



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

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BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Congo, Republic of	AFRICA WEST	Republic of Congo	Ministry of Health and Population
Project ID	Project Name		
P177008	Republic of Congo COVID-19 Emergency Response Project - Second Additional Financing		
Parent Project ID (if any)	Parent Project Name		
P173851	Republic of Congo COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	11/15/2021	2/18/2022

Proposed Development Objective

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

Financing (in USD Million)	Amount
Current Financing	23.31
Proposed Additional Financing	3.00
Total Proposed Financing	26.31

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 COVID-19 Emergency Response Project will support the implementation of the Government of Congo's Integrated COVID-19 Preparedness and Response Plan which was developed under the leadership of the Ministry of



Health with support from the donor community. The Plan puts in place measures to control the spread of COVID-19 and mitigate its impact. These measures are around key strategic response areas as guided by International Health Regulations, as well as the Africa CDC and CEMAC regional responses. They include: Epidemiological surveillance and point of entry restrictions; Enhancing laboratory capacity; Infection prevention and control; Preparedness for acute case management; Communication and community mobilization; and Coordination.

The Project is organized in three components responding directly to the response Plan: Component 1: Emergency COVID-19 Response which focuses on case detection, case investigation, contact tracing, recording and reporting as well as surveillance and health systems strengthening; Component 2: Communication campaign, Community Engagement, and Behavior change which supports the establishment of community surveillance networks and mass media and social media campaigns; Component 3: Implementation Management and M&E. Geographically, in addition to national level activities, the Project has initially focused on Brazzaville and Pointe Noire where the majority of the population lives and where the first four COVID-19 cases were identified. This is also where the major health facilities and laboratories involved in the response are located. Sites with care facilities and laboratories also include Oyo and Ouessou. Given the high degree of uncertainty on the pandemic's trajectory, additional locations will be selected at a later time, based on data.

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 AF, like the parent project, will be implemented at a national scale; however, the hospitals where the sub-components of the project will be implemented will be identified as the annual work plans are implemented.

Administratively, the Congo is divided into twelve departments, namely: Kouilou, Niari, Bouenza, Lékoumou, Pool, Plateaux, Cuvette, Cuvette-Ouest, Sangha, Likouala, Brazzaville and Pointe-Noire. In terms of health, the country is divided into 53 health districts. "The health district is the operational unit of the national health system where the provision of quality health care and services is guaranteed. Thus, the department of Niari has 5 health districts, Kouilou 3 health districts, and Bouenza 5 health districts. The department of Pool has 6 health districts, Sangha 3 districts, Brazzaville 10 health districts and Plateaux 5. Departments such as Cuvette, Cuvette-ouest, Likouala and Pointe-Noire have 3, 2, 2 and 7 health districts respectively.

D. 2. Borrower's Institutional Capacity

The Ministry of Health, Population, Promotion of Women and Integration of Women in Development (MoHP) of the Republic of Congo will have overall responsibility for the implementation and coordination of the project. The Ministry of Health will rely, among others, on the national technical coordination for the response to COVID-19 in the Republic of Congo. Technical Committee, Vaccination Commission and advisory bodies (Committee of Experts, Technical Advisory Group on Vaccination of the Covid-19 response for the implementation of the vaccine response) are set up. The PIU team has been strengthened with the recruitment of a Focal Point focusing on the COVID-19 response, and the creation of a steering committee. The PIU has also worked on recruiting three safeguards specialists (social safeguards, environmental safeguards, and gender-based violence specialist) who support the project with the implementation and monitoring of environmental and social risk management.



The parent project is in the process of transitioning to the recently established PIU under the Regional Disease Surveillance Systems Strengthening – Phase IV (REDISSE IV – P167817) Project which became effective on September 1, 2020. With the preparation of the REDISSE project and the parent project, the MoHP has acquired basic knowledge of project implementation under the environmental and social framework. A training on the World Bank's environmental and social framework was organized in May 2021. The three safeguards specialists were involved in this training. It is intended that there will be other training sessions on the ESF and GBV/SH/SEA for the teams (project and MoHP).

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 is Substantial. The four major areas of risks for the project are: (i) occupational health and safety risks related to the electrification of selected primary health care facilities and hospitals, these interventions are expected to be site-specific and to be taken place on the property of existing facilities, and no greenfield works are envisaged; therefore, environmental risks and impacts are expected to be temporary, predictable, and manageable; (ii) risks related to hazardous and medical waste management and disposal; (iii) the risk of spread of the virus among health care workers; and (iv) risks related to community health and safety including the risk of the spread of COVID-19 among the population at large. The small-scale civil works will happen on existing footprints and be moderate in their risk; these risks relate to the occupational health and safety risks undertaken by project workers and contractors, and construction waste management. The project interventions will lead to the handling of COVID-19 related high-risk medical samples. Improper handling of hazardous and medical wastes can cause infection and health problems for workers, the community, and the environment. Wastes that may be generated from health care facilities and hospitals to be supported by the project interventions may include transmissible, infected, hazardous materials and wastes. Proper and safe handling, managing, transporting, and disposing of the waste needs to be ensured. Risks associated with labor and working conditions are also predicted under a work.

Social Risk Rating

Substantial

The social risk is substantial. While the additional funding will help improve the quality of health care services, the following social risks remain: (i) difficulties in access to health services and facilities by vulnerable social groups such as poor, disable, elderly, isolated communities, people and communities living far from the health facilities, people with chronic conditions, disabled, migrants and disadvantaged sub-groups of women including indigenous populations; (ii) lack of access to vaccine supplies, facilities and services designed to control the disease by marginalized and vulnerable social groups; (iii) other social risks due to poor public information on vaccination and the lack of awareness regarding the behavior change; (iv) the accelerated pace of vaccine development and the information conveyed by media on associated risks that could increase public anxiety and compromise public acceptance and reluctance. This risk could be exacerbated by a lack of transparency in the dissemination of information by the government and the social media, which may create public mistrust of vaccines; (v) social conflicts and risks to human safety resulting from diagnostic testing; (vi) the limited availability of vaccines and social tensions related to the challenges of a pandemic situation; (vii) inadequate data protection measures and insufficient or ineffective communication by stakeholders on vaccine deployment strategy; and (viii) labor influx and

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the issue of migrant workers. These risks will be mitigated through effective risk communication and community engagement to raise awareness among the general population. Continuous awareness raising and education campaigns that will help rebuild community and citizen trust will be done through engagement with religious leaders, political and local traditional leaders, and women's and young people's associative movements, which are generally very dynamic and representative. Additional communication measures related to COVID-19 Vaccines to help address potential risks of fair vaccine access and hesitancy, have been included.

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 overall positive environmental and social impacts in that it will contribute to epidemic preparedness, monitoring, surveillance, and response, specifically regarding combatting COVID-19. Nonetheless, there are wide-ranging environmental and social risks and impacts that will need to be assessed and managed through a risk-based approach. Key environmental risks for the project are: (i) occupational health and safety risks related to the electrification of selected primary health care facilities and hospitals; (ii) management of biomedical waste (especially handling highly infectious medical wastes such as COVID-19); (iii) risks related to the electrification of health facilities; (iv) environmental and community health-related risks from inadequate storage, transportation and disposal of infected medical waste; and (v) 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.

Risks related to occupational and community health and safety are anticipated due to the dangerous nature of the pathogen (COVID-19) and reagents and other materials to be used in primary health care facilities and hospitals. Diagnosis, testing, treatment, and providing isolation of patients can generate biological, chemical, hazardous medical wastes. Land acquisition is not expected as the project will focus on existing facilities, and risks related to civil works are not envisaged to be significant or irreversible. These environmental risks and impacts are the same as those already identified in the parent project and the first additional financing.

To mitigate these risks and impacts, under the first AF the project finalized and disclosed the Environmental and Social Management Framework (ESMF) for both the parent project and the AF1 project, the Biological Waste Management Plan (BWMP) for implementation by facilities supported under the project, including primary health care facilities, hospitals, and laboratories, as well as a template for preparing Environmental and Social Management Plans (ESMPs), as necessary for managing risks and impacts related to any civil works. This ESMF will be updated before appraisal to reflect the new project description of the AF2 and will be the subject of a consultation with project stakeholders.

The Updated ESMF will also outline the implementation arrangement to be put in place for environmental and social risk management, as well as training programs focused on COVID-19 operations. The Infection Control and Medical Waste Management Plan (ICWMP) will include measures and procedures for the safe handling, storage, and processing of COVID-19 materials including the techniques for preventing, minimizing, and controlling environmental



and social impacts. It will also clearly outline the implementation arrangements to be put in place for environmental and social risk management; training programs focused on COVID-19 laboratory biosafety, operation of isolation centers and screening posts; and compliance monitoring and reporting requirements. The relevant part of the COVID-19 Quarantine Guidelines and WHO COVID-19 biosafety guidelines remains relevant and should be kept in the ICWMP annexed in the actual version of ESMF to be updated so that all relevant risks and mitigation measures are adequately identified and addressed.

The key social risks are: (i) difficulties in access to health services and facilities by vulnerable social groups such as poor, disabled, elderly, isolated communities, people and communities living far from the health facilities, people with chronic conditions, disabled, migrants and disadvantaged sub-groups of women including indigenous populations; (ii) lack of access to vaccine supplies, facilities and services designed to control the disease by marginalized and vulnerable social groups; (iii) other social risks due to poor public information on vaccination and the lack of awareness regarding the behavior change; (iv) the accelerated pace of vaccine development and the information conveyed by media on associated risks that could increase public anxiety and compromise public acceptance and reluctance (v) labor influx and the issue of migrant workers.

The social risk mitigation measures will focus on: (i) prepare Labor Management Procedures (LMP), GBV/SEA Action Plan; (ii) prepare a Stakeholder Engagement Plan; (iii) mitigating social tensions through community involvement and engagement as well as establishment of an effective and functional GRM for the community members and project workers; (iv) addressing gender dimensions; and (v) updated Indigenous People Planning Framework (IPPF).

ESS10 Stakeholder Engagement and Information Disclosure

Stakeholder engagement is a critical tool for social and environmental risk management, project sustainability and success. In consultation with the Bank, the project will update the SEP of AF1 project to consider the various stakeholders if it is necessary. The AF1 SEP will be updated, consulted and disclosed prior to appraisal. The Bank team will provide advice to the client on managing stakeholders' engagement in these constrained circumstances. Identification of project stakeholders and analysis of their needs and levels of influence should be as complete and thorough as possible, with the identification of vulnerable people affected by the project requiring special attention as early as possible. The SEP will capitalize on the consultation approaches implemented for the parent project will include the use of different, culturally appropriate communication approaches to ensure communication also with the most vulnerable, including illiterate and people with disabilities. The identification of other project stakeholders to be considered and the analysis of their needs and levels of influence should be as comprehensive and thorough as possible, with the identification of vulnerable people affected by the project requiring special attention as early as possible.

The project will strengthen support a Risk Communication and Community Engagement campaign to raise public awareness and knowledge on prevention and control of COVID-19 among the general population, raising awareness on the merits of the vaccine and contribute to strengthening the capacities of community structures in promoting coronavirus prevention messages, information on vaccination; the process for vaccine deployment; and possible side-effects to foster confidence in a new vaccine. Effective communication and outreach will be imperative to increase awareness and "vaccine literacy", build trust, and reduce stigma around any COVID-19 vaccine for a larger target population.



The Recipient shall operationalize the Grievance Redress Mechanism (GRM) of the parent project and will engage in meaningful consultations on policies, procedures, processes, and practices (including grievances) with all stakeholders throughout the project life cycle, and provide them with timely, relevant, understandable and accessible information. The consultations will provide information on project-related risks, including SEA/SH, and the proposed reporting and response measures, with a particular focus on women, children and other vulnerable groups. Community consultations with women and girls that are related to SEA/SH risk mitigation will be conducted in safe and enabling environments, such as in sex-segregated groups and with female facilitators (virtually, and if and when it becomes possible, in-person), and will be focused on understanding women’s and girls’ risks and vulnerabilities. The Grievance Redress Mechanism (GRM) will include measures for handling SEA/SH complaints, as outlined in the SEP. The SEP will continue to serve as a key instrument for outreach to the community at large on issues.

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

ESS2 is relevant to the project. The AF plans to electrify health facilities using a renewable energy source such as solar power, and to implement climate-friendly and energy-efficient transportation to renovate existing cold chain and logistics infrastructure. The project will use labor force of all types from experts down to service workers. That could involve the use of suppliers. The project presents occupational health and safety risks. To ensure health and safety of workers during the construction and operational phases of the project, the Borrower will update the Health, Safety and Environmental (HSE) plan which is already of the ESMF, in line with World Bank Group Environment, Health and Safety (EHS).

Like the parent project, the AF will be implemented in accordance with the applicable requirements of ESS2 in a manner acceptable to the Bank, including through, inter alia, implementing adequate occupational health and safety measures (including emergency preparedness and response measures), setting out grievance arrangements for project workers, and incorporating labor requirements the OHS specifications of the procurement documents and contracts with contractors and supervising firms. Healthcare workers play a critical role in outbreak response and are the backbone of a country's defenses to limit or contain the spread of disease.

The initial LMP prepared under AF1 will be updated, finalized, consulted, disclosed and adopted prior to effectiveness. The AF should prepared OHS checklists, codes of conduct and safety training. All contracts will include compliant codes of conduct incorporating measures to prevent sexual exploitation and abuse. sexual exploitation and abuse/sexual harassment (SEA/SH).

These measures will also address risks in relation to SEA/HS in the workplace, both for project personnel and workers, which can include actions to ensure signature of, and training on, codes of conduct for workers and personnel, worker and community sensitization on SEA/SH, in addition to actions such as installing sex-segregated facilities that are secure, lockable from the inside, and well-lit on the work site for female and male personnel including people living with disability. The project should implement the workers GRM of project parent.



ESS3 Resource Efficiency and Pollution Prevention and Management

ESS3 is considered relevant to the Project. Highly infectious medical waste is expected from the handling of COVID-19 patients. Hazardous chemical wastes are expected to be generated from medical facilities, laboratories, and related facilities. The improper handling, transporting, and disposal of these hazardous and medical waste streams may result in adverse impacts to human health and the environment. The Infection Control and Waste Management Plan (ICWMP) for health facilities developed as an Annex to the actual ESMF which cover the parent project and the first additional project will be update according to the new description of the AF2 and will continue to be implemented. The ICWMP will follow WHO guidance documents on COVID-19 and other GIIP (Good Industry International Practices). A Sub-national committee has been put in place for Waste Management, including a district representative, the departmental director for health, an EPI supervisor, an environmental specialist, and a DP representative. In addition, should there be a need for major rehabilitation, site-specific ESMPs will be prepared based on the provisions of the ESMF.

ESS4 Community Health and Safety

ESS4 is considered relevant. Inappropriate handling of COVID-19 can expose the community to health risks that could lead to further spread of the disease. Lack of provision of medical services to disadvantaged or vulnerable people is a potential risk under the project interventions. Laboratory accidents and/or emergencies such as fire incidents or a natural phenomenon event is also an associated risk. The project will prepare emergency preparedness measures including with respect to vaccine storage, transport, use and disposal, as well as laboratory accidents/emergencies (e.g., a fire response or natural phenomena event).

Some project activities may give rise to the risk of SEA/SH, such as health facilities rehabilitation work which may place female health workers and patients at risk of SEA/SH from construction workers; establishment of isolation or quarantine centers where female health workers and patients may be at risk of SEA/SH from male staff, supervisors or security personnel; and distribution of critical medical supplies and protective equipment, which could see cases of provision of materials to female health workers or patient made conditional on granting of sexual favors. As mitigation measures, the PIU will put measures in place to prevent or minimize the spread of the infectious disease/COVID-19 to the community. The PIU will address the risk of any form of SEA/SH by or against workers in the quarantine facilities by relying on the WHO Code of Ethics and Professional conduct as well as through the provision of gender-sensitive infrastructures such as secure and sufficiently private sex-segregated toilets and adequate light in quarantine and isolation centers. The SEA/SH Action Plan prepared for AF1 will be revised to take into account the SEA/SH risks of AF2 activitie. In case quarantine and isolation centers are to be protected by security personnel, the project will take measures to ensure that, prior to deployment such personnel are: (i) screened to confirm that they have not engaged in past unlawful or abusive behavior, including SEA/SH or excessive use of force; (ii) adequately instructed and trained, on a regular basis, on the use of force and appropriate behavior and conduct (including in relation to SEA and SH), as set out in actual ESMF; and (iii) deployed in a manner consistent with applicable national law.

The project will promote the avoidance of SEA/SH 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 infrastructures such as segregated



toilets and enough light in quarantine and isolation centers. The ESMF which is currently being updated will also take into account the following aspects : (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; (iii) emergency preparedness measures; and iv) monitoring of adverse impacts and side effects of vaccines on recipients of the vaccinations. The safety systems, protocols and emergency preparedness measures for the storage, transport, use and disposal of vaccines to ensure community health and safety (including if community centers are used for administration of the vaccination) . In case of necessity PIU will follow all relevant requirements of WHO guidelines to help manage this risk will be applied.

The project is not likely to employ military personnel for deployment of vaccine, but if the situation changes, the project will undertake a Security Risk Assessment (SRA) to review the military's rules of engagement with civilian authorities and identify the specific risks related to providing increased security at the various project sites. The project would then propose adequate mitigation measures and strengthen existing measures, where necessary, to ensure that the use of the military in project activities will not result in adverse consequences to community health and safety, including in matters relating to SEA/SH.

Measures to ensure that vulnerable groups and individuals, among others the elderly, individuals living alone or in remote areas and Indigenous Peoples, will be made aware of and have equitable access to project benefits and services. These measures will be captured in the ESMF and other instruments to be prepared within two months of Project Effectiveness.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

ESS5 is not relevant. The project activities will not lead to any construction /rehabilitation and did not require any land acquisition leading to physical or economic displacement. if rehabilitation is undertaken and requires the relocation of economic activities, this standard will be relevant.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

ESS6 is not currently relevant to the Project. No greenfield works are envisaged for this project.

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

This standard is relevant. Due to the country-wide rollout of activities, it is likely that it will also affect indigenous peoples. The project will ensure respect of human rights, dignity, aspirations, identity, culture and livelihoods of IPs and avoid adverse impacts on them or, when avoidance is not possible, minimize, mitigate or compensate for such impacts. The project will ensure that such communities are appropriately informed and can share in the benefits of the project in an inclusive and culturally appropriate manner. Likewise, the IPPF required for AF1 being developed will be finalized taking into account the AF2. The IPPF will be consulted and disclosed prior to appraisal.

No situations which would require FPIC are foreseen.



ESS8 Cultural Heritage

This standard is not relevant according to the activities planned under the project

ESS9 Financial Intermediaries

The use of Financial intermediaries is currently not envisaged under the project.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways

OP 7.60 Projects in Disputed Areas

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 AF does not make use to the Borrower Framework

IV. CONTACT POINTS

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Borrower/Client/Recipient

Borrower: Republic of Congo

Implementing Agency(ies)

Implementing Agency: Ministry of Health and Population

Public Disclosure



V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

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Practice Manager (ENR/Social)	Senait Nigiru Assefa Cleared on 30-Jan-2022 at 17:24:30 GMT-05:00
Safeguards Advisor ESSA	Nathalie S. Munzberg (SAESSA) Concurred on 07-Feb-2022 at 23:10:37 GMT-05:00