



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

Date Prepared/Updated: 04/14/2023 | Report No: ESRSAFA536



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Borrower(s)	Implementing Agency(ies)
Chad	WESTERN AND CENTRAL AFRICA		
Project ID	Project Name		
P180680	Chad Health Emergency Preparedness and Response Additional Financing		
Parent Project ID (if any)	Parent Project Name		
P173894	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	2/1/2023	5/30/2023

Proposed Development Objective

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

Financing (in USD Million)	Amount
Current Financing	55.15
Proposed Additional Financing	3.94
<b>Total Proposed Financing</b>	<b>59.09</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]**

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

The objective of the proposed financing is to provide a Health Emergency Preparedness and Response (HEPR) grant in the amount of US\$3.96 million for an Additional Financing (AF) to the Chad COVID-19 Strategic Preparedness and Response Project (P173894). The primary objective of the AF is to finance the activities that the parent project will not be able to finance due to funding shortfall. A restructuring is also proposed to: (i) include trust fund (TF) activities in the project components; (ii) reallocate funds across components and between expenditure categories; (iii) modify the results framework to include new indicators; and (iv) extend the closing date of the parent project for one more year. It is important to note that this financing is the second AF proposed to the COVID-19 Emergency Preparedness and Response Project. Indeed, the parent project with a total financing of US\$16.98 million, was approved on April 24, 2020, signed on April 28, 2020, and became effective on April 30, 2020, with a closing date of December 30, 2022. As for the first AF of US\$38.2 million, it was approved on September 28, 2021, became effective on October 22, 2021, with a closing date of December 31, 2023.

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The AF will support the establishment of an Early Warning System (EWS) with a focus on establishing interoperable and interconnected real-time electronic reporting systems. It will also fund training and capacity building in surveillance and investigation and support the development of an event-based surveillance strategy and standard operating procedures (SOPs). In addition, support to digital health ecosystems and digital health solutions will involve: (i) the development of a strategy for an integrated real-time electronic reporting system for public health surveillance with the involvement of multi-sectoral stakeholders and available partners; (ii) the implementation of software to link electronic surveillance tools to the laboratory information management system at all levels; and (iii) the equipping of targeted functional laboratories with solar powered devices. Also, the AF will help fund the initial costs of setting up a drone operation, including the acquisition of vertical take-off and landing (VTOL) aircraft and batteries, the installation of launch pads and ground control stations, and operator training. This support is particularly important during the rainy season, when large parts of the country become completely inaccessible by land.

#### D. 2. Borrower’s Institutional Capacity

The Additional Financing (AF) will be implemented by the Ministry of Health using the existing Project Coordinating Unit (PCU) for the World Bank-funded COVID strategic preparedness and response (P173894) and Regional Disease



Surveillance Systems Enhancement (REDISSE IV, P167817). The existing PCU faced delays in rolling out parts of the the implementation of the biomedical waste management plan (MWMP) resulting from: (i) delays in the procurement of incinerators; and (ii) the death of the environmental specialist of the project that hampered the full implementation of environmental risk management measures in a sustained and consistent manner. The project is still in the process of recruiting an environmental specialist and this will need to be completed prior to implementing AF financed activities. The procurement of incineration equipment has been completed and thus the MWMP is being implemented more fully, and capacity building will continue with regards to the MWMP.

The environmental and social performance of the parent project is Moderately Satisfactory despite delays in fully implementing and monitoring all of the environmental and social risk management measures. The Health department is seeking to hire international TA to support on E&S compliance of health financed projects in Chad. Bank environmental and social staff have provided trainings and capacity building sessions for the Client on Environmental and Social compliance (last one dates back to March 2023). Further training (and especially on biomedical waste management, ESIRT, SEA/SH, E&S compliance monitoring, etc.) will continue to be provided to the PCU to complete the capacity building process.

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

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

Substantial

**Environmental Risk Rating**

Substantial

The environmental risk rating for the AF is substantial. The AF seeks to improve capacity for surveillance at country and regional levels, strengthen the implementation of dis- and misinformation, provide cross sectoral capacity building and institutional strengthening and increase leadership awareness raising and communication campaigns about health emergencies. The key risks related to the AF activities are the (i) hazardous waste management specially e-waste generation from supporting surveillance and collaborative intelligence, and batteries disposal of solar devices provided to laboratories; (ii) cold chain related issues for medication transport and storage and (iii) security risk related to drone flying. They are expected to be site-specific and manageable with adequate measures contained in the project E&S risk management instruments, the fact that there is no environmental specialist in the PIU (which is currently managing several projects at the same time) poses a risk to the project’s environmental compliance.

**Social Risk Rating**

Substantial

The social risk is substantial, as for the parent project. The social risks related to proposed AF activities - to improve capacity for monitoring at country and regional levels; strengthen the measures to counter misinformation; and provide cross sectoral capacity building and institutional strengthening and increase leadership awareness raising and communication campaigns about health emergencies - carry the broader social risk of inequity in terms of access to correct information and to vaccines, and lack of information on availability and accessibility of vaccines among target groups. There exists also the possible exclusion of groups related to access to health facilities based on gender, ethnicity, refugee status, or religion. 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. There are additional risks for those receiving treatment for COVID-19 symptoms, including discrimination and GBV/SEA risks for patients in quarantine; socio-political risks specifically related to insecurity especially in the

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North and Center regions of the country; and low trust in the government which could lead to the rejection of public health interventions and information and violence against those providing services.

**Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) Risk Rating**

High

. With regard to the risks of sexual exploitation and abuse (SEA) and sexual harassment (SH), the project through the ESMF has assessed the risks of GBV/SEA/HS (gender-based violence, sexual exploitation and abuse and sexual harassment) and this is reflected in the main safeguard instruments, contractual obligations and other key documents regulating the project's implementation as well as an SEA/HS prevention and response action plan, which includes a framework of responsibilities and response. The parent project financed GBV sensitization and training in refugee camps to mitigate the risks of increased GBV during the pandemic, particularly among these highly vulnerable group.

**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 various risks identified for the AF include: (i) environmental and community health and safety risks related to the logistical challenges for transporting and storage of medicine/vaccine/medical supplies by cold storage and refrigerated containers to be transported by drones; (ii) generation of potential e-waste with solar installation (and particularly storage of batteries); (iii) possible risks around social exclusion in terms of access to health facilities and services, especially for the poorest and most marginalized who have a limited ability to pay, (v) socio-political risks specifically related to insecurity especially in the North and Center regions of the country; and (vi) low trust in the government which could lead to the rejection of public health interventions and information. These risks will continue to be mitigated through robust stakeholder engagement processes as well as direct targeting of such groups. These risks will be mitigated through several measures to ensure vaccine delivery targets the most vulnerable populations, particularly women, elderly, poor, refugees, internally displaced and minorities in accordance with criteria specified in this AF. Risks associated with privacy and data management for the use of drones will be managed through the preparation of drone safety and operations manual.

To mitigate additional risks associated with the proposed AF activities, the PCU has updated the ESMF and is updating the Medical Waste Management Plan (MWMP) of the parent project (P173894) to include relevant provisions regarding: (i) cold chain/storage standards; (ii) e-waste management; (iii) relevant codes of conduct and citizen engagement. The MWMP will be submitted for Bank approval prior to appraisal. The ESMF includes measures related to risks associated with electronic waste as well as procedures to ensure safe operation of measures to address data privacy that may arise through the use of drones. A safety and operations manual will be prepared – to address risks associated with personal data protection, meeting national security requirements and authorizations – and submitted to the Bank before the use of any drones. SEA/SH risks are addressed in the ESMF through the SEA/SH Action Plan . The PCU has also updated the SEP, LMP and ESCP for this AF. Updated ESCP includes concrete actions to ensure compliance with the ESF, as well as a timeline and roles and responsibilities.



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

The parent project Stakeholder Engagement Plan (SEP) has been updated to reflect AF activities and ensure inclusive stakeholder engagement. The SEP outlines the main characteristics and interests of the relevant stakeholder groups, timing and methods of engagement throughout the project cycle as well as the project Grievance Redress Mechanism (GRM). In terms of stakeholder engagement, the AF will support strong involvement of community leaders to raise their awareness of health emergencies. Women’s community platforms for sensitization about health emergencies will also be established under the AF, because women are a key stakeholder for the AF activities. Specific information campaigns and community platforms will be used to address concerns and fears holding women back from accessing vaccines, as well as to ensure that women are informed about the availability and accessibility of vaccines. Female and male leaders will be used in information campaigns to show positive role models. Gender-sensitive approaches to service delivery will be identified to ensure that socio-cultural norms are respected and that they do not become an additional barrier to accessing COVID-19 vaccines. Training activities will include representation of female health staff. To ensure wide dissemination of information, the Project will establish partnership contracts with community and non-community radio stations and also provide educational materials for health communication.

The parent project incorporates a project wide GRM that enables stakeholders to channel concerns, questions, and complaints to the various implementation agencies and COVID-19 Call centers. The project supports the COVID-19 Call Centers with a toll-free number (1313). This number has been publicly disclosed throughout the country in the broadcast and print media. The GRM is equipped to handle cases of SEA/SH through a survivor centered approach. A rapid guidance on how to respond to these cases will be developed and shared with operators. The GRM will continue to be publicized by the MPHNS and other relevant agencies.

### **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 that would be financed by the AF will be conducted by health care and laboratory workers that will be at risk for COVID 19 infection due to their front-line engagement with patients and handling of patient samples and medical waste. OHS measures as outlined in the WHO guidelines and captured in the ESMF and in the Labor Management Procedures (LMP). These include procedures for monitoring and managing entry into health care facilities; procedures for protection of workers and infection control precautions; provision of immediate and ongoing training regarding the precautionary procedures for all categories of workers and clear and accessible signage in all public spaces mandating basic sanitation, hand hygiene and the mandatory use of 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 EHSGs and consistent with the evolving international best practice in relation to COVID-19 protection. In addition, the presence of a male workforce could lead to the risk of sexual harassment, rape and unwanted pregnancies, domestic violence, early/forced marriage, trafficking, and forced prostitution among the beneficiary populations of the sub-projects. The PCU will ensure that the evolving COVID-19 guidance by WHO is being



incorporated into these policies and procedures as it emerges. They provide guidance regarding the OHS policies and procedures that will be used to protect health care workers, project staff and other workers hired by the PCU. The LMP also include a worker-specific Grievance Mechanism (GM) that will allow health care workers in particular to raise concerns regarding the lack of enforcement of policies and procedures or other grievances that may arise in the context of their work. Under additional financing some training on the LMP will be set up for all workers, including the workers' GRM.

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

This standard is relevant. Pollution prevention and management, specifically medical waste management is a particularly important activity under the overall Project. For this AF specifically, and in addition to medical waste, e-waste generated from solar installations as well as digital services will need to be safely stored, transported and disposed of. The PCU will rely on the Medical Waste Management plan for any parent project risks related to medical waste management and will rely on the ESMF that has been updated for this AF to manage e-waste.

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

This standard is relevant. Community health and safety risks identified include: (i) environmental and community health related risks related to the logistical challenges for transporting and storage of medicine/vaccine/medical supplies by cold storage and refrigerated containers to be transported by drones; (ii) generation of potential e-waste with solar installation (and particularly storage of batteries); (iii) possible risks around social exclusion related to 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; (v) risks for those receiving treatment for COVID-19 symptoms, including discrimination and GBV/SEA risks for patients in quarantine; (vi) socio-political risks specifically related to insecurity especially in the North and Center regions of the country; and (vii) low trust in the government which could lead to the rejection of public health interventions and information and violence against those providing services. To address these risks, the PCU has prepared an ESMF to provide clear guidance specifically regarding the treatment of infectious disease and other medical waste. With regard to the risks of sexual exploitation and abuse (SEA) and sexual harassment (SH), the project through the ESMF has assessed the risks of GBV/SEA/HS (gender-based violence, sexual exploitation and abuse and sexual harassment) and this is reflected in the main safeguard instruments, contractual obligations and other key documents regulating the project's implementation as well as an SEA/HS prevention and response action plan, which includes a framework of responsibilities and responsersesponse. The parent project financed GBV sensitization and training in refugee camps to mitigate the risks of increased GBV during the pandemic, particularly among these highly vulnerable group.

While the project will be implemented in several areas that are facing very high insecurity, it is not anticipated that security personnel will be required to protect project sites or activities. However, continuous security risk assessment and management will be critical to the achievement of the project's development outcomes.

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



The project is not expected to have any impacts related to land acquisition, restrictions on land use and involuntary resettlement.

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

This standard is not currently relevant as no construction or major rehabilitation activities are expected under this additional financing. All anticipated works will be conducted within existing facilities. The risks and impacts on natural resources, biodiversity and natural habitats are not foreseen as laboratories and health centers are located in urban areas and medical waste is handled directly insitu within these health facilities. In addition, all medical wastes will be disposed as per the BMWMP.

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

This standard is not relevant in the project context as there are no known Indigenous peoples in the project area.

**ESS8 Cultural Heritage**

This standard is not currently relevant. There are no major construction activities anticipated and any physical works will be limited to rehabilitation or upgrading of existing facilities. However, as cultural heritage might be encountered during rehabilitation, the ESMF includes measures for “Chance Finds” of archaeological or other cultural heritage.

**ESS9 Financial Intermediaries**

The project is not engaged with financial intermediaries.

**C. Legal Operational Policies that Apply**

**OP 7.50 Projects on International Waterways** No

**OP 7.60 Projects in Disputed Areas** No

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

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

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

Not applicable

**IV. CONTACT POINTS**

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**Borrower/Client/Recipient**

**Implementing Agency(ies)**

**V. FOR MORE INFORMATION CONTACT**

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**VI. APPROVAL**

Task Team Leader(s):	Kofi Amponsah
Practice Manager (ENR/Social)	Pia Peeters Cleared on 14-Apr-2023 at 04:50:6 EDT