



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 04/10/2020 | Report No: ESRSA00708



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
El Salvador	LATIN AMERICA AND CARIBBEAN	P173872	
Project Name	El Salvador COVID-19 Response		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/9/2020	4/17/2020
Borrower(s)	Implementing Agency(ies)		
Republic of El Salvador	Ministry of Health		

Proposed Development Objective(s)

To respond to and mitigate the threat posed by COVID-19 and strengthen the national system for public health preparedness in El Salvador.

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]

To respond to and mitigate the threat posed by COVID-19 and strengthen the national system for public health preparedness in El Salvador. The project includes the support for the prevention and mitigation measures to COVID 19

D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]
An outbreak of the coronavirus disease (COVID-19) caused by the 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. As of March 30, 2020, El Salvador reported 30 confirmed cases of COVID-19 with community transmission taking place. Despite the measures taken by the Government earlier in March to quarantine the country, the arrival of nationals living abroad, together with substantial migration flows across neighboring countries, where cases have already been confirmed, inevitably resulted in confirmed cases in-country. The beginning of the COVID-19 outbreak has also coincided with an outbreak of dengue in the country, placing an added burden on an already stretched health system, with limited response capacity and large groups of vulnerable populations.

The project will be implemented at the national level. 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. The project will also finance and support a communications strategy which aims to slow the spread and mitigate the impacts of the virus. Several national hospitals and health centers in identified areas will be prioritized as they will be receiving and treating COVID-19 affected patients. The proposed project will not include any civil works, and the use of all equipment and medical supplies will be within existing hospitals and laboratories.

The challenges to El Salvador's health system and ability to implement measures as a response to COVID-19 are exacerbated by the observed and anticipated impacts of climate change. Given its tropical geographic location, biodiversity, and topography, El Salvador is particularly vulnerable to increasing temperatures (which are predicted to increase between 1.4 and 2 degrees by 2050) and rising sea levels (a rise of up to 8cm by 2050). These impacts, coupled with changing precipitation patterns among others, are expected to lead to more frequent natural disasters, such as floods, droughts, and tropical storms. These disasters in turn lead to increasing damages to health care facilities, sometimes disabling them completely at times when their services are most required. In addition to observed vulnerabilities of health systems and related infrastructure, climate change impacts also pose additional challenges to the already vulnerable population of El Salvador who is at risk of extreme heat, flooding and landslides caused by climate change. Furthermore, observed and anticipated climate change impacts, rising temperatures and changes in precipitation patterns and severity, also result in an increase in communicable disease transmission such as malaria, cholera, leishmaniasis, tuberculosis, and dengue. Noting that a large proportion of El Salvador's vulnerable population are the elderly, who are also most at risk to COVID-19, this exposure to climate change impacts is exacerbating currently observed risks and vulnerabilities.

El Salvador's high levels of contextual violence have constituted a threat to the promotion of healthy environments. El Salvador has one of the highest violence rates in LAC in three domains: domestic violence, sexual violence against women, and street/gang related violence. The continued violence threatens the growth and human development of the population. El Salvador ranks in the top 5 countries worldwide for homicide rates. In the Central American region, the country had the highest homicide rate, with 81.2 homicides per 100,000 people in 2016. Young males are more likely to be victims of homicide, and women are more likely to experience violence by someone they know. Gender-based violence is highly prevalent in El Salvador. In 2017, at least 10880 acts of violence against women were committed, which is equivalent to a rate of 599.4 per 100,000 women.

D. 2. Borrower's Institutional Capacity



The proposed project will be implemented by the Ministry of Health (MOH) through a Project Coordination Unit (PCU) within the MOH. The PCU will be responsible for the implementation, management, monitoring and reporting of project activities as well as for the environmental and social compliance measures. The PCU will have an environmental and social unit comprised of at least one environmental and one social specialist responsible for the implementation and monitoring of the measures contained in the ESF instruments. These specialists shall be in place no later than 30 days after project effectiveness. The MOH has some prior experience implementing World Bank financed projects in compliance with the World Bank’s environmental and social safeguards policies. This experience draws upon a number of already completed health related projects, such as the Earthquake Emergency Recovery and Health Services Extension Project (P067986) and the Strengthening the Public Health Care Project (P117157). In addition, the MOH recently developed the instruments for the Growing Up Healthy Together Project (P169677), which was developed under the World Bank’s Environmental and Social Framework (ESF). The World Bank will provide capacity support and training to the PCU throughout project preparation and implementation.

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 considered substantial given the emergency context and the likelihood that existing resources and capacity both in urban and rural health facilities will be stretched as the outbreak evolves. The project will focus on supporting the government’s plan to respond to COVID-19 and strengthen national systems for public health preparedness by investing in the provision of medical equipment and supplies as well as investing in communication and community awareness. No civil works are envisioned under the project and activities are expected to take place at selected existing health facilities. With respect to environmental risks and impacts, the following are the primary concerns: (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 availability, supply and appropriate use of protective equipment (PPE) for healthcare workers; (iii) community health and safety exposure risks in the immediate vicinity of health care facilities and (iv) ambient pollution and human health and safety risks stemming from cleaning and disinfection products, chlorine and other hazardous byproducts. The MOH will update the existing Environmental and Social Management Framework (ESMF) prepared for the World Bank–funded Growing Up Healthy Together Project (P169677) in early 2020. The revised 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 wastes, including biohazardous wastes, resulting from project activities. The relevant parts of the WHO COVID-19 quarantine guidelines and COVID-19 biosafety guidelines, and the World Bank Group’s Environment, Health and Safety (EHS) Guidelines will be reviewed so that relevant occupational and community health and medical worker safety risks and mitigation measures are addressed.

With regards to medical waste management, a recent World Bank project (Strengthening Public Health Care System, P117157) worked with selected hospitals to develop and implement bio-hazard waste management systems, including the establishment of environmental regulations that now provide biohazard diagnostics and norms that health facilities must follow nationwide. All 30 national hospitals in El Salvador follow an existing legal framework: El Salvador Technical Regulation for the Management of Bio-infectious Waste. National hospitals and regional offices



have a Bio-infectious Waste Management Plan, updated every three years. Waste management for hospitals and local clinics is covered in their allocated budgets, although a large increment in waste volume would compromise the management plans and would require additional funding to manage the increased biological risk. The revised ESMF will specify compliance monitoring and reporting requirements and include Labor Management Procedures (LMP) detailing the rights and protections for project workers, as well as a labor grievance mechanism. In addition to the ESMF, the MOH will implement the activities listed in the project's Environmental and Social Commitment Plan (ESCP).

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 El Salvador society in general terms. However, the social risk is classified 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. Potential 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 Indigenous People, 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 gender-based violence (GBV) or sexual exploitation and abuse (SEA) of patients in quarantine; (iii) ethnic discrimination towards Indigenous Peoples, 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, the MOH, in the ESCP, will commit 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 the MOH'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.

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:

This standard is relevant. The project will have positive environmental and social impacts by improving the surveillance, monitoring and response capacity of El Salvador's health system to respond to the COVID-19 and other emergencies. The adverse environmental, health and safety risks and impacts are likely to arise from exposure to the corona virus itself following the inadequate provision and use of personal protective equipment by health workers, increased risk of exposure to communities in the immediate vicinity of health care facilities, and health and pollution impacts associated with the inadequate handling and disposal of cleaning products and biomedical waste.



To address environmental and social risks and impacts under the project, the MOH will, within 30 days of project effectiveness, update the Environmental and Social Management Framework (ESMF) prepared for the World Bank-funded Growing Up Healthy Together Project (P169677). The revised 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 project activities. Foundational policies and regulations to be referenced in the ESMF will include those relating to medical waste management. A recent WB project (P117157) worked with beneficiary hospitals to develop and implement bio-hazard waste management systems. That project also supported the establishment of environmental regulations that now provide biohazard diagnostics and norms that health facilities must follow. A Technical Regulation on the management of biomedical waste applicable to entities which generate, store or collect, transport, treat or dispose biomedical waste was issued in 2015. In addition, a Technical Norm on the management of biomedical waste sets out the sanitary and biosafety requirements for the handling, transport, treatment and final disposal of biomedical waste.

Where relevant, the World Bank Group's Environment, Health and Safety (EHS) Guidelines, the WHO's specific COVID-19 guidelines on laboratory biosafety, and other WHO and international good practice guidelines on COVID-19 medical waste management, diagnostic testing, administration of COVID-19 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. 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 Stakeholder Engagement Plan. Further, guidelines developed by the MOH 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 updated 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 (FTCF).

ESS10 Stakeholder Engagement and Information Disclosure

This standard is relevant. The MOH has prepared a Stakeholder Engagement Plan (SEP) that will be updated within 30 days of project effectiveness. This project also includes a subcomponent focused on strengthening national communication strategies and information support resources as part of project design. In this context, the Project's SEP has identified affected and interested parties as well as vulnerable groups, and outlines 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 structured communications plan to ensure consistent messaging around key issues, (prevention, mitigation, awareness raising, and how to access services available), considering the specific challenges associated with COVID-19. Authorities from El Salvador have been proactive in communication campaigns since early February 2020, with a strong online presence of COVID-19 related information.

To limit potential social 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. This project's SEP will build upon two main sources: the Growing Up Healthy Together (P169677) project's SEP, developed in early 2020 and the Government's official communication site, <https://covid19.gob.sv>, which includes a detailed and regularly updated series of facts, data and official communications from the MOH and the office of the Presidency. The information in the site includes: (i) real-time information on the number of cases, distribution of people across the different containment centers, territorial distribution of patients or quarantined population; (ii) a preventive measures portal with infographics, videos and tip-sheets; (iii) a transparency portal showing the Government's official briefs detailing the socio-political measures that have been deployed to date; and (iv) a repository of WHO daily briefs, detailing COVID-19 impacts across the planet. In addition, the President of El Salvador leads biweekly national briefings broadcast across all credited media groups, 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 Indigenous People.

The approaches will follow the engagement mapping and strategies taken for the Growing Up Healthy Together project, which ensures 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 details these aspects and 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 draft 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. The Grievance Redress Mechanism will be an adaptation of the Mechanism designed by the MOH for the Growing Up Healthy project, which has established a two-way redress system, anchored in an existing digital and communications platform with a website and text message-based access numbers.

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. Some of the activities supported by the project will be conducted by publicly employed health and laboratory workers. Additional project workers will include contracted suppliers (including those involved in transport, handling and delivery of procured goods), as well as potentially 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 referred to in the ESMF. The Government and the MOH have published on their websites the National Plan of Preparedness and Response to Novel Coronavirus (2019 – nCov), El Salvador 2020. This encompasses procedures for entry into health care facilities; 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 updated 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. Despite recent investments in selected hospitals to develop and implement bio-hazard waste management systems, existing capacity for ensuring proper medical waste management at hospitals across El Salvador 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 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 and will include the adoption and implementation of the Infection Control and Waste Management Plan and Infection and Prevention Control Protocol included in the template ESMF specific to COVID-19 World Bank projects. The project will also promote the use of climate-smart technologies and the procurement and mobilization of energy efficient equipment will be considered where possible.

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, 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.

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. The Project does not intend to work or engage with If El Salvador's military forces, however, if for any reason during implementation these are mobilized as part of the government's response to the emergency in relation to this Project, the PIU 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. All allegations of unlawful or abusive acts of any military/security personnel, should 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 through the project's Grievance Redress Mechanism.

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, Indigenous Peoples are present in the project's scope of implementation. 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 Indigenous People. 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.

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 who have distinct cultural health practices. Official health providers should recognize these traditional methods when working with IP 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.

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 PCU	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 ESMF and 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

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Borrower/Client/Recipient

Borrower: Republic of El Salvador

Implementing Agency(ies)

Implementing Agency: Ministry of Health

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Amparo Elena Gordillo-Tobar
Practice Manager (ENR/Social)	Valerie Hickey Cleared on 10-Apr-2020 at 16:18:26 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 10-Apr-2020 at 16:41:44 EDT

Public Disclosure