimize complaints. The use of child labor for any person below the age of 18 will not be acceptable.

ESS3 Resource Efficiency and Pollution Prevention and Management

Medical wastes and chemical wastes (including water, reagents, infected materials, etc.) from the labs and screening posts to be supported (drugs, supplies and medical equipment) can have significant impact on environment and human health. Wastes that may be generated from medical facilities/ labs could include liquid contaminated waste, chemicals and other hazardous materials, and other waste from labs and medical centers including of sharps, used in diagnosis and treatment. Liquid contaminated waste may find its way to the soil or any nearby water body if not properly managed. Each beneficiary medical facility/lab will be required to follow the requirements of the site specific ESMPs to be updated for the Project (following the updating of the ESMF), WHO COVID-19 guidance documents, and other best international practices, will be used to prevent or minimize such adverse impacts. Any activities that have been screened for environmental and social risks will not be carried out until an updated, consulted and disclosed. The ESMP will include guidance related to transportation and management of samples and medical goods or expired chemical products. Resources (water, air, etc.) used in the facilities and labs will follow standards and measures in line with country's guidelines on the management of medical waste, US-Center for Disease Control (CDC), WHO environmental infection control guidelines for medical facilities and WB EHS guidelines.

ESS4 Community Health and Safety

In line with safety provisions in ESS2, it is equally important to ensure the safety of communities from infection with COVID19.

As noted above, medical wastes and general waste from the labs and health centers have a high potential of carrying micro-organisms that can infect the community at large if they are is 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. Laboratories and the medical centers will thereby have to follow respective procedures with a focus on appropriate waste management of contaminated materials as well as protocols on the transport of samples and workers cleaning before leaving the workplace back into their communities. Component 2 involving procurement and installation of liquid oxygen plants could lead to risks of explosion and that may endanger the neighboring community, hospital workers and persons in the hospitals. These risks may result from: (i) oxygen enrichment of the atmosphere from leaking equipment; (ii) use of materials not compatible with oxygen; (iii) use of oxygen in equipment not designed for oxygen service; (iv) incorrect or incautious operation of oxygen equipment; (v) improper disposal of pressurized containers. The design of these plants, choice of location within the medical facilities, selection of materials used in their maintenance and training of the medical personnel on use and maintenance will be cognizant of necessary risk management.

During implementation, the risks of SEA/SH to suspect cases will be assessed, and mitigation measures put in place. The MoHCDEC will ensure the avoidance of any form of SEA/SH by relying on the WHO Code of Ethics and Professional Conduct for all workers implementing the project as well as the provision of gender-sensitive infrastructures such as segregated toilets in the construction sites. PIU and construction workforce will be supplied with Personal Protective Equipment (PPE) as they engage in the implementation of project related activities. To mitigate this public risk, the government will ensure that all project workers are adequately instructed and trained, on a regular basis, on prevention and reporting procedures available for SEA and SH as set out in ESMP and SEP. The community neighboring the RRH will also be made aware of the GRM that can be utilized to raise concerns or complaints regarding the conduct of project related workers.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

It is not envisaged that economic and physical displacement will arise due to project implementation as all works will be confined in existing facilities where all land is owned by GoT. Thus, ESS 5 is not relevant for this project.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

Minor construction or rehabilitation activities may be anticipated in this project and all works will be conducted within the existing facilities. Hence, likely impacts of the project on natural resources and biodiversity are low and so this standard is not considered relevant.

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

Component 1 on strengthening laboratory diagnosis capacity will done in Dar es Salaam on an already existing Mabibo National Public Health Laboratory while component 2 involving procurement and installation of

Liquid Oxygen generating plants and oxygen supply manifold system will be confined within the seven (7) Regional Referral Hospitals (RRH) located in the urban centers of Dar es Salaam, Geita, Mbeya, Kilimanjaro, Ruvuma, Lindi and Mtwara. Based on the preliminary assessment which indicate that there are no distinct social and cultural groups in the project area that exhibit characteristics of indigenous or traditionally under-served communities as spelled out under this standard, ESS7 is not considered relevant. Although the interventions will not be physically located in areas with VMG presence, the risk of exclusion and its mitigation will be addressed, mainly by providing requirements in the SEP to ensure consultation with the VMGs to inform them of the project and availability of services. Arrangements will also be in place in the ESMF to provide for access to the VMG to project financed facilities Under Component 1 and 2 in the RRHs.

ESS8 Cultural Heritage

The medical facility rehabilitation activities related to installation of Liquid Oxygen generating plant in Regional Referral Hospitals (RRH) which are existing and operational medical facilities hence the potential for risks to and impacts on cultural heritage are very low. Thus, ESS 8 is not considered relevant for this project.

ESS9 Financial Intermediaries

FI will not be involved in this project

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways	No
OP 7.60 Projects in Disputed Areas	No

III. WORLD BANK ENVIRONMENTAL AND SOCIAL DUE DILIGENCE

A. Is a common approach being considered? No

Financing Partners

None

B. Proposed Measures, Actions and Timing (Borrower's commitments)

Actions to be completed prior to Bank Board Approval:

Preparation of the projects Stakeholder Engagement Plan (SEP)

Preparation of the project's Environmental and Social Commitment Plan (ESCP)

Possible issues to be addressed in the Borrower Environmental and Social Commitment Plan (ESCP):

Update, consult, disclose and adopt the Environmental and Social Management Framework (ESMF) for the East Africa Public Health Laboratory Networking Project to include a ICWMP addressing all the findings of the assessment of the existing system and in line with GIIP including WHO guidelines, as well as national regulations. This will also include a chapter on Labor Management Procedures (LMP) within thirty (30) days of project effectiveness.

Update, disclose, adopt, and implement a Stakeholder Engagement Plan (SEP) consistent with ESS10, in a manner acceptable to the Association.

An accessible grievance arrangement shall be established and 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 Association.

C. Timing

Tentative target date for preparing the Appraisal Stage ESRS 30-Jul-2020

IV. CONTACT POINTS

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Borrower/Client/Recipient

Borrower: United Republic of Tanzania

Implementing Agency(ies)

Implementing Agency: Ministry of Health, Community Development, Gender, Elderly and Children

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s): Mariam Ally Juma

Practice Manager (ENR/Social)	Robin Mearns Recommended on 23-Jul-2020 at 09:25:20 EDT