



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 04/21/2020 | Report No: ESRSA00734



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Jordan	MIDDLE EAST AND NORTH AFRICA	P173972	
Project Name	Jordan COVID-19 Emergency Response		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/17/2020	4/28/2020
Borrower(s)	Implementing Agency(ies)		
Ministry of Planning and International Coordination	Ministry of Health		

Proposed Development Objective(s)

The Project Development Objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen the national health system for public health preparedness.

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]

The project aims to support the MOH immediately respond and mitigate risks associated with the COVID-19 outbreak in Jordan. Based on the COVID-19 National Response Plan, the project aims to fill critical gaps in the following technical areas: country-level coordination planning and monitoring; risk communication and community engagement; surveillance, rapid response teams and case investigation; point of entry; national laboratories; infection prevention and control; case management; and operation support and logistics.

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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 all the twelve governorates of Jordan. The MOH has developed a large nationwide network of primary health care facilities (478), including comprehensive health centers with basic specialties. Specialized inpatient and outpatient health services are delivered at MOH hospitals (32) and private hospitals (both for-profit and not-for-profit; 68). This project will complement and expand the activities of the WBG-financed Jordan Emergency Health Project (P163387) which has supported the Government of Jordan (GOJ) to maintain primary and secondary healthcare service delivery for vulnerable population groups (i.e. poor and uninsured Jordanians and Syrian refugees). The ongoing Emergency Health Project does not fund any medical consumables (e.g. vaccination kits, vials, syringes), nor the purchase of any equipment, goods, or works.

Currently, the MOH designates seven public hospitals for quarantine, isolation and treatment as well as three public and private laboratory facilities to diagnose COVID-19. Designated hospitals have capacities of 2,515 beds; 86 quarantine rooms; 69 isolation rooms; and 106 intensive care unit beds. Active surveillance and contact tracing for suspected cases continue throughout Jordan, with a focus on COVID-19 clusters, such as in the Irbid governorate. In addition, the MOH increased the number of medical staff in primary and secondary healthcare facilities and established mobile clinics to treat minor illnesses and injuries as outpatient services at MOH facilities have been suspended. The project will finance activities held at facilities involved in COVID-19 response (e.g. quarantine/isolation/treatment). Facilities include MOH primary and secondary healthcare facilities, as well as other facilities, including the Central Public Health Laboratory; quarantine and isolation facilities (hotels are being used in COVID-19 response); and point of entry (e.g. airports, land and sea entry points). The project will not involve civil works.

Health security risks in Jordan remain high due to the threats of communicable diseases and pandemics, natural hazards, violent conflicts, rapid population growth and urbanization, and, increased vulnerability due to poverty, unemployment, displacement and migration. The COVID-19 National Response Plan targets all residents in Jordan to be eligible for benefits from COVID-19 preparedness and response activities. Thus, the expected project beneficiaries will be the entire population in Jordan including Jordanians and non-Jordanians, medical and emergency personnel, laboratory and testing facilities, and health agencies across the country. The total estimated population size was 10.6 million in January 2020, including approximately 715,000 UNHCR-registered refugees (2018).

D. 2. Borrower's Institutional Capacity

Jordan has a national legal framework which primarily focuses on managing medical wastes and environmental and occupational health and safety risks. In October 2001, the Jordan Minister of Health (MOH) issued medical waste management regulations that aim to regulate medical waste administrative procedures and disposal protocols. These regulations involved the following sections: definition and categorization of medical wastes, applicability of procedures to different types of facilities, medical wastes segregation and packaging; collection and transportation; storage; treatment and final disposal of medical wastes; wastewater; administrative procedures and responsibilities inside the facility; and occupational health and safety. According to these regulations, different healthcare facilities should follow a clear and distinct process of medical waste disposal that guarantees the least possible hazardous effects of medical waste on both humans and environment. Other related legislations include Environment Protection



Law No. 6 of 2017 and EIA regulation No. 37 from 2005; Regulation for the Management, Transport and Handling of dangerous and Hazardous Materials number 24 from 2005; and Public Health Law No. 54 of 2002.

Project activities will be implemented by a Project Management Unit (PMU), that has recently been established within the MOH to work with the World Bank and other international donors. The MOH does not have direct prior experience preparing and implementing World Bank projects under the Environment and Social Framework (ESF). They have experience working with other international donors on safeguard issues including medical waste. The PMU is supported by several existing directorates covering various project activities and safeguard issues:

☐ the Communicable Disease Directorate of the MOH plays a critical role in managing public health preparedness activities, particularly surveillance systems. The Central Public Health Laboratory in Amman is one of designated COVID-19 diagnostic laboratories, and it has the capacity for virus isolation, running polymerase chain reaction (PCR) and serological testing.

☐ The Crisis Management Directorate is mandated to operate a Public Health Emergency Operating Center (PHEOC) within a comprehensive health emergency management program. The PHEOC is fully equipped and is connected with the other MOH directorates and other multi-sectoral authorities in Jordan. The PHEOC is connected to the Directorates of Health in all governorates where a focal point exists for WHO surveillance and response to infections including pandemic influenza.

☐ The MOH has an Occupational Health and Safety department, which assists facilities to meet the Health Care Accreditation Council (HCAC) standards for infection prevention and control as well as environmental health and safety.

☐ The Environmental Health Directorates has several mandates including, inter alia, ensuring proper management of medical wastes in health facilities.

☐ With respect to stakeholder engagement, the ministry has a Health Communications and Awareness Directorate that handles awareness-raising and communications functions; and a Complaints Directorate that is responsible for grievance redress.

U.N. and bilateral agencies have provided grants and in-kind donation of medical equipment, commodities and supplies to the MOH. WHO is also supporting the ministry with coordination and planning functions for COVID-19.

In relation to the Syrian refugee camps in Jordan operated by UNHCR, the MOH will work with UNHCR to adapt the available outbreak contingency plans for camp settings to develop preparedness plan for COVID-19 in camp settings.

Through the project’s initial stages, safeguards focal points within the following key existing directorates will be assigned to ensure that proposed activities under the project are implemented in compliance with national and World Bank’s ESF: 1) Health Communications and Awareness; 2) Environmental Directorate; and 3) Directorate of Complaints. In addition to the E&S focal points within the PMU, the E&S consultants will be recruited to support in the preparation of relevant E&S instruments required in the ESCP.

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". Environmental risks and impacts are expected to be generated from activities to be financed under 'component 1'. Specifically, 'component 1' will finance the procurement of Polymerase Chain Reaction (PCR) machines, sample collection kits, test kits, and other equipment and supplies for COVID-19 testing and surveillance, personal protective equipment, ventilators, pulse oximeters, laryngoscopes, oxygen generators and other medical equipment, supplies for case management as well as medicines and vaccines once approved by WHO. In addition, minor civil works and retrofitting of isolation rooms in facilities and treatment centers might be supported as well.

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 and 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. A contributing risk factor is the limited capacity of MOH to plan and implement projects in accordance with international requirements such as the World Bank under the constrained coordination challenges presented by a pandemic such as COVID-19. Some project activities also present increased health and safety risks for project workers, particularly those working in medical and laboratory facilities. Clear communication of risks and prevention measures will be included within training and stakeholder engagement activities.

Social Risk Rating

Substantial

The main social risk of the project relates to the exclusion of or insufficient attention to vulnerable groups to access information, treatment and services, that leads to higher rates of virus transmission. Among the vulnerable are households below poverty levels, individuals at higher risk of hospitalization as a result of exposure to COVID-19, as well as refugees and migrants. The main challenge, therefore, is to make sure that information, and procured items and treatment needed to prevent, detect and clinically manage COVID-19, are distributed in a transparent manner, ensuring equity and reaching the affected population. Other potential social risks relate to the social stigma, or mistreatment, during procedures for testing, diagnosis, quarantine and treatment of patients, their families and contacts.

While protecting the health of communities from infection with COVID-19 is a central part of the project, without adequate controls and procedures, project activities ranging from medical facility operation to local public

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engagement exercises have the potential to contribute to virus transmission and other community and worker health and safety issues.

A contributing risk factor is the limited capacity of MOH to plan and implement projects in accordance with international requirements such as the World Bank under the constrained coordination challenges presented by a pandemic such as COVID-19.

The project will not include large construction or rehabilitation works, and all the minor civil works will be carried out in the same footprint of existing facilities.

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 for the project workforce and communities due to the hazardous nature of the pathogen and reagents and other materials to be used in the project-supported laboratories and quarantine facilities. To manage these risks the MOH will prepare the following instruments:

Environmental and Social Management Framework - to identify risks and potential environmental and social impacts and outline appropriate mitigation measures based largely on adopting WHO guidance, World Bank EHS Guidelines and other good international industry practices (GIIP). The ESMF will include a Code of Environmental Practice (CoEP) for minor works associated with installation of modular laboratory and isolation units (e.g. utility connections); Infection Prevention and Control and Waste Management Plan (IPC&WMP) for all facilities including laboratories, medical centers and isolation centers; Labor Management Procedures (LMP) for PMU and contracted workers to ensure proper working conditions and management of worker relationships, occupational health and safety. The ESMF will be prepared to a standard acceptable to the Bank and disclosed on the MOH website and on the World Bank website within one month after the Effectiveness Date. Until the ESMF has been approved, the project will follow current WHO Guidance and will only support procurement of equipment, PPEs, ...etc, however, medical consumables will only be used once the ESMF -including the Medical Waste Management Plan (MWMP)- is prepared and in proper arrangement is in place. Other activities that involve any works will not be implemented until the ESMF is prepared, cleared and applied.

Stakeholder Engagement Plan (and Grievance Redress Mechanism) - establishing a structured approach for community outreach and two-way engagement with stakeholders, in appropriate languages, including the vulnerable and disadvantaged groups (refugees, poor, disabled, elderly, isolated communities.), that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with public meetings as a result of COVID-19. A preliminary SEP including GRM has been prepared and will be updated by the MOH and re-disclosed within one month after the Effectiveness Date.



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Stakeholder Engagement Plan (and Grievance Redress Mechanism) - establishing a structured approach for community outreach and two-way engagement with stakeholders, in appropriate languages, including the vulnerable and disadvantaged groups (refugees, poor, disabled, elderly, isolated communities.), that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with public meetings as a result of COVID-19. A preliminary SEP including GRM has been prepared and will be updated by the MOH and re-disclosed within one month after the Effectiveness Date.

To achieve the abovementioned positive environmental and social impacts, the aforementioned areas of risks must be addressed and mitigated as discussed below:

Medical Waste Management and Disposal. Wastes that may be generated from labs, screening posts and treatment facilities to be supported by the COVID-19 readiness and response could include liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid) and infected materials (water used, lab solutions and reagents, syringes, bed sheets, majority of waste from labs and isolation centers, etc.) require special handling and awareness, as they may pose an infectious risk to healthcare workers in contact with the waste. Informal disposal may lead to contamination of soil and groundwater, but more importantly, to further spreading of the virus to nearby communities. In order to mitigate the risks associated with medical waste management and disposal, the project will support training of medical, laboratory and waste management personnel to ensure compliance with the IPC&WMP, WHO guidance and GIIP. This will be documented in the IPC&WMP as part of the ESMF.

Worker Health and Safety. Workers in healthcare facilities are particularly vulnerable to contagions like COVID-19. Healthcare-associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and laboratory workers. The IPC&WMP will contain detailed procedures, based on WHO guidance, for protocols necessary for treating patients and handling medical waste as well as environmental health and safety guidelines for staff, including the necessary personal protective equipment (PPE). Proper disposal of



sharps (see medical waste above), disinfectant protocols, and regular testing of healthcare workers will be included. In addition, the LMP will cover occupational health and safety provisions to protect healthcare workers (HCW), in addition to proper working conditions and management of worker relationships.

Community Health and Safety. All project activities ranging from the operation of laboratories to community engagement activities present a risk of transmission in the community. The operation of laboratories, health centers (including isolation facilities) have a high potential of carrying micro-organisms that can infect the community at large if they are not properly managed and controlled. The project’s ESMF will outline procedures for each project activity commensurate to the risk. The IPC&WMP will contain detailed procedures, based on WHO guidance, for the safe operation of health facilities and protection of the public from exposure to the virus as a result of these operations. In addition, the project’s SEP will ensure widespread engagement with communities - and its more vulnerable groups - to disseminate information related to community health and safety, particularly about social distancing, high-risk demographics, self-quarantine, and mandatory quarantine.

Vulnerable Groups Access to Project Services and Facilities. A key social risk related to this kind of an operation is that marginalized and vulnerable social groups are unable to access facilities and services designed to combat the disease, in a way that undermines the central objectives of the project. Real or perceived inequities also have the potential to lead to conflict and civil unrest. To mitigate this risk, the MOH will commit to the provision of services and supplies to all people, regardless of their social status based on the urgency of the need. In the meantime, the project is building on a solid communication system that the Government already established since the beginning of the outbreak. There are also strong systems for GRM.

Gender-based Violence. Evidence suggests GBV has increased since the COVID-19 outbreak. The project will include a large workforce of health care workers (direct, contract and community workers). Sexual Exploitation and Abuse (SEA)/Sexual Harassment (SH) risks will be assessed and addressed during implementation through the ESMF, including screening and putting in the corresponding measures to prevent and mitigate the SEA/SH risks. The MOH, in the ESCP will commit to the implementation of the WHO Code of Ethics and Professional Conduct which includes provisions for SEA/SH prevention.

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

The project recognizes the need for an effective and inclusive engagement with all relevant stakeholders and the population at large.

Jordan’s COVID-19 Preparedness and Responsiveness Plan already includes a Stakeholder Engagement and Communication Component. The project has developed a preliminary SEP that supports the implementation of this component, including additional information and activities to comply with the requirements of ESS10 as well as the



WHO technical guidance on COVID-19 risk communication and community engagement. The preliminary SEP identified various stakeholders which include but not limited to Infected Persons, Public Health Workers, private health service providers, employees of third party consultants, government officials, mass media and associated interest groups, community and religious leaders, and vulnerable and disadvantaged, such as elderly persons, persons with disabilities and refugees.

The preliminary SEP supports clear communication and meaningful consultation processes, considering the needs of various stakeholders, and adapted to the current social distancing requirements by the national government and the WHO that are now in effect. The preliminary SEP has been disclosed on the World Bank and the MOH websites. Given that the project has been prepared under emergency procedures, an updated SEP will be prepared by the MOH. In line with the provisions of the ESCP, the borrower will apply the preliminary SEP prepared for the emergency project, to engage stakeholders as needed and for public information disclosure purposes. Within two months of project effectiveness, the Borrower will update and disclose the SEP on MOH website.

Due to the pandemic situation in the country, the uncertainty involved, and the multiple stakeholders engaged in the project implementation, there is the potential risk of the insufficiency of the existing health system capacity which may lead to increased complaints and grievances. An assessment and improvement of the MOH existing GRM system under the on-going World Bank Jordan Emergency Health Project (P163387) was planned but could face delays due to the COVID-19 restrictions. Therefore, the capacity of the existing GRM channels to handle citizens' complaints and queries is uncertain in this case. The PMU GRM focal point under the Complaints Directorate, to be assigned to project as specified in Section D, will closely monitor the GRM systems and identify any constraints during project implementation and mitigation measures will be taken as needed. The updated SEP will include a functional review of the existing GRM.

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 workforce is expected to include: (i) direct workers, including PMU contracted workers engaged directly by the MOH and Public Health Workers (medical and non-medical staff and workers of the Central Public Health Laboratory working at quarantine/isolation/treatment facilities/laboratories) who are performing project activities, (ii) contracted workers including employees of minor civil works contractors and those of third party consultants hired for training and monitoring activities, as well as workers contracted by third parties for essential services such as waste disposal, and (iii) primary supply workers such as those that provide pharmaceuticals or equipment.

The key risk for the project workers (primarily direct and contracted workers) is infection with COVID-19 or other contagious illnesses which can lead to illness and death of workers. High risk environments include laboratories, hospitals and health care centers, isolation centers and the broader community where project workers may be exposed to the virus. Project workers are also exposed at risk of psychological distress, fatigue and stigma due to the nature of their work.



The MOH has committed to the preparation of Labor Management Procedures (LMP) as part of the ESMF which will (i) respond to the specific health and safety issues posed by COVID-19, and (ii) protect workers' rights as set out in ESS2. Health and safety issues associated with project financed activities will be managed through the ESMF which will incorporate the WHO guidance tools for COVID-19 preparedness and response including the Risk Communication Package for Healthcare Facilities which provides healthcare workers (HCWs) and healthcare facility management with the information, procedures, and tools required to safely and effectively work.

In accordance with ESS2 and Jordanian law, due to the hazardous work situation, children under the age of 18 will not be allowed to work on the project. The use of forced labor or conscripted labor on the project is also prohibited

ESS3 Resource Efficiency and Pollution Prevention and Management

Medical wastes and chemical wastes (including wastewater, reagents, infected materials, etc.) from the labs, quarantine, and screening posts to be supported (drugs, supplies and medical equipment) can have adverse impact on the 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 quarantine and isolation centers including of sharps, used in diagnosis and treatment. Each beneficiary medical facility/lab following the requirements of the ESMF, WHO COVID-19 guidance documents, and other best international practices, will prepare and follow an Infection Prevention Control and Medical Waste Management Plan (IPC&MWP) to prevent or minimize such adverse impacts. The ESMF and site-specific instruments (ESMPs) (for any healthcare facilities that needs minor civil works) will include guidance related to transportation and management of samples and medical goods 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 in line with WHO environmental infection control guidelines for medical facilities.

ESS4 Community Health and Safety

Protecting the health of communities from infection with COVID-19 is a central part of the project. However, without adequate controls and procedures, project activities have the potential to contribute to the spread of the virus and may also contribute to conflict or civil unrest. Project activities themselves, ranging from medical facility operation through stakeholder engagement and training, without adequate controls and procedures, have the potential to contribute to virus transmission and other community and worker health and safety issues.

Some project activities may give rise to the risk of GBV, in particular SEA and SH risks. The ESMF will include a GBV risk assessment and preventive measures. The project will promote the avoidance of SEA/SH by implementing the WHO code of Ethics and Professional Conduct for all workers, as well as the provision of gender-sensitive infrastructure such as segregated toilets.

Medical waste has a high potential of carrying micro-organisms that can infect the community at large if they are not properly disposed of. There is a possibility for the infectious microorganism to be introduced into the environment if not well contained within the laboratory or due to accidents/ emergencies (e.g. a fire response or natural phenomena event, such as seismic activity). Exposure of the community to infectious medical wastes and



general waste from the labs, health centers, and quarantine and isolation centers will be mitigated through the Infection Prevention Control and Waste Management Plan (part of the EMSF).

The isolation centers will have to be operated in a way that both, the wider public, as well as the quarantined patients are treated in line with international best practice as outlined in WHO guidelines referenced under ESS1. These measures will be described in the ESMF. The project will actively promote sound community health and safety practices in the management of COVID-19 through training the MoH on WHO guidelines for identification, prevention and control of COVID-19.

The SEP, described under ESS 10, will also ensure widespread engagement with communities in order to disseminate information related to community health and safety, particularly around social distancing, high-risk demographics, self-quarantine, and mandatory quarantine. The project will not employ security personnel. At points of entry, staff from Ministries of Health, Interior, Transportation and General Intelligence Directorate (police) are involved. However, COVID-19 related procedures, such as screening, information sharing, quarantine/isolation processing are done by the MOH staff. Security staff are at the Points of Entry, but have minimal relationship with the project activities, other than providing support and facilitation for the MOH staff at the Points of Entry.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

ESS5 is not currently relevant. There is no land acquisition required under the project.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

No construction 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 population meeting the definition of ESS7 will be affected under this project

ESS8 Cultural Heritage

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

ESS9 Financial Intermediaries

Not currently relevant. There are no financial intermediaries that are part of the project.

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	
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts a. Prepare, disclose and implement environmental and social management framework (ESMF) to ensure that individuals or groups who, because of their circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project. b. Prepare, disclose, adopt, and implement any environmental and social management plans or other instruments required for the Project	06/2020
The Ministry of Health shall establish and maintain a project management unit with qualified staff and resources to support management of ESHS risks and impacts of the Project including through hiring environmental and social consultants.	08/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
1. Update, disclose, adopt, and implement the Preliminary Stakeholder Engagement Plan (SEP) 2. Accessible grievance arrangements shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Proje	06/2020
ESS 2 Labor and Working Conditions	
LMP will be part of ESMF described under ESS1	06/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Relevant aspects of this standard shall be considered, as needed, in the ESMF, including, inter alia, measures to: manage health care wastes, and other types of hazardous and non-hazardous wastes.	06/2020
ESS 4 Community Health and Safety	
Relevant aspects of this standard to be included in ESMF	06/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
There are no deliverables for this standard. There is no land acquisition.	12/2020
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	

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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 are not being considered,

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: Ministry of Planning and International Coordination

Implementing Agency(ies)

Implementing Agency: Ministry of Health

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Fernando Montenegro Torres
Practice Manager (ENR/Social)	Kevin A Tomlinson Cleared on 18-Apr-2020 at 12:29:47 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 21-Apr-2020 at 13:32:44 EDT

Public Disclosure