



# Appraisal Environmental and Social Review Summary

## Appraisal Stage

### **(ESRS Appraisal Stage)**

Date Prepared/Updated: 04/02/2020 | Report No: ESRSA00660



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Project ID	Parent Project ID (if any)
Mongolia	EAST ASIA AND PACIFIC	P173799	
Project Name	MONGOLIA COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEM PREPAREDNESS PROJECT		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/25/2020	4/2/2020
Borrower(s)	Implementing Agency(ies)		
Mongolia	Ministry of Health		

Proposed Development Objective(s)

The proposed project development objective is to strengthen Mongolia’s capacity to prevent and respond to the COVID-19 outbreak and strengthen national systems for public health preparedness.

Financing (in USD Million)	Amount
<b>Total Project Cost</b>	<b>26.90</b>

**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]**

This Emergency project aims to respond to urgent preparedness and response needs related to the COVID-19 outbreak while simultaneously preparing the health system for future public health emergencies. The project will address some of the immediate needs for responding to COVID-19 including risk communication, strengthening response capacity and investing the building blocks for a coordinated multi sectoral approach. It will further address gaps in the health system in drugs, medical supplies and equipment in key hospitals and aimag centers to meet the surge of expected patients.

Public Disclosure



#### **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 which will be implemented throughout Mongolia and will contribute to COVID-19 surveillance and response. The project will cover the capital Ulaanbaatar, through the fit out of three COVID-19 dedicated treatment facilities, as well as other regions of Mongolia by preparing 21 provincial hospitals and 9 district hospitals for dealing with COVID-19 surveillance and treatment. No major civil works are expected in this project; if any works are supported, they should be minor and take place in existing facilities within existing footprints. An example would be in Ulaanbaatar, where one of the three hospitals that will be fitted out urgently with equipment and supplies to treat COVID-19 patients is a new hospital, whose construction is nearing completion but is not operational yet.

As the project will be providing funding for activities in existing hospitals, the project's due diligence will ensure that these hospitals, treatment facilities, etc. are operating at acceptable capacity, and in a manner, which manages the OHS, waste management, risks introduced by supplies, equipment, etc in accordance with GIIP (as generally established by WHO guidelines and requirements and the ESF)

In summary, the project will fund activities to slow down and limit as much as possible the spread of COVID-19 in the country and improve preparedness for future public health emergencies. This component covers a comprehensive communication and behavior change intervention, strengthening capacity for active case detection and response, building an enabling platform for One Health and strengthening the capacity of health work force to manage the current and future public health emergencies.

The second project component looks at strengthened clinical care capacity of confirmed COVID cases through financing plans for establishing specialized units in selected hospitals, treatment guidelines, hospital infection control interventions and procurement of essential additional inputs for treatment such as oxygen delivery systems, medicines, laboratory equipment and consumables. These measures will be instituted across health facilities.

Environmental and social risks associated with the proposed activities are related to worker and community health and safety, pollution and public health risks from inappropriate management of liquid and solid waste materials arising from the clinical care operations, and social risks associated with exclusion of all people such as vulnerable and disadvantaged people (including ethnic minority communities). The project is not expected to impact natural habitats or cultural heritage sites. No proposed activities have the potential to lead to involuntary resettlement issues.

A Contingent Emergency Response Component (CERC) is also designed into the project. The project Environmental & Social Management Framework (ESMF) will address the E&S risk management considerations of the CERC.

#### **D. 2. Borrower's Institutional Capacity**

Project management arrangements like those under the e-health Project (P131290), currently functioning satisfactorily, will be adapted to utilize existing capacity in Ministry of Health (MOH) and coordinate project activities with all stakeholders. Through its central departments and provincial offices, the MOH will be responsible for implementation of the project. Current E-Health Project Steering Committee (PSC), chaired by the Minister of Health will be used for oversight and to provide strategic policy advice and guidance to the Project, as well as to the MOH. Membership of the PSC will be extended to include additional members from MOH, National Center for Communicable Disease, Center for Zoonosis Disease and Public Health Institute. The PSC will also be responsible for



ensuring synergies between the project activities and the State emergency preparedness plan. The multi-sectoral aspects of the COVID-19 response will be guided by National Emergency Commission chaired by Deputy Prime Minister.

The existing E-Health Project Implementation Unit (PIU) will be expanded and staffed with relevant experts including medical equipment specialist/engineer, emergency officer, etc. As the risk profile of this project is very different (Cat C) and the PIU has no safeguards resources within its team or any experience with the Bank’s environmental and social safeguards requirements, let alone the Environmental and Social Framework (ESF), the PIU team will also need to recruit E&S specialists. It is expected that enhanced oversight from the Bank E&S team will be required.

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

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

Substantial

**Environmental Risk Rating**

Substantial

The project will have positive environmental and social impacts, insofar as it should improve COVID-19 surveillance, monitoring, treatment and containment. The environmental risks are nonetheless considered Substantial because of the current uncertainty around specific activities, occupational and community health and safety and the issue of medical waste management. The main environmental risks are: (i) the occupational health and safety issues related to testing and handling of supplies and the possibility that they are not safely used by laboratory technicians and medical crews; (ii) the occupational health and safety (OHS) issues related to the treatment of COVID-19 patients; and (iii) medical waste management and community health and safety issues related to the handling, transportation and disposal of healthcare waste. Wastes that may be generated from labs, quarantine facilities, screening posts and treatment facilities to be supported by the COVID-19 readiness and response could include liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid) and infected materials (water used; lab solutions and reagents, syringes, bed sheets, majority of waste from labs and quarantine and isolation centers, etc.) which requires special handling and awareness, as it may pose an infectious risk to healthcare workers in contact or handle the waste. It is also important to ensure that sharps are properly disposed of.

To mitigate the above-mentioned risks the MoH has committed to prepare, during project implementation, an ESMF that covers the environmental and social mitigation measures to be implemented for the various proposed activities, including minor fit out works, establishment and operation of quarantine and laboratory facilities, health care waste management, infectious disease prevention and control activities, etc. Mitigation measures will largely be based on WHO technical guidance on COVID-19 response, World Bank EHS Guidelines and other GIIP, including an elaboration of roles and responsibilities within the Ministry of Health, training requirements, timing of implementation and budgets. Procurement of goods (purchase of testing kits, medical equipment such as oxygen suppliers, etc.) and consultancy activities for COVID-19 communication can be initiated as soon as the project is approved. However, the ESMF should be finalized before establishing the isolation units, quarantine facilities, and/or construction activities at any scale (if included). In addition, any activities that have been screened for environmental and social risks will not be carried out without the completed, consulted and disclosed ESMF.

Public Disclosure



**Social Risk Rating**

Substantial

The social risks are also considered Substantial. The Project will not involve resettlement or land acquisition. The key social risk is that vulnerable and high-risk social groups are unable to access facilities and services, due to their income, and distance from health centers. Full societal inclusion is not only fundamental to improved social development outcomes, but given the nature of COVID, if parts of society (by geography, income, gender or any other measure) are excluded, the overall efficacy of the engagement will be compromised.

While, the Government of Mongolia is planning and implementing robust measures including setting-up higher-level coordination mechanism to prevent and respond to COVID-19, there is need to develop adequate preparedness actions to ensure disadvantaged and vulnerable groups have awareness and able to receive appropriate preventive support (such as awareness of basic hygiene etc) or treatment in Ulaanbaatar and in rural areas. There is an ethnic minority group – Kazakh- who reside in the western part of Mongolia and speak and read in Kazakh language. Similarly, there are indigenous herder communities in some remote rural areas. To mitigate these risks, the MoH, in the ESCP, will commit to the provision of services, supplies and communication based on the urgency of the need, in line with the latest data related to the prevalence of the cases. MoH will also use the preliminary Stakeholder Engagement Plan (SEP) prepared for the emergency project to engage citizens and for public information disclosure while they update it to include more information on the environmental and social risks of project activities and new modalities that take into account the need for a comprehensive community engagement and participation plan. The SEP will also include a Grievance Redress Mechanism which specifically considers the needs of indigenous and other communities.

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

**B.1. General Assessment**

**ESS1 Assessment and Management of Environmental and Social Risks and Impacts**

***Overview of the relevance of the Standard for the Project:***

The project will have positive environmental and social impacts as it should improve COVID-19 surveillance, monitoring, containment and response. However, the project could also cause significant 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 laboratories and quarantine facilities. Multiple disadvantaged or other vulnerable groups stand to benefit, starting with the elderly and those with compromised immune systems due to pre-existing conditions. The community engagement activities proposed under component 1.1 will seek to ensure inclusion of these groups. This is addressed under ESS 10 below and the ESCP.

Healthcare-associated infections due to inadequate adherence to OHS standards can lead to illness and death among health and laboratory workers. The laboratories and relevant health facilities which will be used for COVID-19 diagnostic testing and isolation of patients will generate biological waste, chemical waste, and other hazardous byproducts. The laboratories to be supported by the project will process COVID-19 and will therefore have the potential to cause serious illness or potentially lethal harm to the laboratory staff and to the community, so effective administrative and containment controls will need to be put in place to minimize these risks. Environmentally and socially sound health facilities management will require adequate provisions for minimization of occupational health



and safety risks, proper management of hazardous waste and sharps, use of appropriate disinfectants, proper quarantine procedure for COVID-19, appropriate chemical and infectious substance handling and transportation procedures, etc.

To mitigate these risks, the MoH will prepare a Project ESMF during implementation, based largely on adopting WHO guidance, World Bank EHS Guidelines and other GIIP. This will provide for the application of international best practices in COVID-19 diagnostic testing and handling the medical supplies, disposing of the generated waste, and treating confirmed cases. This ESMF will scope and manage the risks associated with the project including, among other risks, the use of security personnel; manage the risks of labor influx; and prevent and respond to sexual exploitation and abuse, and sexual harassment and have an exclusion list for project activities that may not be undertaken unless the appropriate OHS capacity and infrastructure is in place (e.g., BSL3 level). Until the ESMF has been approved, the project will strictly follow current WHO Guidance and avoid activities such as establishment of isolation units and treatment facilities at scale. One obvious type of social risk related to this kind of an operation is that marginalized and vulnerable social groups are unable to access facilities and services designed to combat the disease, in a way that undermines the central objectives of the project. To mitigate this risk MoH, in the ESCP, will commit to the provision of services and supplies based on the urgency of the need, in line with the latest data related to the prevalence of the cases and according to the readiness of the ESMF.

Beyond this, project implementation needs also to ensure appropriate stakeholder engagement (see ESS10 below).

The project will ensure that the medical isolation of individuals does not increase their vulnerability. Specifically, the ESCP includes commitments to ensure risks and impacts on disadvantaged and vulnerable individuals or groups are specifically addressed. For this project this will include indigenous communities, and the elderly (who are particularly vulnerable for COVID-19) (for example, to gender based violence, or GBV) especially in remote rural areas of the country. Handling of quarantining interventions (including dignified treatment of patients; attention to specific, culturally determined concerns of vulnerable groups; and prevention of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) as well as minimum accommodation and servicing requirements) can also be listed as issues that will require close attention while managing the social risks of the project.

A social assessment will be integrated with the ESMF to be prepared in early project implementation (prior to commencement of Project activities). This social assessment will address the relevant project risks and impacts, including the (i) risk that project-related impacts fall disproportionately on individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable; and (ii) risk of prejudice or discrimination toward individuals or groups in providing access to development resources and project benefits, particularly in the case of those who may be disadvantaged or vulnerable.

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

Component 1.1 (as currently proposed) is the Risk Communication and Community Engagement activity. The WHO guidance is a tool is designed to support risk communication, community engagement staff and responders working with national health authorities, and other partners to develop, implement and monitor an effective action plan for



communicating effectively with the public, engaging with communities, local partners and other stakeholders to help prepare and protect individuals, families and the public's health during early response to COVID-19.

The overall purpose is to build trust in the prevention and response of misinformation that may interfere with decision-making in the population for Coronavirus disease (COVID-19) and to adhere to public health advice. This work would be based on WHO guidance (WHO Guidance - Risk Communication and Community Engagement) and would seek to provide 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.

The preliminary SEP drafted for the Project to be updated during early implementation would also rely on other relevant WHO guidance including a guide to 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 project can thereby rely on standards set out by WHO as well as international good practice to (i) facilitate noted appropriate stakeholder engagement and outreach towards a differentiated audience (concerned citizens, suspected cases and patients, relatives, health care workers, etc.); and (ii) promote the proper handling of quarantining interventions (including dignified treatment of patients; attention to specific, culturally determined concerns of vulnerable groups; and prevention of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) as well as minimum accommodation and servicing requirements)

The beneficiaries of the project are grouped in main three groups: First group of beneficiaries comprises the patients visiting hospitals; second group of beneficiaries is community; especially vulnerable and high-risk population and third group of beneficiaries comprises the health care providers. The project will prepare and implement a Stakeholder Engagement Plan (SEP) based on existing information and conduct rapid qualitative and/or quantitative assessments to learn about the communities (knowledge, attitudes and perceptions about COVID-19, most at risk population, communication patterns and channels, language, religion, influencers, health services and situation) . Upon this assessment, a plan of action will be prepared which will include responsible parties, period and needed financial and human resources. The final SEP will be shared with relevant stakeholders via culturally appropriate means (and having regard to logistical and technological constraints). The SEP will be disclosed at MoH website and printed copies will be placed in health centers in all provinces and hospitals in Ulaanbaatar. The E-Health PIU will ensure that there is no prejudice or discrimination toward project-affected individuals or communities, including other interested parties. Particular consideration will continue to be given to the disadvantaged and vulnerable groups including children, elderly and disabled people during the life of the project, especially where adverse impacts may arise, or development benefits are to be shared.

The GRM will respond to complaints throughout the project lifecycle and has been devised to promptly respond to any project grievances. The existing E-health project unit will be hold day-to-day management of GRM; it defines ways in which users can submit their grievances, which may include submissions in person, by phone, text message, mail, email or via a website (<http://ehp.mn/eng/>); and includes a log where grievances are registered in writing and maintained as a database, publicly advertised procedures, setting out the length of time users can expect to wait for acknowledgement, response and resolution of their grievances, transparency about the grievance procedure,



governing structure and decision makers; and an appeals process (including the national judiciary) to which unsatisfied grievances may be referred when resolution of grievance has not been achieved.

## **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**

Labor Management: Component 1.4 – Human Resource Development, will finance activities related to preparedness, capacity building and trainings. It will enhance human resource capacity in diagnosing and treating the novel coronavirus and conduct epidemiological and clinical research. Key areas will include support for (i) training for emergency care doctors in diagnosing, triage and providing first aid care; (ii) training for intensive care professionals; (iii) building diagnostic capacity for COVID-19 at the subnational (regional/state) level; (iv) translate, adapt and disseminate guidance to triage, treat, manage and follow up people with mild suspected COVID-19 disease in primary care settings, non-health facilities, community settings and at home; and (v) epidemiological and clinical research studies to take stock of the COVID-19 detection and treatment.

The labor arrangements will depend to a large extent on the final implementation arrangements. Most project funded personnel will be full time employees of the Government (project management personnel, medical staff etc) and equipment and medical suppliers and will therefore be Direct Workers, Contract Workers or Primary Supply Workers. Elements of the project activities (including community engagement work under Component 1.1) may also include use of Community Workers. The Government, via the ESCP, commits to the preparation of a Labor Management Plan (LMP) which (i) responds to the specific health and safety issues posed 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 ESS 2 and identify specific protections for each type/category.

The Government commits to the preparation of a Labor Management Plan (LMP) which (i) responds to the specific health and safety issues posed by COVID-19, and (ii) protects workers' rights as set out in ESS2.

Healthcare workers (HCWs) play a critical role in outbreak response and are the backbone of a country's defenses to limit or contain the spread of disease. They face higher risks of potential COVID-19 infection in their efforts to protect the greater community and are exposed to hazards such as psychological distress, fatigue and stigma.

Worker safety: Healthcare associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and laboratory workers. The laboratories to be supported by the project will process COVID-19 and will therefore have the potential to cause serious illness or potentially lethal harm to the laboratory staff and to the community, so effective administrative and containment controls will be put in place to minimize these risks. Environmentally and socially sound health facilities management will require adequate provisions for minimization of occupational health and safety risks, proper management of hazardous waste and sharps, use of appropriate disinfectants, proper quarantine procedure for COVID-19, appropriate chemical and infectious substance handling and transportation procedures, etc,

These aspects will be managed by documents prepared by WHO.

The risk communication package for healthcare facilities provides HCWs and healthcare facility management with the information, procedures, and tools required to safely and effectively work. The package contains a series of simplified messages and reminders based on WHO's more in-depth technical guidance on infection prevention and control in





healthcare facilities in the context of COVID-19: "Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected" (25 January 2020). HCWs play a critical role in outbreak response and are the backbone of a country's defenses to limit or contain the spread of disease. They face higher risks of potential COVID-19 infection in their efforts to protect the greater community and are exposed to hazards such as psychological distress, fatigue and stigma. WHO recognizes this essential work and the responsibility and importance of protecting the healthcare facility workforce.

Getting your workplace ready for COVID-19 is another WHO document which can form the foundation of the workers safety aspects of the LMP to be prepared in the preparation of the LMP.

### **ESS3 Resource Efficiency and Pollution Prevention and Management**

Medical and chemical wastes (including water, reagents, infected materials, etc.) from the labs, quarantine, and screening posts to be supported (drugs, supplies and medical equipment) can have significant impact on 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 sharps, used in diagnosis and treatment.

Healthcare waste management is undergoing a transformation, which is well advanced in Ulaanbaatar but lags behind in other parts of Mongolia. In Ulaanbaatar, a central healthcare waste treatment facility has been in operation since 2011 by the company Element LLC, which operates under a public–private partnership agreement between Ulaanbaatar City, the Ministry of Health and Element LLC. Element LLC collects medical waste from all public and private healthcare facilities in Ulaanbaatar City on a routine basis and, after autoclave disinfection, disposes of this waste in the Narangiin Enger disposal site. The facility consists of two autoclave units for biological waste and one unit for needles and sharps, with a total capacity of 2,800 kg/d.

The situation regarding healthcare waste management in hospitals in other parts of Mongolia is not known in detail. A national assessment on healthcare waste management was conducted in 2006–2007. It showed that 90 per cent of the facilities are burning medical waste in small, low temperature incinerators without any air filter or are practising open burning. By 2011, 33 per cent of aimag hospitals and 41 per cent of soum hospitals had shifted to non-incineration technology for healthcare waste treatment. Sterilized waste is then sent to local disposal sites. Hospitals are using pits for biological waste located on the hospital territory. International organizations provided high-pressure steam autoclaves and trained personnel in 28 soum hospitals in nine aimags with WHO support, 35 soum hospitals in 10 aimags with Millennium Challenge Account–Mongolia support, and 90 soum hospitals and five aimag hospitals with ADB support, in 2009–2011 .

A health care waste management plan (HCWMP) will be developed as part of the Project ESMF to ensure the waste management practices at the various hospitals receiving assistance from the project comply with WHO guidance and international best practice for infectious and hazardous waste management.

Each beneficiary medical facility/lab, following the requirements of the ESMF and the HCWMP to be prepared for the Project, WHO COVID-19 guidance documents, and other best international practices, will prepare and follow the



HCWMP to prevent or minimize such adverse impacts. Any activities that have been screened for environmental and social risks will not be carried out until a completed, consulted and disclosed ESMF (including HCWMP) is in place. The ESMF will include guidance related to transportation and management of samples and medical goods or expired chemical products. Resources (water, air, etc.) used in quarantine facilities and labs will follow standards and measures in line with US-Center for Disease Control (CDC) and WHO environmental infection control guidelines for medical facilities. The necessary training in the implementation of the HCWMP will be provided to medical and laboratory workers, as well as the workers contracted through the waste management provider Element LLC.

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

Protecting the safety of communities from infection with COVID-19 is a central part of the project. Medical and general waste from the labs, health centers, and quarantine and isolation centers have a high potential of carrying micro-organisms that can infect the community at large if they are not properly disposed of. There is a possibility for the infectious microorganism to be introduced into the environment if not well contained within the laboratory or due to accidents/ emergencies e.g. a fire response or natural phenomena event. The ESMF to be prepared will document: (i) 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); (ii) measures in place to prevent or minimize the spread of infectious diseases; and (iii) emergency preparedness measures.

Laboratories, quarantine and isolation centers, and screening posts, will thereby have to follow respective procedures with a focus on appropriate waste management of contaminated materials as well as protocols on the transport of samples and workers cleaning before leaving the work place back into their communities. The project will thereby follow the requirements established by WHO and to be adapted into the project ESMF. The operation of quarantine and isolation centers needs to be implemented in a way that both the wider public, as well as the quarantined patients are treated in line with international best practice as outlined in WHO guidelines.

This will include (but not be limited to) the following: (i) Infrastructure: there is no universal guidance regarding the infrastructure for a quarantine facility, but space should be respected not to further enhance potential transmission and the living placement of those quarantined should be recorded for potential follow up in case of illness. (ii) Accommodation and supplies: quarantined persons should be provided with adequate and culturally-appropriate food and water, appropriate accommodation including sleeping arrangements and clothing, protection for baggage and other possessions, appropriate medical treatment, means of necessary communication if possible, in a language that they can understand and other appropriate assistance; (iii) Respect and Dignity: quarantined persons should be treated, with respect for their dignity, human rights and fundamental freedoms and minimize any discomfort or distress associated with such measures, including by treating all quarantined persons with courtesy and respect; taking into consideration the gender, sociocultural, ethnic or religious concerns of quarantined persons.

Some project activities may give rise to the risk of Gender Based Violence (GBV), in particular Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) risks. The ESMF to be prepared for this project will include a GBV risk assessment and preventive measures. The project will promote the avoidance of 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. The project will also ensure that quarantine and isolation centers and screening posts are operated effectively throughout the country, including in remote and border areas. In case quarantine and isolation centers are to be protected by security personnel, it will be ensured that the security personnel follow a strict code of conduct and avoid any escalation of situation, taking into consideration the above noted needs of quarantined persons as well as the potential stress related to it.

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

The Project will not involve resettlement or land acquisition.

#### **ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources**

No major construction or rehabilitation activities are expected in this project and all works will be conducted within existing facilities. Hence, likely impacts of the project on natural resources and biodiversity are low and so this standard is not considered relevant.

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

An ethnic minority group – Kazakh- reside in the western part of Mongolia and speak and read in Kazakh language. Similarly, there are indigenous herders in the rural areas. To ensure these communities are effectively integrated into the project, the MoH (in the ESCP) will commit to undertaking a social assessment (SA) to be integrated into the ESMF which identifies the specific constraints and opportunities for these communities. As detailed under ESS 1 (above), the social assessment be prepared in early project implementation (prior to commencement of Project activities) and will address the relevant project risks and impacts, including the (i) risk that project-related impacts fall disproportionately on individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable; and (ii) risk of prejudice or discrimination toward individuals or groups in providing access to development resources and project benefits, particularly in the case of those who may be disadvantaged or vulnerable. Indigenous People and Ethnic Minority communities will be key considerations in this SA.

Matters relating to these communities will be managed therefore via the SA in the ESMP as well as the SEP.

There is need to design and implement adequate preparedness actions targeted to disadvantaged and vulnerable groups (elders, women/children, people with disability and ethnic minorities who speak and read other than Mongolian) through adopting WHO guidance which are designed to support risk communication, community engagement staff and responders working with national health authorities. MoH will also update the draft SEP to ensure culturally appropriate communication strategies are developed.

#### **ESS8 Cultural Heritage**



This standard is currently considered Not Relevant as the project is not expected to support any construction or rehabilitation activities that would involve the movement of earth (thereby potentially having an impact on tangible cultural heritage), or other activities that could have an impact on intangible cultural heritage. In the unlikely event of construction or the movement of earth in connection with any project activities that have not yet been identified (for example, as a result of use of the unallocated funding in the CERC Component), a chance finds procedure will be prepared and integrated into the ESMF for the project.

**ESS9 Financial Intermediaries**

This standard is Not Relevant to the proposed project interventions, as no financial intermediaries will be used.

**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)**

Public Disclosure

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
<b>ESS 1 Assessment and Management of Environmental and Social Risks and Impacts</b>	
The Ministry of Health shall establish and maintain a Project Implementation Unit with qualified staff and resources to support management of ESHS risks and impacts of the Project including (i) Risk communication and Community engagement specialist; (ii) Environment and Occupational Health Facility health and safety specialist; (iii) Environmental/Bio-medical engineer	04/2020
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.	06/2020
a. Assess the environmental and social risks and impacts of proposed Project activities, in accordance an Environmental & Social Management Framework (ESMF) to be prepared and cleared by the Association prior to commencement of Project activities. This ESMF will include measures 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.	04/2020
Prepare, disclose, adopt, and implement any environmental and social management frameworks/plans or other instruments required for the respective Project activities based on the assessment process, in accordance with the ESSs, the EHSGs, and other relevant Good International Industry Practice (GIIP) including the WHO guidelines on Risk Communication and Community	04/2020



Public Disclosure

Engagement, Migrant camps and camp-like settings; and other relative guidance for school, in manner acceptable to the Association.	
c. Incorporate the relevant aspects of this ESCP, including, inter alia, any environmental and social management frameworks/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.	04/2020
The following type of activities shall not be eligible for finance under the Project: causing long term, permanent and/or irreversible (e.g. loss of major natural habitat) adverse impacts; serious adverse effects to human health and/or the environment other than during treatment of COVID-19 cases; significant adverse social impacts and may give rise to significant social conflict; affecting lands or rights of indigenous people/vulnerable minorities; may involve permanent resettlement;	04/2020
<b>ESS 10 Stakeholder Engagement and Information Disclosure</b>	
Update, disclose, adopt, and implement a Stakeholder Engagement Plan (SEP) consistent with ESS10, in a manner acceptable to the Association.	04/2020
GRIEVANCE MECHANISM: Accessible grievance arrangements shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10, in a manner acceptable to the Association.	04/2020
<b>ESS 2 Labor and Working Conditions</b>	
The Project shall be carried out in accordance with the applicable requirements of ESS2, in a manner acceptable to the Association, including through, inter alia, implementing adequate occupational health and safety measures.	04/2020
The Recipient shall prepare, adopt and implement a Labor Management Plan (LMP) to be cleared by the Bank.	04/2020
The Recipient shall implement adequate occupational health and safety measures (including emergency preparedness and response measures) in line with the ESMF, the applicable requirements of ESS2, the ESHGs and other relevant GIIP /WHO guidance.	04/2020
The Recipient shall ensure that all health workers adhere to the WHO Code of Ethics and Professional conduct.	04/2020
The Recipient shall establish a grievance hotline and assignment of focal points to address these grievances within MoH.	04/2020
<b>ESS 3 Resource Efficiency and Pollution Prevention and Management</b>	



Relevant aspects of this standard shall be considered, as needed, under action 1.2 above, including, inter alia, measures to manage health care wastes and other types of hazardous and non-hazardous wastes.	04/2020
<b>ESS 4 Community Health and Safety</b>	
Relevant aspects of this standard shall be considered, as needed, under action 1.2 above including, inter alia, measures to: minimize the potential for community exposure to communicable diseases; ensure that individuals or groups who, because of the	04/2020
<b>ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement</b>	
Relevant aspects of this standard shall be considered, as needed, under action 1.2 above.	04/2020
<b>ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources</b>	
<b>ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities</b>	
Relevant aspects of this standard shall be considered, as needed, under action 1.2 above.	04/2020
<b>ESS 8 Cultural Heritage</b>	
<b>ESS 9 Financial Intermediaries</b>	

Public Disclosure

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

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

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

The borrower system to respond COVID-19 is not established.

**IV. CONTACT POINTS**

**World Bank**

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## The World Bank

MONGOLIA COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEM PREPAREDNESS PROJECT  
(P173799)

Telephone No: 5777+7320 /

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### Borrower/Client/Recipient

Borrower: Mongolia

### Implementing Agency(ies)

Implementing Agency: Ministry of Health

## V. FOR MORE INFORMATION CONTACT

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## VI. APPROVAL

Task Team Leader(s): Dinesh M. Nair, Pagma Genden, Anna L Wielogorska

Safeguards Advisor ESSA Nina Chee (SAESSA) Concurred on 03-Apr-2020 at 07:43:24 EDT