



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

Date Prepared/Updated: 10/29/2020 | Report No: ESRSAFA053



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Borrower(s)	Implementing Agency(ies)
Djibouti	MIDDLE EAST AND NORTH AFRICA	The Republic of Djibouti	Ministry of Health
Project ID	Project Name		
P174675	AF Djibouti COVID-19 Response		
Parent Project ID (if any)	Parent Project Name		
P173807	Djibouti COVID-19 Response		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	10/28/2020	11/11/2020

Proposed Development Objective

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness

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

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

Yes

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

The project includes four components.



1. Emergency COVID-19 Response: to slow down and limit as much as possible the spread of COVID-19 in the country. This will be achieved through providing immediate support to enhance case detection, confirmation, recording and reporting, as well as contact tracing and risk assessment and mitigation.
2. Strengthening Overall Healthcare Services and Clinical Capacity to Respond to COVID-19: to strengthen essential healthcare service delivery to be able to provide the best care possible for people who become ill despite a surge in demand. The component will support the strengthening of selected health facilities and establishment and equipping of quarantine and treatment centers, so that they can manage COVID-19 cases.
3. Implementation Management and Monitoring and Evaluation: to finance necessary human resources and running costs for the Project.
4. Contingent Emergency Response Component (CERC) - in the event of an Eligible Crisis or Emergency, the project will contribute to providing immediate and effective response to said crisis or emergency.

#### D. Environmental and Social Overview

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

The Djibouti COVID-19 Response Project (Parent Project -P173807) was approved in April 2020 for an amount of \$US 5 million to support the Government of Djibouti in addressing the pandemic. The Parent Project entails the procurement of testing equipment, personnel protective equipment (PPE), medication, ICU equipment and of three medical waste incinerators. It also includes the renovation of two hospitals (Bouffard hospital and the Balbala hospital) that are being used for COVID-19 diagnostic and treatment, as well as the rehabilitation of three run down structures located outside of Djibouti-ville (PK 23) to be converted into treatment and quarantine facilities. The Parent Project will also finance the training of health care professionals on COVID-19 health and safety protocols, treatment and isolation measures, as well as communication activities to support the national emergency response to the pandemic.

The Additional Financing (AF - P174675) entails US\$0.94m to procure a CT scanner, masks, PCT test kits and nasopharyngeal swabs for the benefit of the same beneficiary health structures as those in the Parent Project. The indicative twenty health structures that will benefit from the medical equipment and supplies financed by the Parent Project and the AF include Bouffard, Al-Rahma, General Peltier, Arta and Ali-Sabieh hospitals, as well as five medical clinics and five polyclinics in the regions and the capital. Most of the beneficiary structures are located in the capital, Djibouti-ville.

In terms of managing the social and environmental risks of the Parent Project, the MoH prepared the Environmental and Social Management Framework (ESMF), the Labor Management Procedures (LMP) and the Stakeholder Engagement Plan (SEP). The preparation of the ESF instruments of the Parent Project faced significant delays due to the need for extensive data gathering and the difficulty of doing most of this exercise remotely in the context of the pandemic. These documents were cleared by the Bank and disclosed on October 16, 2020. Moreover, MOH has appointed an environmental and social focal point and a SEP focal point.

With regards to the implementation of the Parent Project activities to date, US\$1 million advance was disbursed to the designated account, which has not been used yet by the MoH. Another US\$ 1.875 million direct payments were made to the Central Pharmaceutical Acquisition Agency (CAMME) to purchase equipment and supplies (i.e., PPE,



disinfectants, body bags, test kits, electric beds, equipment such as defibrillators, PCR machine, respirators, etc.). These items are currently in a storage facility and have not yet been distributed to the beneficiary health structures mentioned above. The Ministry of Health (MoH) was awaiting for the approval of the ESF instruments by the World Bank and their disclosure before starting the distribution process.

Given that the Parent Project ESF instruments include all the mitigation measures for the AF activities, including the CT scan, the AF will use the same ESF instruments. All documents were updated to reflect the description of the AF activities. The updated ESF instruments covering the Parent Project and the AF were disclosed in-country on October 21, 2020 and on the Bank's website on October 23, 2020.

D. 2. Borrower’s Institutional Capacity

The Epidemic Management Committee (Comité de Gestion de l’Epidemie, CGE) was established by the Ministry of Health (MOH) and consists of representatives from several Ministries such as Commerce, Social Affairs, Telecommunications, Interior, Transport, Defense, and Muslim Affairs, Cultures and WAQFS Assets. The CGE will coordinate multisectoral actions against COVID-19, meet weekly and report daily to the chair, the Minister of Health. The CGE will also act as the steering committee for the project.

Under the CGE, a Project Management Unit (PMU) is handling the day-to-day implementation of activities and will report to the CGE on the status of the epidemic. The PMU is currently staffed by members from the project Towards Zero Stunting (P164164). A environmental and social focal point within the PMU has been nominated to ensure that the proposed activities are implemented in compliance with the ESF and prepared instruments. Both the Ministry of Finance and the MOH are committed to making this PMU institutionalized and sustained as part of the MOH.

The MOH has overall limited capacity in implementing E&S instruments, although they have become more familiar with World Bank requirements through the implementation of two ongoing operations. In this perspective is strongly recommended that the capacity of the E&S Focal Point be strengthened through the recruitment of E&S consultants with experience and skills to support the implementation of the ESMF and other ESF instruments.

Public Disclosure

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

**A. Environmental and Social Risk Classification (ESRC)** Substantial

**Environmental Risk Rating** Substantial

The environmental risks associated with the project are the same as for the parent project. They are mainly associated with the operation of the beneficiary health structures, the treatment and quarantine centers, and the adequate implementation of the various management plans, including the Infection Control and Waste Management Plan (ICWMP) to be prepared by each beneficiary structure. Djibouti has limited capacity in managing medical waste in general (there are four medical incinerators in the country), and no experience in managing highly infectious medical wastes such as COVID-19, it is expected that the project may have adverse environmental risks and impacts that will require the planning and implementation of appropriate precautionary measures.

The WHO has reported that 20% of total healthcare waste would be infectious. The inappropriate management of this waste could cause serious health problem for workers, the surrounding community and the environment.



Medical wastes have a high potential of carrying micro-organisms that can infect people who are exposed to it, as well as the community at large if it is not properly disposed of. Wastes that may be generated from the use of materials and equipment supported by the project could also include liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid) and infected materials (e.g. wastewater; lab solutions and reagents, syringes, bed sheets, majority of waste from labs and quarantine and isolation centers, etc.) which would require special handling and awareness, as they may pose an infectious risk to healthcare workers in contact or handle the waste. There is a possibility for infectious microorganisms to be introduced into the environment if they are not contained within the laboratory or the quarantine facilities due to accidents/ emergencies e.g. a fire response or natural phenomena event (e.g., seismic). The expected healthcare infectious/hazardous waste also includes wastes generated from COVID-19 patients. Medical wastes can also include chemicals and other hazardous materials used in diagnosis and treatment. The contamination of the laboratory and quarantine facilities, and equipment may result from laboratory procedures: performing and handling of culture, specimens and chemicals. If the contamination is due to a highly infectious agents, it may cause severe human disease, present a serious hazard to workers, and may present a risk of spreading to the community. In sum, the medical wastes from COVID-19 could cause serious environmental and social risk, if they are not properly handled, treated or disposed. Finally, most activities supported by the project will be conducted by health and laboratory workers, both civil servants employed by the MOH as well as private health service providers. In addition to the inherent risk that health workers face in dealing with infectious diseases, health staff with underlying medical conditions could be at higher risk of developing COVID-19 complications if not limited to tasks that avoid exposure to COVID-19 patient and contaminated material. Given the environmental risks involved and the limited capacity of the MoH to deal with those risks, the Environmental Risk Classification is “Substantial”.

**Social Risk Rating**

Substantial

The project is rated as substantial because it has the potential to lead to adverse impacts on human health and exclude poor and vulnerable group from project benefits. The key risk is insufficient attention to vulnerable groups to access information, testing and treatment services, especially the illiterate and those living in remote areas. The main challenge, therefore, is to make sure the procured items needed to prevent, detect and clinically manage COVID-19, are distributed in a transparent manner, ensuring equity and reaching the affected population. Given capacity constrains in terms of medical care and waste management in the country in particular in rural, there is a higher risk of inadequate adherence to health and safety standards among rural beneficiary health structures that could potentially expose medical and non-medical staff of as well as their surrounding communities to SARS-Cov-2.

**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 and monitoring, case management and treatment, as well as containment. However, the project could also cause adverse social, environmental, health and safety risks due to the dangerous nature of the pathogen and reagents and other materials to be used in the project-supported beneficiary health facilities. Although most of these risks are temporary, predictable and can for the most part be corrected through reliable mitigatory measures, the capacity in the country remains weak in terms of waste management systems and health and safety standards.



Healthcare-associated infections due to inadequate adherence to occupational health and safety (OHS) standards can lead to illness and death among health and laboratory workers. The health facilities which will be used for COVID-19 diagnostic testing, isolation and treatment will generate biological, chemical and other hazardous waste. Environmentally and socially sound health facilities management will require adequate provisions to minimize these risks, such as proper management of infectious waste, occupational health and safety protocols, appropriate chemical substance handling and transportation procedures, etc.

Other key risks include the exclusion of or insufficient attention to vulnerable groups or individuals. These include households below poverty level (41% according to the World Bank/IMF), who generally cannot afford medical services and tend to be illiterate (52% of Djiboutian over 15 years old ), and can have limited access to media (cellphone, radio, internet); groups and individuals who are at higher risk of getting very sick from COVID-19 and requiring emergency care, such as the elderly (over 65 years old), individuals with underlying medical conditions, such as heart and lung disease, individual suffering from diabetes (6.5% of the population in 2016 according to the WHO ) or who are immunocompromised; the estimated 30,000 refugees and asylum-seekers (UNHCR ) and the unregistered refugees and migrants. While the government has committed to provide the diagnostic and treatment services free of charge, including to legal refugees, many groups and individuals may not be able to access them. Another important risks relates to the exposure of non-medical staff of the beneficiary structures to the virus.

The MoH updated the ESMF to reflect the activities of the Parent Project. The document was disclosed in-country on October 21 2020 and on the Bank's website on October 23, 2020. This updated ESMF covers both the Parent Project and AF activities. The ESMF was prepared following national directives, plans and protocols: the National Directive and Action Plan for the Prevention and Response to COVID-19, the Operational Plan for the Novel Coronavirus Response, the Procedures for Infection Prevention and Control, and the Procedures to Manage Dead Bodies in the Context of COVID-19, all prepared in March 2020. The ESMF also complies with the Presidential Decree N° 2020-080/PR/PM on Partial Reopening lead in the Context of Covid-19 (June 2020). These measures were enhanced in compliance with the relevant WHO and other agencies' technical guidance on COVID-19.

The updated ESMF excludes hazardous activities unless the designated facilities demonstrate to have adequate occupational health and safety capacity and infrastructure is in place. The document also includes an Infection Control and Waste Management Plan (ICWMP), to guide the development of site-specific infectious waste management plans for each beneficiary structure. Moreover, as part of the project and the ESMF, the MoH plans to procure three incinerators to increase the country's capacity in safely eliminating infectious waste. During project implementation, special attention will be given to the selection and procurement of an incinerator whose technical specificities are adapted to the country context and have minimum GHG emissions.

Moreover, the updated ESMF proposes procedures for the safe handling, storage, and distribution of COVID-19 medical equipment including techniques for preventing, minimizing, and controlling environmental and social impacts through the use of these materials. The ESMF proposes a checklist to monitor the distribution of the materials and equipment, mechanisms to monitor compliance with environmental and social mitigation measures, and environmental and social provisions to be included bidding and tender documents for contractors.



The MoH also prepared Labor Management Procedures (LMP) and a Stakeholder Engagement Plan (SEP) that covers both the Parent Project and AF activities. These instruments have been disclosed on October 21, 2020 and October 23, 2020 in-country and on the Bank's website, respectively.

### **ESS10 Stakeholder Engagement and Information Disclosure**

Djibouti's National COVID-19 Preparedness and Responsiveness Plan already includes a Stakeholder Engagement and Communication Component. The Parent Project finances the implementation of this component, which is described in the Stakeholder Engagement Plan (SEP).

Primary project stakeholders include the MOH, COVID19 patients, medical and non-medical staff from beneficiary health structures, and workers of the contractors that are recruited to undertake the renovation/rehabilitation works. Other interested parties include the public at large, the media, representatives of ministries associated with COVID-19 national response (e.g. Ministry of Interior, Transport, Social Affairs and Telecommunication), representatives from regional and local governments, village chiefs, imams, representatives of civil society as well as international and bilateral development agencies.

Vulnerable stakeholders include households below poverty level and those who live far away from beneficiary health structures, the illiterate, individuals who are at higher risk of infection from Covid19 due to underlying conditions or malnutrition, refugees and asylum-seekers (registered and unregistered), and migrants.

The MoH updated the Parent Project SEP to include the activities of the AF. The SEP addresses the requirements of ESS10 as well as the WHO technical guidance on COVID-19 risk communication and community engagement and grievances mechanisms. The updated SEP was disclosed on October 21, 2020 and October 23, 2020 in-country and on the Bank's website, respectively.

Through the SEP, the project has established a structured approach to stakeholder engagement and public outreach that is based upon meaningful consultations and disclosure of appropriate information, considering the specific challenges associated with COVID-19. The SEP includes information on environmental and social risks and mitigation measures in the local languages (Afar, Somali, Arabic), printed and visual communication, small workshops, mass media and SMS, with tailored engagement methods for each category of stakeholders, including vulnerable groups, and grievance mechanisms.

### **B.2. Specific Risks and Impacts**

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

#### **ESS2 Labor and Working Conditions**

The project will involve the use of a range of workers including: around 12 direct workers, including civil servants and consultants working for the PMU as well as civil servants working for the Central Medical Equipment Agency (CAMME) responsible for procuring medical goods; an estimated 60 contracted workers, such as the employees of the contractors hired to implement the civil works; and the workers of primary suppliers, mainly medical equipment and PPE suppliers that have been prequalified by the WHO. The project will use around 20 community workers to





support the implementation of the community awareness activities. The project also includes an estimated 400 workers associated to the project, such as the 350 medical and non-medical staff of the beneficiary health structures and 50 waste management workers, either hired by the MoH as civil servants and contractors.

Key risks associated with the workforce include first and foremost the risk of exposure to COVID-19 while implementing project activities or using the equipment financed by the project, health and safety risks associated with the civil works, risks associated with working conditions, discrimination and equal opportunity and freedom of associations.

The MoH updated the Labor Management Procedures (LMP) to include the activities of the AF. The LMP has been disclosed on October 21, 2020 in-country and October 23, 2020 on the Bank's website. The LMP is based on the national directives, operational plans, protocols, procedures and presidential decrees outlined above (description of the ESMF under ESS1). Additional measures were integrated to the LMP to meet the requirements of ESS2 and in accordance with the World Bank Group Environmental, Health and Safety Guidelines (EHSGs). Guidance from the WHO and the US Center for Disease Control (CDC) was also included to prepare the instrument and integrate aspects of COVID-19 infection control.

The LMP describes the types of workers, the risks associated with the project, and proposes procedures, protocols and mitigation measures. These include specific COVID-19 mitigation measures for the general public (mandating the use of masks, and recommending frequent handwashing and social distancing) and for medical and non-medical personnel working in the beneficiary establishment (specification on types of PPE, disinfecting procedures, etc...). The LMP also includes a protocol in the case of suspected or confirmed case among its workforce and training for all the workforce. The LMP prohibits the hiring of any person under the age of 18. The use of forced labor or conscripted labor and sexual harassment in the workplace is strictly prohibited under the project, and specific grievances mechanisms are set up for project workers, including on, working conditions, SEA/SH, lack of PPE, stress management, and unreasonable overtime.

While the civil servants and other workers indirectly associated with the project (staff of beneficiary health care structures and waste management workers) will remain subject to the terms and conditions of their existing employment agreement, the health and safety measures, especially those associated with COVID-19 prevention and the management of COVID-19 exposure outlined in the LMP, will apply to them.

### **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 significant 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 will prepare and follow an Infection Control and Medical Waste Management Plan (ICMWP) to prevent or minimize such adverse impacts. These ICMWPs will follow the requirements of the ESMF. The ESMF and site-specific instruments (ESMPs) (for any healthcare facilities construction/rehabilitation) 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 CDC and WHO environmental infection control guidelines for medical facilities. As part of its efforts to dispose safely of Infectious Health Care Waste, the MOH plan to procure three incinerators to increase the country's current capacity to eliminate infectious waste (IHCW). During project implementation, care will be taken to select incinerators which technical specificities are adapted to the country context and have minimal GHG emissions. Each medical facility, isolation unit or lab needs to implement an IHCW Management Plan in line with the requirements of the ESMF. This will provide guidelines for the application of international best practices in COVID-19 diagnostic testing and safe handling, transportation, storage of COVID-19 treatment and testing materials. It will also clearly outline the implementation arrangement to be put in place for environmental and social risk management; training programs focused on COVID-19 laboratory biosafety as well as compliance monitoring and reporting requirements.

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

In line with safety provisions in ESS2, it is equally important to ensure the safety and well-being of the communities from infection with COVID-19. This could result from exposure through project activity, inadequate treatment of quarantine communities, and poor communication practices. Medical waste has the potential of carrying microorganisms 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 infectious waste is not properly managed. Other community risks, such as sexual abuse and exploitation, will be mitigated by prevention mechanisms such as awareness campaigns and the use of Codes of Conduct. Labor influx is not expected as the activities and civil works under the project are minor and will require local labor. Moreover, the project does not require to recruit or deploy security personnel nor use the military during implementation.

The ESMF proposes a template for the management of infectious waste and includes protocols of triage, testing and treatment of suspected and confirmed patients that will reduce the communities' exposure to the virus. 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.

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

ESS5 is not currently relevant. The project is not expected to involve any land acquisition or repurposing of land. The project is not expected to finance new construction. A due diligence of the renovation/rehabilitation works planned under the project has been conducted and no impacts associated with ESS5 have been identified. This assessment has been included in the ESMF.

#### **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. Hence, likely impacts of the project on natural resources and biodiversity are low. However, if supplies transportation or medical and chemical wastes generated are not properly disposed of, they can have impact on living natural resources. The procedures to be established in the infection control and waste management will describe how these impacts will be minimized.



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

ESS7 is not currently relevant as there are no traditional communities meeting the criteria of this standard.

**ESS8 Cultural Heritage**

ESS8 is not currently relevant. The project is not expected to support any construction or rehabilitation activities outside of the current footprint of existing facilities that could have an impact on tangible or intangible cultural heritage.

**ESS9 Financial Intermediaries**

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

**C. Legal Operational Policies that Apply**

**OP 7.50 Projects on International Waterways** No

**OP 7.60 Projects in Disputed Areas** No

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

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

**Areas where “Use of Borrower Framework” is being considered:**

There are no areas where the use of the Borrower Framework is being considered; the project will apply the ESF.

**IV. CONTACT POINTS**

**World Bank**

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**Borrower/Client/Recipient**

Borrower: The Republic of Djibouti

**Implementing Agency(ies)**

Public Disclosure



Implementing Agency: Ministry of Health

**V. FOR MORE INFORMATION CONTACT**

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**VI. APPROVAL**

Task Team Leader(s):	Fatima El Kadiri El Yamani
Practice Manager (ENR/Social)	Lia Carol Sieghart Cleared on 29-Oct-2020 at 19:24:9 GMT-04:00
Safeguards Advisor ESSA	Gael Gregoire (SAESSA) Concurred on 29-Oct-2020 at 19:47:16 GMT-04:00