



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

Date Prepared/Updated: 05/18/2023 | Report No: ESRSAFA565



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Borrower(s)	Implementing Agency(ies)
Gambia, The	WESTERN AND CENTRAL AFRICA		
Project ID	Project Name		
P181161	Second AF to The Gambia Essential Health Services Strengthening Project		
Parent Project ID (if any)	Parent Project Name		
P173287	The Gambia Essential Health Services Strengthening Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	5/26/2023	7/27/2023

Proposed Development Objective

To improve quality and utilization of essential health services and strengthen the national system for public health preparedness in The Gambia.

Financing (in USD Million)	Amount
Current Financing	86.50
Proposed Additional Financing	8.33
<b>Total Proposed Financing</b>	<b>94.83</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]**



The Parent project and First AF components will remain unchanged except for the Subcomponent 1.3 description on building resilient and sustainable health systems. This second AF will entail scaling up the following activities under subcomponent 1.3:

- the construction, equipment, and construction supervision of the proposed National Food and Drug Quality Control Laboratory (NFDQCL) and Biomedical Engineering Unit (BEU). Energy-efficient measures will be put in place to reduce greenhouse gas (GHG) emissions such as the procurement of energy-efficient equipment and materials for construction, solar panels for the NFDQCL and BEU, as well as climate-resilient materials to mitigate flood risks and climate-related emergencies. Energy-efficient measures will be put in place to reduce greenhouse gas) emissions such as the procurement of energy-efficient equipment and materials for constructions as well as climate-resilient materials to mitigate flood risks and climate-related emergencies.
- support capacity building to prevent and detect health emergencies including establishing an electronic case-based surveillance system to facilitate immediate reporting of IDSR priority diseases and events. This will entail consulting services to develop DHIS2 Tracker application for the surveillance system and capacity building; development of standard operating procedures for case-based surveillance reporting; procuring user devices (including laptops, tablets, and printers), vehicles, and motorcycles; providing Internet service; providing cloud-based services; training information and communication technology (ICT) staff, health personnel and community volunteers.

#### **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 parent project and AF1 has national coverage with renovations and/constructions in different places across the country. Notable is the ongoing construction and equipment at Farato, of the National Emergency Treatment Center (NETC) intensive care unit, emergency observation and treatment center, national public health laboratory and training center, national blood transfusion center, conference center and diagnostic imaging center. Farato is located in the village of Farato about 30 km from Banjul, and about 4 km from the town of Brikama in West Coast Region. The Department of Lands and Surveys allocated a total of 33.76 hectares of this site to the Ministry of Health (MoH), of which 4 hectares have been earmarked to host the Farato Medical Centre. During construction, measures are being undertaken to ensure that only the project site is cleared, and workers are educated to avoid using the nearby Forest Park area and prohibit any burning activities, which will degrade the forests as well as prohibit the killing of wildlife. The renovations of Brikama Ba Health Center, and Bwiam General Hospital are respectively located at about 36 km and 105 km from Banjul. Regarding renovation & safe removal of asbestos, activities will be carried out in two clusters (Bassang area and other sites located in North Bank East Regional, Kudang, Kaur, Mansakonko, Kiang Karantaba, Yorro Bawol and Farafenni.

Under this second AF, the construction and equipment of a new National Food and Drug Quality Control Laboratory (NFDQCL) will be at Brusubi while the proposed new Biomedical Engineering Unit (BEU) will be at Farato next to the emergency treatment center noted above. NFDQCL is planned to be constructed in the Kombo North District, located on a one-hectare site, which is part of a 2.5 hectare area allocated to the Ministry of Health in January 2023 by the Ministry of Lands and Regional Government within the Brusubi neighbourhood.

The NFDQCL is approximately 30 meters south of the Brusubi-Brufut Coastal Highway, opposite the Medicare Clinic, and is about 250 meters from the Brusubi “roundabout”, where the Coastal Highway intersects the dual carriage way (under construction).

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



As for the parent project and first AF, the proposed second AF will be implemented by the Projects Coordination Unit (PCU) under the Ministry of Health (MoH). The PCU has experience working on projects financed by multilateral development partners, including the World Bank through the Parent Project (P173287) as well as the COVID-19 project (P173798). The PCU has a Senior Operations Officer who is the main coordinator and focal point for environmental and social issues, supported by the MOH Environmental Health Program Manager, the Health Communications Manager and the SEA/SH/GBV Focal Point. The MOH in collaboration with the PCU provides excellent leadership with active nongovernmental organization participation across the gender-based violence, sexual exploitation and abuse, and sexual harassment (GBV/SEH/SA), and GRM initiatives for the health programs. Good practices across stakeholder engagement initiatives include continued dialogue with local communities and households. The MOH along with nongovernmental organizations continues to have engagement meetings with contractors, community members and vulnerable groups on the participation of women on civil works, construction, and prevention of child labor at the Farato NETC. Several engagement meetings with contractors and community members on the prevention of child labor and exploitation at construction site, GBV/SH/SEA prevention and management, and participation of Women in Civil Works were conducted in ensuring that disadvantaged or vulnerable individuals or groups are safe and have access to the development benefits resulting from the Project.

The parent project environmental and social performance was rated Satisfactory since the start of project’s activities including medical waste management and the preparation of ESMPs. The same PCU has been implementing the environmental and social requirements of The Gambia COVID- 19 Preparedness and Response Project (P173798) since April 2020 and the first AF. The PCU has benefited from a number of capacity-building activities organized by the World Bank team: a) orientation on November 17, 2020, for 37 key stakeholders working on this project to ensure appropriate E&S Due Diligence Report is carried out; b) three-day training (December 1-3, 2020) on implementing the E&S framework in WBG-financed projects for implementing agencies; c) workshop on sexual exploitation and abuse and sexual harassment risk management in WB-financed operations in The Gambia during December 8-10, 2020; d) training on May 26, 2021 for more than two dozen participants and the topics covered included expanding the stakeholder communication program, ESMPs, SEA/SH Action Plan and health care waste treatment e) workshop on November 15 2022 on the E&S Due Diligence for the various health facilities renovations/constructions that are being undertaken by MOH. Additionally, the PCU regularly submits quarterly E&S Due Diligence Reports to the WBG, with summaries of the implementation status of all Environmental and Social measures. In addition to this organization already in place and fully operational, the PCU intends to mobilize a full-time environmental specialist to reinforce the monitoring of field activities with the additional civil work planned under the project.

Public Disclosure

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

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

**Environmental Risk Rating** Moderate

The environmental risk rating of this second AF is moderate as the Parent Project and First AF. The first AF entailed several constructions and renovations (including asbestos removal) noted above those present risks of negative impacts to the environment and human health such as noise, dust emissions, release of dangerous asbestos fibers into the air, generation of solid and liquid waste, and health and safety issues. Under the second AF, activities planned with the construction of the NFDQCL and BEU, activities could generate negative environmental impacts and nuisances such as dust, noise, poor management of construction waste. In addition, there are Occupational health



and safety risks (for workers) and Community health and safety issues (risk of accidents with company equipment. The identification and management of environmental risks during construction and operational phases will be incorporated in the second AF ESMF based on the version developed for the first AF. Further, ESIA/ESMPs and C-ESMPs will be developed, to guide construction and operation of the two new constructions.

**Social Risk Rating**

Moderate

The previously identified risks for the Parent Project and first AF are also applicable to the second AF activities including the constructions. Any new issues that are identified in the ESIA for the NFDQCL and BEU construction will be appropriately addressed in ESMPs. The risks include: (i) Exclusion of vulnerable groups in the reporting of priority diseases and events; and (ii) Privacy and data misuse issues due to transition from written to electronic records. MOH is implementing a well-designed SEA/SH action plan that was consulted on and vetted across stakeholders during the PP activities with support from the World Bank project Team SEA/SH specialist. Furthermore, the MOH has added a leading country and internationally recognized gender and human rights advisor as a focal point to the health sector programs.

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

Moderate

As with the parent project the level of risk is moderate. The extent of civil works is low and the SEA/SH risk moderate based on the experience of similar projects in The Gambia.

**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. Both the parent project and the second additional financing activities will continue to have positive environmental and social impacts as they should improve quality and utilization of essential health services and strengthen the national system for public health preparedness in The Gambia. The proposed activities under the second AF project will include renovation, construction of two new facilities, (FDQCL and Biomedical Unit) and equipment of health facilities. Main environmental and social risks are related to the handling, removal, transport, and disposal of all asbestos materials for each of the health facility renovations; noise production, air pollution (dust emissions, release of dangerous asbestos fibers into the air), solid and liquid waste management, Occupational health and safety issues (work conditions), community health and safety (risk of accidents with company equipment) All these risks and impacts are assessed in the updated PP ESMF and, an Asbestos Remedial Action Plan has been developed and disclosed on September 9, 2022, and ESIA /ESMPs were also developed. The measures to address E&S risks presented in the parent project and first AF remain relevant. The technical studies of Renovation & safe removal of asbestos

are completed and the recruitment of contractors for the civil works is underway. Site specific ESIA/ESMPs to be prepared for activities under the second AF project will assess site specific impacts and provide adequate mitigation measures. Contractors will be required as part of their contracts to develop a C-ESMP based on the specific ESMPs, taking into consideration the ARAP to manage the risks associated Asbestos during the whole construction period. Regarding Biodiversity aspect, the National Emergency and Treatment Center where most of the parent project and the first AF activities are being carried out as well as the proposed BEU for the second AF is located within the former Farato Farm, in the village of Farato about 30km from Banjul, and about 4km from the town of Brikama in West Coast



Region. Kabafita Forest Park is approximately 243 hectares of tree savannah is adjacent to the Farato NMC site. The Kabafita Forest Park is populated with the fast-growing gmelina, with the fringes of the park planted with indigenous tree species to protect the gmelina. It hosts a variety of avian fauna including species such as the silver eagle (*Aquila wahlberg*), African tree falcon (*Falco cuvier*), and the tree hop (*Phoeniculidae*), which according to the IUCN Red List is vulnerable. The forest area is used to obtain firewood through afforestation with fast-growing softwoods and contains some non-forest crops such as mangos. Mitigation measures of the PP project and the first AF remain relevant and will be maintained with the second AF.

A standard ESMP template was prepared by MOH to guide the management of E&S risks during civil works under the PP and first AF projects, Identify E&S provisions as well as applicable ESCOPs (Environmental and Social Codes of Practice). The ESCOP checklists cover 7 major themes listed below and will also serve for the second AF project:

Checklist 1. Exposure at Health Care Facility

- Checklist 2. Waste Management Procedures
- Checklist 3. Community and Social Inclusion
- Checklist 4. Small Scale Construction, Upgrades, Rehab, Expansion
- Checklist 5. Codes of Conduct
- Checklist 6. Medical Equipment and Supplies – Delivery
- Checklist 7. Construction Sites in Health Care Facilities

Under the parent project, the PCU prepared, consulted upon, and disclosed all required E&S management instruments (ESCP, ESMF, LMP, SEP, ESIA) and a grievance mechanism (GM). These documents have been disclosed on the MOH and World Bank websites. The ESMF, SEP and ESCP are being updated for the new activities of this second AF. In addition, the PCU has competitively recruited a local firm to develop ESIA's and ESMPs for this second AF, to define mitigation measures for construction and operational phases for these new facilities.

The ESCP prepared by the Borrower, in collaboration with the Bank, includes specific environmental and social measures, and commitments, to address environmental and social risks, within defined timelines. With the additional activities planned under the second AF, the MOH will recruit or nominate a full-time environmental specialist to better monitor environmental and social activities.

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

The Stakeholder Engagement Plan (SEP) prepared for the Parent Project has been under implementation for over 2 years. Regarding grievance management, the MOH operates a call center with a toll free 1025 line which also serves as an initial call-in contact point for the public and media seeking information and assistance. A service level agreement was signed with a firm to enhance the 1025 toll-free call center with an interactive software to enable the use of multiple channels such as phone calls, the MOH website, MOH Facebook page, MOH Tik-Tok Account, and SMS for reporting and responding to grievances or suggestions. The subscription includes features such as desktop softphone and mobile app, Interactive Voice Response (IVR), Automatic Call Distribution (ACD), Call recording, Call queue, and Reporting and call analytics, and a roadmap for the integration of the toll-free 1025 line into the Freshworks platform by a process called Bring Your Own Carrier (BYOC) into Freshworks. The call center which was operational under the COVID-19 project is the same that is being used under the parent project and first AF. Of the 22,688 calls logged during January-December 2022, 60.9 percent were on COVID-19 related enquiries, 17.5 percent were on the mass registration (which was conducted under the Parent Project), 14.5 percent on other health related enquiries, 6.2 percent on Acute Kidney Injury related enquiries, and 0.9 percent on general grievances. Of the 199



calls received on grievances, 88.9 percent of the grievances were addressed at the center, while 11.1 percent of the grievances were referred for further interventions. The SEP for the first AF was updated to incorporate stakeholder analysis and engagement strategy, particularly with regard to project-affected people in the vicinity of the additional rehabilitation and construction sites, which represent a key stakeholder group in addition to healthcare workers and administrators and the beneficiaries of the PBF services. A local firm has been recruited to focus on stakeholder consultation with the MOH for the NFDQCL and BEU construction.

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

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

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

The Labor Management Procedures (LMP) developed under the Parent Project and AF1 will be adopted and implemented including, inter alia, provisions on working conditions, management of workers relationships, occupational health and safety (including personal protective equipment, and emergency preparedness and response), code of conduct (including relating to SEA and SH), forced labor, child labor, grievance arrangements for Project workers, and applicable requirements for contractors, subcontractors, and supervising firms.

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

This standard is relevant. The activities of the parent project, first AF and the second AF have positive impacts by improving the quality and utilization of essential health services.

**Resource Efficiency:** Construction materials will include stones, sand, and timber that will be obtained from permitted supply chain sources. The facility designs include use of solar panels and other energy efficient measures to reduce greenhouse gas (GHG) emissions as well as climate-resilient materials to mitigate flood risks and climate-related emergencies.

**Air Emissions:** The planned second AF construction will have dust and particulate emissions and measures will be put in place to reduce these impacts. These provisions are detailed in the ESMF ESCP and will be included in the new ESIA/ESMPs as well as C-ESMPs.

**Healthcare Waste Management:** The ICWMP contained in the ESMF of the parent project is currently operational and the quarterly reports submitted by the PCU provide the status of implementation of planned activities. The implementation of the ICWMP can be considered satisfactory following the consideration of the Bank's recommendations for improvement of the content of the quarterly reports. This implementation of the ICWMP will continue with this second AF activities and follow-up will be done to ensure environmental and social requirements.

**Construction Waste:** The ESMPs already developed under the parent project and first AF for constructions in progress remain relevant. For new constructions under the second AF, ESMP will be prepared for each site and will include procedures for the treatment of construction waste. Additional risks and impacts associated with construction waste management will be managed by the contractors with their C-ESMP under the supervision of representatives of the MOH, PCU as well as the Consultant who will be engaged during the construction phase.

**Asbestos:** An Asbestos Abatement Remedial Action Plan has been developed and disclosed on September 9, 2022, to manage the handling, removal, transport, and disposal of all asbestos materials for each of the health facility renovations. This Plan was developed in collaboration with the MoH along with NEA and World Bank environmental specialists and will be incorporated into the ESMF which will be updated as part of this second AF. The Plan



encompass the following elements: Detail responsibilities for asbestos risk management, monitoring and evaluation; Ensure an asbestos risk screening is undertaken before or during health care facilities renovation design; If screening indicates potential presence or use of asbestos materials ensure that the design provides for any existing asbestos to be identified, managed and disposed in a way that is consistent with the NEA guidance; Determine if there is a need to require external technical expertise; Ensure the design provides that asbestos will not be used in construction or other activities, and tender and agreement documents contain clear proscriptions on this issue; Ensure adequate resources are allocated to manage asbestos risks throughout investment implementation.

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

The Community Health and Safety impacts identified under the Parent Project and first AF include temporary exposure to pollution, increased traffic leading to accidents and the potential for gender-based violence committed by the workforce. To mitigate against them the PP and first AF ESMF has provided guidance, and an SEA/SH Action Plan has also been developed, validated and approved. These instruments will also apply to the new construction activities envisaged by the second AF. A Community Health and Safety Plan was included in the ESIA of AF1 and will also be incorporated in the ESIA's under second AF.

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

This standard is relevant to the second AF as the project is financing the construction of the FDQCL and Biomedical engineering unit - although the final design is not known.

As stated in the ESCP - The client will use the resettlement policy framework from the parent project to guide any resettlement plans that may be needed once the final design of activities for the NFDQCL is finalized by the client and if it requires land requisition. The resettlement plans will be incorporated at the Brusubi site for the NFDQCL as part of the ESIA. No construction activities for the NFDQCL will take place until any compensation and resettlement processes, as identified in the ESIA, have taken place.

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

This standard is relevant. Activities related to the construction of the Biomedical Unit planned under the second AF, as well as any other physical work might entail impacts on biodiversity as it is located within the former Farato Farm, and the Kabafita Forest Park adjacent to it. During operation, indirect impacts from certain informal activities that may be carried out by vendors, who may be attracted by the staff, patients and visitors of the FMC, is also anticipated. During construction, measures will be implemented to ensure that only the project site is cleared, and workers will be educated to avoid using the Forest park area and prohibit any burning activities, which will degrade the forests as well as prohibit the killing of wildlife. Regarding the FDQCL, the installation is planned in Brusubi on a site that does not appear to present potential risks and impacts on biodiversity. The ESIA that will be developed will assess this risk and propose appropriate measures, if necessary, in line with ESS6. These measures should also be part of contractors' ESMP and suppliers' contracts.

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





This standard is not relevant as there are no Indigenous Peoples/Sub-Saharan Historically Underserved Traditional Local Communities in the project area of influence.

**ESS8 Cultural Heritage**

This standard is relevant. The possibility of impact on Cultural Heritage is not considered under this project as assessed in the PP ESMF, and prepared ESIA. Nevertheless, it is possible that archaeological objects and features may be discovered, particularly during excavation. Site-specific ESIA/ESMP (including the Brusubi ESIA) will describe the presence of known cultural heritage in project intervention areas and provide guidance on chance finds as per the updated ESMF. In addition, all construction contracts will include a “Chance Find” clause which will require contractors to stop construction if cultural property sites are encountered during construction and follow national legal requirements for managing cultural heritage.

**ESS9 Financial Intermediaries**

This standard is not relevant as there are no financial intermediaries involved.

**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:**

None

**IV. CONTACT POINTS**

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Public Disclosure



**Implementing Agency(ies)**

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**VI. APPROVAL**

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