



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

Date Prepared/Updated: 07/17/2020 | Report No: ESRSAFA003



BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Myanmar	EAST ASIA AND PACIFIC	Ministry of Planning, Finance, and Industry	Ministry of Health and Sports
Project ID	Project Name		
P174386	Additional Financing to Myanmar COVID-19 Emergency Response Project		
Parent Project ID (if any)	Parent Project Name		
P173902	Myanmar COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	7/28/2020	8/10/2020

Proposed Development Objective

To respond to the threat posed by COVID-19 and strengthen national systems for public health emergency preparedness in Myanmar.

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 Additional Financing (AF) from the Pandemic Emergency Financing Facility (PEF) will expand the scope of the parent Project in its effort to support the Government of Myanmar (GOM) in strengthening the COVID-19 response.



The AF will focus on and enhance priority actions for COVID-19 response, including: (i) upgrading laboratory capacity –prioritizing in the conflict-affected states with hard to reach areas in line with (PEF) focus; (ii) intensifying risk communication and community engagement in close collaboration with EHPs and CSOs; (iii) supporting coordination and collaboration between MOHS and non-government health actors such as Ethnic Health Providers (EHPs) and Civil Society Organizations (CSOs) at both national and subnational level; (iv) capacity building & training of health workers on COVID-19 response, targeting MOHS & partner organizations including EHPs and CSOs; and (v) operations support and logistics. In addition, to complement the parent project, the AF will finance equipment and supplies to upgrade the emergency departments (triage area) and isolation wards as well as high dependency units in a few township level hospitals in conflict-affected states. The strong focus on vulnerable groups and communities in conflict affected areas under the PEF Grant will be reflected in enhanced collaboration with partners organizations such as CSOs and EHPs, as they are critical health-service providers for people living in these areas where public sector services do not reach. The AF for parent project will include new activities that are not included in the parent project.

Project scope and design are aligned with the Parent Project and the COVID-19 Strategic Preparedness and Response Program (SPRP). The envisaged interventions would address immediate needs in the COVID-19 response, and contribute to foundations of the health systems preparedness for public health emergencies. In addition to the Parent Project, it complements other ongoing IDA-financed health operation in Myanmar, namely the Essential Health Services Access Project (EHSAP) and its Additional Financing (AF) which has recently been approved and focuses on medium to longer term health systems outcomes. In addition to improving readiness of the primary health care facilities to deliver the essential package of health services, the AF for the parent project will help to further cement infection prevention and control (IPC) and health care waste management (HCWM) practices, institutionalize mechanisms that facilitate better coordination and collaboration between government and NGOs, Ethnic Health Providers (EHPs), and Civil Society Organizations (CSOs), strengthen risk communication and community engagement, training of health workers on COVID-19 response, and, wherever possible, leverage Information and Communication Technology (ICT).

D. Environmental and Social Overview

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

Both the Parent Project and the AF are national in scope. The Parent Project will focus primarily on activities to provide equipment at specific hospitals (goods category of the global covid Multi-Phase Approach (MPA), along with capacity building and community engagement activities throughout the country (technical assistance category global covid MPA). The Parent Project includes hospitals in all states and regions where Intensive Care Unit (ICU) staff are deployed. The Project will cover selected Central level hospitals, all Region and State hospitals and a few district hospitals across all 17 Regions and States. About 61 hospitals are estimated to be supported under the project and the final list will be confirmed after assessment of the needs on the ground. Project implementation will be rolled out in a phased manner, starting with the most at-risk areas, such as densely populated areas and areas with frequent travel and migration.

The Project will not include greenfield hospital construction or other large civil works and will mainly focus on procurement of goods and equipment for Intensive Care Unit (ICU) and High Dependency Unit (HDU) facilities in existing hospitals. For the Parent Project there may be minor expansion and refurbishment of existing hospital wings



in order to upgrade rooms to ICU level of care. The Project would not support ICU or HDU equipment or related renovations in hospitals where ICU or HDU cannot function due to size and staffing constraints. The Project will not provide testing or surveillance services for coronavirus infections.

The project has 3 components. Under Component 1 of the Parent Project, a comprehensive list of hospitals to potentially be supported has already been compiled. Hospitals include relatively larger facilities in major cities ranging from 200 to 2000 hospital beds as well as smaller facilities of 100-200 beds. Larger hospitals typically have 10 ICU beds and smaller hospitals typically have 6 ICU beds. Due to the size and level of sophistication of participating hospitals, project activities will be located in urban settings. Costs to re-equip the ICU facilities are estimated at between \$670,000 for each of the 6 ICU bed facilities and \$900,000 for each of the 10 ICU bed facilities. Preliminary lists of equipment needs have been proposed and include a range of ICU equipment and supplies such as ventilators, beds, ICU furniture (tables, cabinets), oxygen plant, liquid oxygen sets, among miscellaneous supplies and monitoring devices. The Parent Project does not anticipate purchasing coronavirus testing kits, laboratory chemicals or pharmaceutical supplies. It should be noted that the Project will not provide financing or support to quarantine facilities.

Under Component 1 the AF will complement the parent project by supporting some additional hospitals at township levels of conflict affected states. The priority expressed by MOHS is in the three hospitals in Rakhine, Kachin and Shan North states. One of the participating hospitals under the AF is located in the Rakhine State, outside of the active conflict area. The AF will finance equipment and supplies to upgrade the emergency departments (triage area) and isolation wards as well as high dependency units. In addition, it will finance supplies needed for waste management, as well as other basic requirements including water tank, water filtration system and oxygen plant. To ensure activities financed under PEF will be fully completed within the 6-7 month timeframe, procurement of goods will be strictly limited to those that could be procured/distributed within this timeframe. No major renovation is foreseen under the AF but could finance minor repair such as painting of walls and repair of ceilings that can be completed within the designated time. In addition, the AF would support strengthening of laboratory capacity at State/Regional levels and will prioritize conflict-affected states and hard to reach areas. Through provision of fully automated immunology analyzers in 16 sites in State/Region level, immunoassay reagents and biochemistry analyzers and reagents in 3 sites, the AF aims to expand the testing capacity in a total of 18 sites in line with the GOM's laboratory capacity expansion plan. Quality control, safety of health workers in these laboratories and maintenance will also be of priority and the AF will support costs related to these.

Under Component 2 the AF will support cross sectoral coordination at central and State/Region levels including Inter-Ministerial Committee Meetings as well as State/Region levels to coordinate national responses, including non-government stakeholders such as NGOs, CSOs, EHPs. The AF will also support Information Education and Communication (IEC) material development/adaptation in local language, especially for EHPs and NGOS working in conflict-affected areas to ensure that the contents reflect the relevance of specific areas they are operating in. Some of these materials will focus on referral pathways, which are developed under the Parent Project, to help promote awareness and collaboration on referral among the health actors and people living in conflict-affected areas. The materials developed will be pre-tested and translated for each ethnic group. Component 2 AF will also address capacity building needs of the medical service providers and supporting staff through and will focus its capacity building activities of health workers (both from MOHS & partner organizations including EHPs and CSOs on COVID-19 response more broadly, including risks communication, disease surveillance, identification of contacts, case notification and reporting, etc.



Salient social characteristics of the project area include the on-going conflict and recently internally displaced populations in Rakhine, Shan and Kachin states (in addition to those populations already displaced by previous conflicts across the country) along with the existence of ethnic groups and ethnic armed organizations in Rakhine, Shan, Kayin, Kachin, Sagaing and Tainintharyi. Furthermore, high levels of poverty and limited access to basic health care characterizes rural areas in all states and regions, especially in the more remote and harder to reach communities. These challenges are compounded during the rainy season, when remote rural areas become even less accessible, and intersect with the exclusion and mistrust of government experienced by many ethnic communities across the country.

Salient environmental characteristics include uneven and evolving medical waste management systems, improper collection of samples, transport of samples and testing for COVID-19. Myanmar has established a basic legal and institutional framework for environmental and social risk management related to medical waste. MOHS is responsible for implementing the legal framework on the management and proper disposal of medical waste generated in the public and private health service sectors and has been developing Health Care Waste Management Guideline (HCWM), Standard Operating Procedures for HCWM for Health Care Facilities, and training modules. In 2011, MOHS promulgated the Hospital Management Manual, which includes basic guidance for hospital waste management. In addition, in 2016 MOHS developed and approved Hospital Infection Control Guidelines at national level. These national guidelines have integrated health care waste management as a stand-alone chapter. Recently, MOHS has issued simplified COVID-specific HCWM guidelines, which provide a shorter and easier reference for the health staff. National legislation on the management of hazardous wastes including other categories of hazardous wastes, such as pesticides and certain industrial wastes is still under development by Ministry of Natural Resources and Environmental Conservation.

The MOHS development of the regulatory framework for medical waste management notwithstanding, the implementation of this frameworks is lacking due to financial, physical and human resources constraints at the health facility level. Access, communication and understanding among primary care level health staff related to relevant guidelines and their consistent implementation still requires substantial capacity building support and improvement.

D. 2. Borrower's Institutional Capacity

Upon the declaration of the COVID-19 global pandemic, Myanmar mobilized to form the National-Level Central Committee on Prevention, Control and Treatment of Coronavirus Disease 2019 (COVID-19), led by State Counselor. The primary objective of this Cabinet-level Committee is to spearhead the national response effort and coordinate within the public sector to control and manage an outbreak of COVID-19 in Myanmar.

The main implementing entity for the AF is the same as for the Parent Project; MOHS, coordinated through its Department of Medical Services. Environmental and occupational health issues are overseen by the MOHS Occupational and Environmental Health Department (OEHD). The institutional arrangements are based on experience and lessons learned from ongoing IDA-financed Essential Health Services Access Project (EHSAP) (P149960) and in alignment with the arrangements under the proposed Additional Financing of the EHSAP. The Project will not have a dedicated Project Implementing Unit (PIU) per se. Instead, the MOHS will designate a project management team reporting to the Director of Medical Services. The management team will include designated specialist staff from the Ministry. The project implementation will be guided by a Project Operations Manual (POM), which will build heavily



on the updated POM developed for the Additional Financing for EHSAP given the similarity in institutional, fiduciary and implementation arrangements.

The Government of Myanmar has experience in managing environmental and social risks associated with World Bank projects. However, that experience is primarily with the Bank’s safeguard policies rather than the new Environment and Social Framework (ESF). MOHS will be the implementing agency for the project. MOHS has developed experience with implementing World Bank-financed project requirements regarding safeguard policies. Under the ongoing EHSAP MOHS has been implementing an Environmental Management Plan (EMP) including (i) application of specific Environmental Code of Practices (ECOPs) to address potential adverse environmental impacts linked to planned renovation and refurbishment works, and (ii) deployment of Medical Waste Management Plan (MWMP) to address solid and liquid wastes that will be generated by the Health Care Facilities. The safeguards performance rating of MOHS operation of the EHSAP has been Moderately Satisfactory.

Furthermore, with the support of the EHSAP, MOHS developed Referral Guidelines for healthcare waste management and finalized training modules on the HCWMP. A project Disbursement Linked Indicator (DLI) provides financial support to Township hospitals and primary healthcare facilities based on achievement of service delivery results including healthcare waste management and infection prevention and control. On social risk management, ESHAP has been also implementing the Community Engagement Planning Framework (CEPF), developed guidelines on community engagement and trained township health departments in integrating community engagement into planning process. These guidelines ensure the service planning process is meaningfully accessible to ethnic groups in a culturally appropriate manner and in the appropriate language.

The MOHS Department of Public Health (DPH) and Department of Medical Services, which are responsible for safeguards implementation under ESHAP, will also be responsible for ESF implementation under the COVID-19 project with support on environmental and occupational risk management from the Occupational and Environmental Health Department (OEHD). MOHS will appoint a designated ESF focal point within the Project Management Unit (PMU) and receive ESF training and support by the World Bank.

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 classification is considered Substantial. While the project’s primary goal is to reduce the health impact of the coronavirus through the procurement of hospital (ICU and HDU) and laboratory equipment and development of improved preparedness measures, the risk classification is based on potential concerns related to improper collection, transport and testing of samples for COVID-19; capacity to manage health care waste; occupational health and safety; and the contextual concerns over the severity of the outbreak and ability to safely operate overloaded medical and waste facilities. While the procurement of ICU equipment, per se, does not have significant environmental implications, the operation of those ICU Project hospitals are likely to generate large volumes of hazardous and non-hazardous medical wastes such as contaminated PPE; pharmaceuticals; food waste; used or obsolete medical equipment, etc.



An important risk concern relates to the Occupational Health and Safety (OHS) for front-line medical staff treating COVID-19 patients and health care providers involved with collection, transport, and testing or other screening and evaluations. Similarly, communities surrounding facilities supported by the project may be exposed to the increased spread of coronavirus and resulting disease, due to poor implementation of protections for health care providers.

Social Risk Rating

Substantial

Key social risks and impacts include the possible exclusion of vulnerable groups including ethnic groups residing in remote areas where there is limited access to health services, and others residing in locations that are affected by conflict (including internally displaced persons), or under the control of ethnic armed organizations. Other vulnerable groups such as the elderly and those with underlying medical conditions, returning migrants, prisoners and rural residents with only limited access to primary care are also at risk being excluded from the services supported by the project. While the project will not finance activities associated with institutionalized quarantine, it is further important to consider the needs of, and right to, dignified treatment of patients who will be isolated and treated in the facilities to be supported under this operation. This will include paying specific attention to the concerns of vulnerable groups, the prevention of sexual exploitation and abuse and sexual harassment, along with minimum accommodation and servicing requirements.

As designed, the project will not require land acquisition or involve involuntary resettlement as any refurbishment or placement of mobile toilets that will be financed will take place within the footprint of publicly owned facilities that are already in place.

The procurement of motorbikes poses an OHS risk for the users as well as risk of being diverted to usage for purposes other than the one originally intended for by the project.

Safeguard instruments prepared for the Parent Project are being updated and will include measures also addressing the risks for new activities under the AF not included under the PP. Measures will be introduced in the updated, combined project’s Stakeholder Engagement Plan (SEP), Environmental and Social Management Framework (ESMF) which includes a Infection Control and Waste Management Plan (ICWMP) and Labor Management Procedures (LMP); the latter will include measures to ensure protections for workers exposed to unsafe working conditions or hazardous materials. An Environmental and Social Commitment Plan (ESCP) and a Stakeholder Engagement Plan (SEP) have been prepared and disclosed through the website of MOHS: [www.mohs.gov.mm \(https://www.mohs.gov.mm/page/9183;](https://www.mohs.gov.mm/page/9183) [https://www.mohs.gov.mm/page/9184;](https://www.mohs.gov.mm/page/9184) <https://www.mohs.gov.mm/page/9185> and [https://www.mohs.gov.mm/page/9186\)](https://www.mohs.gov.mm/page/9186). As per the ESCP, the updated, combined ESMF will be finalized within 30 days of project effectiveness and will include the activities finance by the AF. Updated versions of the SEP, ESCP and the final ESMF will be disclosed on the same website and on the WBG website during project implementation.

B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

B.1. General Assessment

Public Disclosure



ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

The MOHS will assess and manage environmental risks and impacts associated with proposed Project activities through the preparation of an integrated Environmental and Social Management Framework (ESMF). In keeping with core principles of the World Bank's ESF, the ESMF (and other associated documentation) will be prepared in a manner which is proportionate to the significance of the potential risks and impacts, and which utilizes a mitigation hierarchy approach.

The MOHS will undertake basic risk screening during project implementation to identify specific risks and impacts that will need to be addressed by each hospital during implementation based on the core principles, technical standards and procedures described in the ESMF. To the extent feasible, the ESMF will build on existing national approaches to E&S issues, the application of relevant WHO standards specific to COVID-19, and other recognized Good International Industry Practices (GIIP).

Where relevant and feasible, the MOHS will require each hospital to adopt and apply guidelines developed for previous lending operations related to medical waste management. Under the ongoing EHSAP, MOHS developed Medical Waste Management Guidelines (March 2019). These guidelines will be reviewed and updated, as needed, to include additional COVID-19 specific protocols and procedures that WHO has developed. Each hospital under the project will adopt waste management procedures for their facility in a manner consistent with the Ministry guidelines as documented in the ESMF. To complement the guidelines, a rapid review of actual medical waste management practice along the entire disposal chain up to the final disposal is planned to help inform the management of waste related risks.

The ESMF will include procedures for screening for social and environmental risks along with relevant mitigation measures. The ESMF and LMP described under ESS 2 will define Employer/Employee Codes of Conduct to help minimize some of such risks.

The ESMF will also include procedures for ensuring inclusive access to project activities for all target beneficiaries regardless of ethnicity, gender, citizenship, age disability or mobility through the development of referral protocols, allowing Covid-19 patients requiring hospitalization, including those living in Ethnic Armed Organization (EAO) controlled territories and those living in IDP camps, proper transfer to designated hospitals. IDPs are a particularly vulnerable population, being accommodated in overcrowded facilities, which alongside dedicated IDP camps, include in some cases makeshift IDP accommodation in churches, monasteries, and other communal buildings. The Project will support the establishment of referral pathways by supporting MOHS to engage with relevant stakeholders providing services to IDPs (e.g. UN agencies, NGOs, CSOs). The focus will be on identifying and agreeing among these stakeholders specific referral arrangements for IDPs appropriate to the specific contexts where they are located. Furthermore, communication activities under Component 2 will be adapted to reflect these varying contexts.

Vehicle purchase will include safety equipment, registration and insurance and an asset register will be maintained by the project.

The distribution of the fever screening kits and the non-contact thermometers to EHP will be need-based and will be discussed between MOHS, S/R Health Departments and the EHPs.



The MOHS will develop the required Environmental and Social (E&S) documents working in close collaboration with national technical specialists as well as World Bank staff to ensure the documents meet the requirements of each standard. Draft versions of the SEP and Environmental and Social Commitment Plan (ESCP) have been prepared, disclosed and consulted on between 29 May and 2 June, 2020 and the completion of final versions of E&S documents (ESMF; LMP; HCWMP) will be completed by the Borrower with extensive Bank assistance within 30 days of project effectiveness or prior to the commencement of project activities involving E&S risks (whichever is the earliest date).

There is no involvement of the military or other security forces in the COVID-19 response in Myanmar envisaged.

ESS10 Stakeholder Engagement and Information Disclosure

In keeping with the requirements of ESS10, the MOHS will establish a structured approach to engagement with stakeholders that is based upon meaningful consultation and disclosure of appropriate information, taking into account the specific challenges and limitations associated with community consultations in areas affected by COVID-19. The Borrower has developed a draft SEP, disclosed it publicly on the MOHS website www.mohs.gov.mm and the updated version includes the feedback from the stakeholder consultation meetings conducted between 29 May and 2 June, 2020. This stakeholder engagement event was conducted for both the parent project and the PEF, and as such, covered similar activities and impact that are anticipated under this additional finance. In addition, under Component 2 the MOHS will develop guidelines and provide training on effective methods for stakeholder engagement and information disclosure and outreach as part of project design.

The SEP incorporates the WHO guidance (WHO Guidance - Risk Communication and Community Engagement) to ensure provision of proper awareness raising and timely information dissemination to (i) avoid conflicts resulting from false rumors; (ii) ensure equitable access to services for all who need it; and (iii) address issues resulting from people being kept in quarantine (even though this project will not support any quarantine facilities). The SEP includes details how the GRM will be operationalized including provisions allowing anonymous grievances to be raised and addressed and how any complaints of gender-based violence will be handled, as well as detailed contact numbers and addresses. Through the consultations with ethnic groups and their representative and specifically Ethnic Health Providers, the revised SEP also reflects a strategy specific to engagement with ethnic groups, including patient referral protocols. The SEP also builds on other relevant WHO guidance on preventing and addressing social stigma associated with COVID-19 (to reduce social stigma and discriminatory behaviors against people of certain ethnic backgrounds as well as anyone perceived to have been in contact with the virus). The SEP was finalized by incorporating the AF required activities.

Project specific stakeholder engagement and consultation procedures are designed in a way to minimize the use of group consultation methods involving close contact of individuals where such gatherings could lead to increased exposure to the coronavirus. People affected by Project activities will be provided with accessible and inclusive means to access project specific information and raise concerns and grievances through a Grievance Redress Mechanism.

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

Project workers will include direct workers (primarily MOHS) and contracted workers (for minor construction and installation works and consultancy services). The Government, via the ESCP, commits to the preparation of Labor Management Procedures (LMP) as part of the ESMF which (i) responds to the specific health and safety issues posed to project workers by COVID-19, and (ii) protects workers' rights as set out in ESS2. The LMP will distinguish between the different types of workers as identified under ESS2 and will identify specific protections for each type/category of worker. There will be no community workers as defined under ESS2 engaged on the Project

Component 2 includes measures to reinforce the clinical care capacity and reinforce infection prevention and control for not only medical staff (e.g., doctors, nurses) but also for other support staff at the hospitals (e.g., nurse aids, ambulance drivers, cleaners, clinic-social workers, pharmacists, etc.) who will be working in close proximity to the patients and their contacts. Therefore, the Project will ensure the application of OHS measures as outlined in WHO guidelines which will be included as part of the LMP. This will include procedures for entry into health care facilities, including minimizing visitors and undertaking strict checks before entering; procedures for protection of workers in relation to infection control precautions; provision of immediate training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and personal protective equipment (PPE); ensuring adequate supplies of PPE for all onsite healthcare workers and staff (particularly facemasks, gowns, gloves, handwashing soap and sanitizer but also helmets and high visible vests for motorbike operators). In addition, the LMP will ensure that adequate OHS protections are in place in accordance with General EHSs and industry specific EHSs and follow evolving international best practice in relation to protection from COVID-19. The project will integrate the latest guidance provided by WHO as it develops experience addressing COVID-19 globally.

The project may include contractors for minor civil works. The physical civil works are expected to be minor and therefore the associated risk is expected to be limited, but the contractors will have to be prepared and all workers will have access to necessary Personal Protective Equipment (PPE) and handwashing stations. Furthermore, workers will be bound by the Code of Conduct presented in the ESMF. No large-scale labor influx is expected due to the situation and nature of the works.

As part of the LMP a worker grievance mechanism (GM) will be put in place to allow workers and other volunteers to quickly inform management of labor issues, such as a lack of PPE and unreasonable actions overtime via the national, provincial, district and village authorities.

The LMP will include specific measures to ensure that the Project will:

- Not employ any person under the age of 18.
- Prohibit the use child or forced labor for any project activity.
- Establish strict security procedures to control entry into COVID-19 health care facilities, including minimizing visitors.
- Adopt procedures and protocols for protection of workers in relation to infection control precautions and include these in the labor management procedures and in contracts.
- Provide immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and PPE.



- Develop a responsive grievance mechanism to allow workers to quickly inform management of labor issues, such as a lack of PPE and unreasonable request for overtime work.
- Ensure adequate supplies of PPE (particularly facemask, gowns, gloves, hand soap and sanitizer) are available.
- Ensure adequate OHS protections in accordance with General EHSs and industry specific EHSs and follow evolving international best practice in relation to protection from COVID-19.
- Establish monitoring and oversight mechanisms to ensure the project mandates such requirements for all project workers and employers.

A final LMP will be prepared within 30 days of project effectiveness or prior to commencement of any project activities involving Environmental and Social (E&S) risks (whichever is earlier).

Collection of samples, transport of samples and testing of the clinical specimens from patients meeting the suspect case definition should be performed in accordance with WHO interim guidance Laboratory testing for coronavirus disease 2019 (COVID-19) in suspected human cases. Tests should be performed in appropriately equipped laboratories (specimen handling for molecular testing requires BSL-2 or equivalent facilities) by staff trained in the relevant technical and safety procedures.

ESS3 Resource Efficiency and Pollution Prevention and Management

The Borrower has developed HCWMP guidance and training documents for the ongoing health sector project in Myanmar. These existing guidelines will be reviewed and, where relevant, previously agreed measures will be upgraded and adapted to address specific requirements for the COVID-19 operation which may not have been included in the existing documentation. In addition, the MOHS will ensure that any plans or protocols to address these risks will be consistent with guidance provided by WHO Guidelines for medical waste management and infection control or other agreed Good International Industry Practice (GIIP).

The refurbishment and upgrading of hospital facilities to address COVID-19 cases will lead to the generation of hazardous and non-hazardous medical wastes which could expose workers and the community at large to health risks. Medical waste from COVID-19 facilities will likely include chemicals and equipment from laboratories and testing facilities; contaminated PPE; pharmaceutical wastes; contaminated food wastes and cleaning supplies; sharps and other used medical instruments. In addition, the waste stream from project hospitals providing COVID-19 care could include waste water and liquid wastes discharged into the existing waste water management systems. The inadequate treatment of effluent may lead to pollution of recipient water bodies.

The Project may also induce disposal of old medical equipment and/or supplies from refurbishment of health care facilities. Project supported rehabilitation activities will be required to dispose of such waste in a technically sound manner (depending on the type of equipment etc.) especially avoiding the ad hoc disposal of such equipment at sites which would expose individuals and communities to increased risks.

To address the solid waste and wastewater management needs the Borrower will require each hospital to develop and adopt an Infection Control Waste Management Plan (ICWMP) based on existing guidance and Standard Operating Procedures (September 2019) developed for the ongoing IDA health sector project and documented in the



ESMF, and in line with WHO COVID-19 guidance documents and WBG EHS Guidelines. The ICWMP will define key principles, procedures and protocols to be followed by participating project hospitals or other health centers, as it relates to waste and wastewater directly related to treatment of COVID-19 patients.

The ICWMP will describe the types of wastes to be generated and their potential health and safety risks; methods for collection, storing, transporting, destruction or disposal. The ICWMP is to be completed during project implementation. As relevant, each participating hospital or health facility will follow all requirements of the ICWMP and the corresponding Standard Operating Procedures (September 2019). In some cases, individual facilities may prefer to adopt site-specific plans based on existing procedures, where such procedures can be shown to be consistent with ICWMP guidance.

At this time, it is not known whether the disposal of such wastes poses significant adverse risks to soil, water bodies, natural habitats, or specific communities since specific procedures or sites for treatment and disposal of wastes have not been identified. The ICWMP will include specific planning criteria to ensure that waste disposal sites and disposal methods from participating health facilities avoid or minimize such impacts, and that adjacent communities to waste disposal sites are adequately aware of safety risks and how to mitigate them. See also ESS4.

The AF will support the construction of septic tank, and procurement of health care waste management facility (microwave autoclave). MOHS will discuss and reach agreement with Municipalities on regular waste collection and proper waste disposal from septic tank during operational stage. Design of septic tank will follow national standards and in line with the projects environmental code of practice (ECoP), included in ESMF. The operational and maintenance of HCWM facility will apply good practices in line with the IFC Environmental Guidelines for Health Care Facilities and National Guidelines.

The project is not considered to be a major consumer of energy, water or other natural resources and its risks for GHG emissions are not considered significant.

ESS4 Community Health and Safety

The principle risk to community health and safety relates to the increased risks of the increased spread of coronavirus and resulting disease. As mentioned under ESS3, the project itself could exacerbate this risk through poorly implemented waste management procedures at participating hospitals and health facilities as well as by poorly implemented protections for health care providers which could contract the disease and contribute to further spread in the community.

Improper collection of samples, transport of samples, testing for COVID-19 and in-appropriate laboratory biosafety procedures could result in spread of disease to medical workers, laboratory workers or population during the transport of potentially affected samples. Works need to be performed in accordance with WHO interim guidance (Laboratory Testing for Coronavirus Diseases 2019 in Suspected Human Cases). Tests should be performed in appropriate equipped laboratory by trained staffs. Samples that are potentially infectious materials (PIM) should be handled and stored as described in WHO document (Guidance to Minimize Risks for Facilities Collecting, Handling or Storing materials PIM – PIM Guidance.)



The measures to manage these risks will be documented in the ESMF.

Under Component 2 of the project, the MOHS will design and implement emergency preparedness plans including communications and information campaigns for the entire project area. The emergency preparedness plan will address to potential risks such as earthquakes, tsunamis, floods, windstorms, and fires. For life and fire safety, appropriate firefighting equipment and preparedness plans will be put in place at all project's funded facilities, and required training and orientations will be organized in coordination with the responsible firefighting department.

The project does not currently plan to utilize security forces or to finance quarantine facilities.

A risk assessment for gender-based violence, as well as preventative measures will also be included in the ESMF. The project will promote the avoidance of Sexual Exploitation and Abuse (SEA) by relying on the WHO Code of Ethics and Professional Conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure such as segregated toilets and enough light in quarantine and isolation centers. In addition, each participating hospital will need to ensure that ICU and/or isolation units in treatment facilities have adopted procedures to limit access to these areas and prevent unauthorized individuals (such as family visitors, the media or the general public) from entering high risk zones.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

The project will not include any activities which require land acquisition, involuntary resettlement or economic displacement. Any refurbishment of hospitals or health centers will be within the existing footprint of the buildings. Mobile toilets will be placed within the existing footprint of facilities. Any project activities involving land acquisition or resettlement will be excluded from the project.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

The project does not involve any new greenfield construction, major rehabilitation or expansion of existing facilities which could affect natural habitats. However, the disposal of some hospital wastes could potentially lead to damage to natural habitats if not carried out at appropriately designated sites.

The ESMF will formulate screening criteria for site selection of any waste disposal sites and will exclude any site which could lead to the degradation of natural habitats. The PMT, using the ESMF, will assess waste disposal plans to ensure that such objectives are met. Any waste disposal site which would adversely affect natural habitats would not be used under the project. This provision will be clearly indicated in the ESMF as an excluded activity.

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

There are communities in the project area who would be considered as indigenous peoples under the definition in the standard and therefore, the standard is considered relevant.



While there are ethnic minority communities present in Myanmar, which meet the criteria of ESS7, the project will not develop a stand-alone Indigenous Peoples Planning Framework (IPPF) or Indigenous Peoples Plan (IPP), as the measures necessary to ensure meaningful engagement with these communities are addressed in the SEP, while measure to ensure culturally appropriate access are already considered under Component 2. The SEP was part of the public consultation conducted between 29 May and 2 June, 2020, attended by a range of representatives of ethnic communities. They did not object against this approach. Furthermore, Free, Prior and Informed Consent (FPIC) is not required under the project as there will be no (a) adverse impacts on land and natural resources subject to traditional ownership or under customary use or occupation; (b) relocation of members of ethnic minority groups required or (c) significant impacts to cultural heritage that is material to the identity and/or cultural, ceremonial or spiritual aspects of the affected people.

Given that the spread of coronavirus will potentially affect all citizens of Myanmar, the proposed approach is to integrate specific information disclosure, outreach, consultation measures and initiatives within the overall SEP and ESMF measures. Under Component 2, the review of referral practices will include consideration of the potential impacts on ethnic minority communities and how their needs are addressed through referral services. The design of these instruments will ensure that, where the Project activities gives rise to benefits and opportunities, indigenous communities benefit from these in an accessible, culturally appropriate and inclusive manner. The referral protocols will include practical measures required to organize and implement the transferal of patients with serious COVID-19 conditions from EAO controlled territory to the nearest suitable hospital. The AF will also support IEC material development/adaptation in local language, especially for EHPs and NGOs working in conflict-affected areas to ensure that the contents reflect the relevance of specific areas they are operating in. Non-government stakeholders such as NGOs, CSOs, EHPs will be included in cross sectoral coordination at central and State/Region levels including Inter-Ministerial Committee Meetings as well as State/Region levels to coordinate national responses.

To the extent relevant, other project E&S documents such as the ESMF and SEP will include measures to address any specific needs that are unique to individuals from indigenous communities seeking medical services from participating project facilities. Individuals and communities who belong to such groups may be considered as disadvantaged or vulnerable to the spread of COVID-19 and may be unable to fully participate in the project benefits due to distance from health centers, understanding of the problem, language or other cultural barriers to participation.

Under Component 2, it is understood that health messages need to be made available in the languages of all communities, especially in areas where ethnic languages are primarily spoken. MOHS has already produced information, education and communication materials in 20 major ethnic languages in text, audio and audiovisual formats. To make this information available to even wider audiences, particularly those with limited literacy, the project will support dissemination of audio/audiovisual materials in ethnic languages across platforms and mobiles used by healthcare workers (MOHS, EHPs and private providers) as well as community members themselves. The AF will also support IEC material development/adaptation in local language, especially for EHPs and NGOs working in conflict-affected areas to ensure that the contents reflect the relevance of specific areas they are operating in. Some of these materials will focus on referral pathways, which are developed under the parent Project, to help promote awareness and collaboration on referral among the health actors and people living in conflict-affected areas. The materials developed will be pre-tested and translated for each ethnic group. Community Engagement will also be an important aspect of this subcomponent, involving - ethnic, religious and community leaders and groups, as well as



support to development of guidelines and training materials on community engagement. Media advocacy to deliver key risk communication messages, including in local ethnic media outlets, as well as panel discussions that include representatives from CSOs/EHPs will also be supported.

ESS8 Cultural Heritage

It is not likely that any project activity would adversely affect cultural heritage as defined under the policy. Any such activities will be excluded from project eligibility.

Site selection criteria and screening of waste disposal sites will be defined in the HCWMP and to ensure that no waste disposal will be carried out which affects sites of cultural heritage.

ESS9 Financial Intermediaries

This standard is not relevant as the project design does not involve the use of financial intermediaries.

B.3 Other Relevant Project Risks

Under a scenario of rapid growth in case load, hospitals could be overwhelmed with patients before new equipment, preparedness and planning procedures are in place. Also, in one location, the AF activities will be implemented in Rakhine State, although outside of the area of active armed conflict.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways

OP 7.60 Projects in Disputed Areas

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	
REGULAR REPORTING: Prepare and submit to the Association regular monitoring reports on the environmental, social, health and safety (ESHS) performance of the Project, including but not limited to, stakeholder engagement activities and grievances log.	07/2020

Public Disclosure



Public Disclosure

<p>ORGANIZATIONAL STRUCTURE: The Ministry of Health and Sports (MOHS) shall establish and maintain a Project Management Team with qualified staff and resources, including a lead technical specialist for Environment safeguards and one for Social safeguards to support management of ESHS risks and impacts of the Project including the requirements of the Environmental and Social Management Framework (ESMF), along with the LMP, ICWMP, and SOP to be included in the ESMF, and the SEP</p>	07/2020
<p>Each participating hospital and Points of Entry (POEs) shall designate a lead technical specialist responsible for oversight and implementation of medical waste management at their facility.</p>	07/2020
<p>ENVIRONMENTAL AND SOCIAL ASSESSMENT/MANAGEMENT PLANS AND INSTRUMENTS/ CONTRACTORS</p> <p>a. Assess the environmental and social risks and impacts of proposed Project activities, in accordance with the Environmental and Social Management Framework (ESMF) to be prepared, disclosed and adopted for the Project, including to ensure that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project.</p>	08/2020
<p>b. Prepare, disclose, adopt, and implement any environmental and social management plans or other instruments required for the respective Project activities based on the assessment process, in accordance with the ESSs, the ESMF, the EHSs, and other relevant Good International Industry Practice (GIIP) including the WHO guidelines on various aspects of COVID-19 infection control and stakeholder communications, in a manner acceptable to the Bank.</p>	08/2020
<p>c. Incorporate the relevant aspects of this ESCP, including, inter alia, any environmental and social management plans or other instruments, ESS2 requirements, and any other required ESHS measures, into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. Thereafter ensure that the contractors and supervising firms comply with the ESHS specifications of their respective contracts.</p>	08/2020
<p>d. The Recipient is committed to provide equitable and inclusive access to Project activities regardless of ethnicity, gender, citizenship, age, disability or mobility. To achieve this, the Recipient will jointly develop and implement referral guidelines/protocol for patients from IDP camps and/or EAO-controlled areas in close cooperation with respective EHP in those areas.</p>	08/2020
<p>Exclude the following type of activities for financing under the Project:</p> <ul style="list-style-type: none"> •Any activity requiring land acquisition, land use restriction or involuntary resettlement as defined under ESS5 or adverse impacts on cultural heritage under ESS8. •Any activity which would lead to adverse impacts on natural habitats . •Any activity requiring FPIC under ESS7. • Activities that may have high adverse social impacts • All the other excluded activities will be set out in the ESMF of the Project. 	07/2020
<p>CAPACITY SUPPORT (TRAINING) A capacity assessment will be undertaken, and which will inform the development of the training and capacity building plans, including training of health workers from the</p>	12/2022



MOHS, private sector and EHPs, with regards to: (i) clinical management; (ii) infection prevention and control (IPC); (iii) ICWM (iv) referral guidelines; (v) biosafety; and (vi) diagnosis and testing (vii) patient referral protocol to referral hospital (vii) safe operation of project motorbikes	
ESS 10 Stakeholder Engagement and Information Disclosure	
A draft SEP has been prepared and disclosed and shall be updated, no later than 30 days following the Effective Date.	07/2020
ESS 2 Labor and Working Conditions	
LMP prepared as part of the ESMF within 30 days of project effectiveness and before implementation of any on ground activity and assessment to be conducted before the carrying out of the relevant Project activities.	07/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Borrower will develop and apply a revised Infection Control and Waste Management Plan acceptable to the Association which will be executed as needed throughout the project implementation.	07/2020
ESS 4 Community Health and Safety	
Start implementation through the application of ESMF measures to minimize the potential for community exposure to communicable diseases and other project risks.	07/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
Project will not develop a stand-alone Indigenous Peoples Planning Framework (IPPF) or Indigenous Peoples Plan (IPP), as the measures necessary to ensure meaningful engagement with these communities will be addressed in the SEP	07/2020
ESS 8 Cultural Heritage	
The ESMF / ICWMP will include screening and site selection criteria to ensure disposal of medical waste does not lead to any adverse impacts on natural habitats.	07/2020
ESS 9 Financial Intermediaries	



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

Is this project being prepared for use of Borrower Framework?

No

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

Use of Borrower Framework is not considered

IV. CONTACT POINTS

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Borrower/Client/Recipient

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Implementing Agency(ies)

Implementing Agency: Ministry of Health and Sports

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s): Nang Mo Kham, Tomo Morimoto

Practice Manager (ENR/Social) Susan S. Shen Cleared on 17-Jul-2020 at 05:24:22 EDT