



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 04/09/2020 | Report No: ESRSA00684



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Chad	AFRICA	P173894	
Project Name	Chad COVID-19 Strategic Preparedness and Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/30/2020	4/7/2020
Borrower(s)	Implementing Agency(ies)		
Republic of Chad	Ministère de la Santé Publique		

Proposed Development Objective(s)

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

Financing (in USD Million)	Amount
Total Project Cost	16.95

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]

While the project will help strengthen the national capacity to respond to the COVID-19 emergency, the distribution of equipment and supplies and the training of staff will prioritize the seven provinces identified by the WHO as high-risk provinces. These provinces are those where there are points of entry to the country and include: N’Djamena, Lake Chad, Mayo Kebbi East, Mayo Kebbi West, Logone Oriental, Moyen-Chari and Ouaddai.

The project has 4 components: (1) Emergency COVID-19 Preparedness and Response, (2) Community Engagement and Social and Behavior Change Communication, (3) Implementation Management, Monitoring and Evaluation, and Coordination, and (4) Contingent Emergency Response (CERC).



D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social] This emergency operation has been prepared as a new stand-alone project that will be implemented country-wide in Chad. This operation for Chad addresses critical country-level needs for preparedness and response for COVID-19, and other diseases with epidemic potential: This Project will build upon the support already being provided to the government through the REDISSE IV project (P167817), which focuses on (i) strengthening national and regional cross-sectoral capacity for collaborative disease surveillance and epidemic preparedness in the Participating Countries; and (ii) in the event of an Eligible Crisis or Emergency, providing immediate and effective response to said Eligible Crisis or Emergency. The two projects will be implemented in parallel and will likely have different components.

The PDO for this project indicates that it will specifically contribute to COVID-19 preparedness, monitoring, surveillance and response and will finance technical assistance, policy advice and increased availability and quality of health services. The project components and activities under each component are designed to support the government to implement activities presented in their recently approved COVID-19 National Action Plan. The specific subproject locations have not yet been identified but are likely to also include refugee and IDP camps in the eastern region of the country. No major civil works will be financed as the limited rehabilitation that will be financed will take place in existing health facilities. The project is not expected to affect natural habitats or cultural sites or require any land acquisition or economic displacement.

D. 2. Borrower’s Institutional Capacity

The project will be implemented by the Ministry of Health using the existing PIU for the World Bank-funded Regional Disease Surveillance Systems Enhancement (REDISSE IV, P167817). It is expected that the existing staff in the PIU will also support the implementation of this project. However, the PIU does not currently have a qualified environmental specialist, social specialist or communications specialist. The recruitment process for the environmental and social specialists is underway and the PIU will be required to have them on board no later than 30 days after Project effectiveness; this will benefit both REDISSE and this project. As soon as qualified staff are on board, capacity building will be provided to the PIU including training on the World Bank’s Environmental and Social Framework (ESF) and Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH). The recruitment of specialized staff and assessment of whether support from third party entities would be needed to assist with implementation support and monitoring and evaluation will also need to be addressed in early implementation. This would include additional full time specialists to support the implementation of the communication strategy, public health awareness and implementation of the Stakeholder Engagement Plan (SEP). These specialists will need to be contracted no later than 30 days after Project effectiveness.

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

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

The project’s environmental risk rating is Substantial. The main environmental risks include: (i) environmental and community health related risks from inadequate storage, transportation and disposal of infected medical waste; (ii) occupational health and safety issues related to the availability and supply of personal protective equipment (PPE) for healthcare workers and the logistical challenges in transporting PPE across the country in a timely manner; and (iii) community health and safety risks given close social contact and limited sanitary and hygiene services (clean water,



soap, disinfectants) and isolation capabilities at health facilities across the country. The Project will finance the rehabilitation and equipping of selected primary health care facilities and hospitals to improve their ability to deliver critical medical services including testing, treatment and hospitalization. While it is expected that the negative risks and adverse impacts related to the implementation of project activities are likely to be limited, the PIU will develop an Environmental and Social Management Framework (ESMF) to provide clear guidance regarding the treatment of medical waste and the preparation of subproject Environmental and Social Management Plans (ESMPs) when required by the ESMF screening approach. The ESMF will contain provisions for storing, transporting, and disposing of contaminated medical waste and provide guidance in line with good international industry practice and WHO standards on COVID-19 response regarding how to limit viral contagion in healthcare facilities. The relevant parts of the WHO COVID-19 quarantine guidelines and COVID-19 biosafety guidelines will be reviewed so that all relevant occupational and community health and safety risks and mitigation measures will be covered. In addition, the ESMF will include measures to address sexual exploitation and abuse and sexual harassment (SEA/SH) and outline the principles for the establishment of a functioning grievance redress mechanism (GRM). The ESMF will be finalized and publicly disclosed and consulted – taking into account the necessary precautions for physical distancing – no later than 30 days after Project effectiveness.

Social Risk Rating

Substantial

The social risk rating of the project is Substantial. One key social risk related to the COVID-19 operations in general is that vulnerable social groups (poor, disabled, refugees, elderly, isolated communities) may be unable to access facilities and services, which could increase their vulnerability and undermine the general objectives of the project. Other social risks include the rise of social tensions that could be exacerbated by the lack of awareness regarding the behavior change required to decrease transmission (social physical distancing, hand washing and hygiene), stigma associated with victims of COVID-19 and their families, perceived exclusion from key health facilities and services and misinformation regarding how COVID-19 is transmitted and prevented. Some of these risks will be addressed under Component 1 that will finance community engagement activities and information sharing and these activities are reflected in the draft Stakeholder Engagement Plan (SEP) that has been prepared. After project approval, the SEP will be updated to include more information regarding the methodologies for information sharing in fragile and conflict settings, including in refugee camps, stakeholder mapping and identification of existing community-based platforms that can be used to facilitate effective community engagement and participation. The SEP will be consulted upon and disclosed per the requirements of the policy no later than 30 days after Project effectiveness.

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

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

This standard is relevant. The Project will have overall positive environmental and social impacts as it will contribute to epidemic/pandemic preparedness, monitoring, surveillance and response, specifically with regard to combatting transmission of COVID-19. However, there are also wide-ranging environmental and social risks and impacts that will need to be assessed and managed through a risk-based approach during implementation. The primary risks identified during preparation include: (i) environmental and community health related risks from inadequate storage, transportation and disposal of infectious medical waste; (ii) occupational health and safety issues related to the availability and supply of personal protective equipment (PPE) for healthcare workers and the logistical challenges in

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transporting PPE across the country in a timely manner; (iii) community health and safety risks given close social contact and limited sanitary and hygiene services (clean water, soap, disinfectants) and isolation/quarantine capabilities at health facilities across the country; (iv) possible risks around social exclusion for access to health facilities and services, especially for the poorest and most marginalized who have a limited ability to pay, and for the elderly or those with underlying medical conditions who would be most at risk in the event of a pandemic outbreak; (v) risks for those receiving treatment for COVID-19 symptoms, including discrimination and SEA/SH risks for patients in quarantine; (vi) socio-political risks specifically related to insecurity especially in the Lac region of the country; and (vii) low trust in the government which could lead to the rejection of public health interventions and information in some country contexts, contributing to the continued spread of the disease, while extreme control measures to slow or halt the spread of COVID-19 may add to existing resentment against the government in some sectors of society. To mitigate these risks and their related impacts, the PIU will prepare an ESMF that can be used for both this Project and REDISSE IV. The ESMF will contain provisions for storing, transporting and disposing of contaminated medical waste and incorporate good practice and WHO standards on COVID-19 response on limiting viral contagion in healthcare facilities. To address Community Health and Safety risks, the PIU will prepare a community engagement and participation plan to engage and inform citizens on good practices to limit COVID transmission as they relate to the project activities. To mitigate any potential patient-centric risk and with support from the World Bank, the PIU will develop codes of conduct and training materials targeted at the healthcare sector and develop communication strategies as part of the SEP to raise awareness regarding the potential for SEA/SH. These various actions and protocols will be captured in the ESMF and SEP as it they are updated throughout implementation. The SEP in particular will be a critical tool to help identify intervention points and communication strategies to support project activities.

ESS10 Stakeholder Engagement and Information Disclosure

This standard is relevant. The main project stakeholders are the Minister of Health, the Provincial Health Agencies, the local authorities (governors and prefets), traditional authorities, religious leaders, civil society actors, and local communities. A draft SEP has been prepared and disclosed. It outlines the characteristics and interests of the relevant stakeholder groups, including the timing and methods of their engagement throughout the project life. It reflects the community engagement activities that will be financed under Component 1 as well as WHO's ethical principles for community engagement during pandemics. The SEP will be updated no later than 30 days after Project effectiveness to include more detailed information regarding the methodologies for information sharing in fragility and conflict contexts, stakeholder mapping and identification of existing community-based platforms that can be used to facilitate effective community engagement and participation as well as the monitoring and evaluation plan.

The draft SEP also includes the details for the establishment of a project level Grievance Redress Mechanism (GRM) to be implemented by the PIU. Given the local context, the implementation of the GRM will involve the relevant traditional authorities, religious leaders, local authorities (mayors) and local communities in the project area as well as a national level focal point in the PIU.

B.2. Specific Risks and Impacts

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



ESS2 Labor and Working Conditions

This standard is relevant. Many activities supported by the project will be conducted by health care and laboratory workers and will include both the treatment of patients as well as the assessment of patient samples. The key risk for them is possible COVID-19 contamination (and other contagious illnesses as COVID-19 patients are likely to suffer from other illnesses that compromise the immune system). The PIU will ensure the application of OHS measures as outlined in WHO guidelines which will be captured in the ESMF. This includes: procedures for monitored entry into health care facilities, including minimizing visitors and undergoing strict checks before entering; procedures for protection of workers in relation to infection control precautions; provision of immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and personal protective equipment (PPE); ensuring adequate supplies of PPE (particularly face masks, gowns, gloves, handwashing soap and sanitizer); and generally ensuring adequate OHS protections in accordance with the general and industry specific EHSs and consistent with the evolving international best practice in relation to COVID-19 protection. Also, the PIU will ensure that they are regularly integrating the latest COVID-19 guidance by WHO as it develops. The PIU will develop procedures which respond to the specific health and safety issues posed by COVID-19 and protect workers' rights as set out in ESS2. A Labor Management Procedure (LMP) will be prepared and disclosed as part of the updated ESMF. It will provide guidance regarding the policies and procedures that will govern health care workers, project staff and other workers hired under the project. Indeed, the envisaged works will be of minor scale and thus pose limited risks, but workers will have access to necessary PPE and handwashing stations. Per ESS2, the use of forced or conscripted and child labor under the Project is prohibited, both for rehabilitation/renovation and operation of health care facilities. The PIU will also ensure that there is a functional labor GRM outlined in the LMP to allow workers to quickly inform management of labor issues, such as a lack of PPE and unreasonable overtime via the PIU.

ESS3 Resource Efficiency and Pollution Prevention and Management

This standard is relevant. Pollution prevention and management – specifically medical waste management – will be a particularly important activity under the Project. Medical waste, including chemicals, contaminated PPE and equipment, and lab testing kits from healthcare facilities will need to be safely stored, transported and disposed. Waste management in general is a challenge in Chad due to lack of/limited availability of disposal sites, and contaminated medical waste is of special concern. A number of healthcare facilities operate their own incinerators (generally non-compliant with international standards while they comply with national standards) to ensure safe disposal, although these are unevenly dispersed across Chad. The project is going to address this gap as waste disposal will be only done through facilities (incinerator) that are compliant with WHO guidelines and financed and constructed under the project– the project plans to build 200 “bruleurs d’aiguilles”. The Medical Waste Management plan which will be developed will include and incorporated into the ESMF will include the latest WHO COVID-19 guidance and other international good practice, to prevent or minimize contamination from waste management and disposal.

ESS4 Community Health and Safety

This standard is relevant. Medical waste management including incineration can produce pollution which can affect community health. To mitigate such risks, the ESMF will provide guidance to protect community health from medical waste incineration and management including:



- how Project activities will be carried out in a safe manner with (low) incidences of accidents and incidents in line with Good International Industry Practice (WHO guidelines);
- measures in place to prevent or minimize the spread of infectious diseases;
- emergency preparedness measures

Some project activities may exacerbate SEA/SH. The WHO Code of Ethics and Professional Conduct for all workers in health facilities as well as the provision of gender-sensitive infrastructure such as segregated toilets and sufficient light will be integrated when possible. For any facilities that are directly financed by the project and that may need to be protected by security personnel due to civil unrest or social conflict, a Security Risk Assessment (SRA) may need to be undertaken to identify the specific risks related to providing increased security at the various project sites and to propose adequate mitigation measures. This would include refugee and IDP camps. The World Bank technical note, "Use of Military Forces to Assist in COVID 19 Operations - Suggestion on How to Mitigate Risks" will be used to provide further guidance.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not currently relevant. The project will not require any land acquisition or economic displacement. All rehabilitation and renovation will take place in existing facilities.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This standard is not currently relevant. Project activities will not have a negative impact on biodiversity or living natural resources.

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

ESS7 is not currently relevant to the project as it is not being implemented in areas where Indigenous Peoples/Sub-Saharan Historically Underserved Traditional Local Communities (IP/SSAHUTLCs) are present or in areas to which they have collective attachment. Should the presence of Indigenous communities be confirmed through further screening, the project will address any risks posed to them and measures put in place to ensure that they receive culturally appropriate benefits. This will be done by ensuring that their views are sought as specified in the Stakeholder Engagement Plan (SEP) and that a Social Assessment (SA) is carried out prior to carrying any activities that would impact them. Following the SA, and as appropriate: (i) a stand-alone plan or framework may be developed; (ii) or key elements of risk mitigation and culturally appropriate benefits will be included in the ESMF. Public consultations with representatives of indigenous communities and their organizations are provided for in the SEP. These organizations and representatives will be consulted during the revision of the SEP if relevant. The project will exclude any activities which would require Free, Prior and Informed Consent.

ESS8 Cultural Heritage

This standard is not currently relevant. There are no large scale construction activities anticipated and any physical works will be limited to rehabilitation or upgrading of existing facilities. However, chance find procedures are



included in the ESMF on a precautionary basis. No activities that may impact intangible cultural heritage are contemplated.

ESS9 Financial Intermediaries

No financial intermediary will intervene 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

III. BORROWER’S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

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DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
Environmental and Social Management Framework (ESMF) developed, consulted and disclosed no later than 30 days after Project effectiveness.	06/2020
Environmental, social and community engagement/communications specialist(s) to be hired no later than 30 days after Project effectiveness.	06/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
Updated Stakeholder Engagement Plan (SEP) to be updated, consulted and disclosed no later than 30 days after Project effectiveness.	06/2020
Community engagement/communications specialist(s) recruited for the PIU no later than 30 days after Project effectiveness.	06/2020
ESS 2 Labor and Working Conditions	
Labor Management Procedures (LMP) for direct workers prepared and disclosed no later than 30 days after Project effectiveness. Labor GRM to be operational no later than 30 days after Project effectiveness.	06/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Medical Waste Management Plan (MWMP) prepared and disclosed as part of the ESMF no later than 30 days after Project effectiveness.	06/2020



ESS 4 Community Health and Safety	
Community Health and Safety Plan to be prepared and disclosed as part of the ESMF no later than 30 days after Project effectiveness.	06/2020
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	
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:

Borrower Framework will be assessed during early implementation and incorporated into the ESMF as relevant.

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IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: Republic of Chad

Implementing Agency(ies)

Implementing Agency: Ministère de la Santé Publique

V. FOR MORE INFORMATION CONTACT



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VI. APPROVAL

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Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 09-Apr-2020 at 21:26:30 EDT