



# Appraisal Environmental and Social Review Summary

## Appraisal Stage

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

Date Prepared/Updated: 04/09/2020 | Report No: ESRSA00685



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Project ID	Parent Project ID (if any)
Congo, Republic of	AFRICA	P173851	
Project Name	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	4/7/2020	4/10/2020
Borrower(s)	Implementing Agency(ies)		
Ministry of Finance and Budget	Ministry of Health, Population, Promotion of Women and Integration of Women in Development		

Proposed Development Objective(s)

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

Financing (in USD Million)	Amount
<b>Total Project Cost</b>	<b>11.31</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 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. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]

The Republic of Congo has a population of 5,367,490 and is also one of the most urbanized countries in the world. According to the latest estimates, 61.8% of the population lives in urban areas, with a higher concentration in the two metropolises (Brazzaville and Pointe Noire). The Republic of Congo COVID-19 Emergency Response Project will be a standalone operation for the Republic of Congo to address critical country-level needs for preparedness and response for COVID-19. The project will be implemented at a national scale but, the specific locations where project sub-components will be implemented have not yet been identified. No major civil works are expected in this project, and no greenfield works will be supported under this project. Also, any works involving refurbishments will be carried out in the existing health care facilities and laboratories.

The project will have three components of which two have particular implications for environmental and social risks management:

Component 1: Emergency COVID-19 Response and Health System Strengthening will provide immediate support to prevent new COVID-19 cases from arriving as well as limiting local transmission through containment strategies. It supports the enhancement of disease detection capacities through the provision of technical expertise, laboratory equipment, and systems to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan. This component additionally supports the mobilization of surge response capacity through trained and well-equipped frontline health workers. This will include (i) the rehabilitation and equipping of selected primary health care facilities and hospitals, public health laboratories, and the national blood transfusion center; (ii) the provision of critical medical supplies, technical expertise, laboratory equipment, and systems; (iii) establishment of specialized units in selected hospitals, treatment guidelines, clinical training, and hospital infection control guidelines; (iv) ensuring access to safe water and basic sanitation in health facilities; (v) strengthening medical waste management and disposal systems; and (vi) operational expenses related to mobilization of health teams, clinical training hazard/indemnity pay consistent with the Government's applicable policies.

Component 2: Communication Campaign, Community Engagement and Behavior Change' will support (i) massive nationwide campaigns promoting and marketing of "handwashing", including through various communication channels such as mass media and social media; (ii) information and communication activities to increase the attention



and commitment of government, private sector, and civil society, community leaders, and religious leaders, and to raise awareness, knowledge, and understanding among the general population about the risk and potential impact of the pandemic and to develop multi-sectoral strategies to address it. In addition, support would be provided for the development and distribution of basic communication materials on: (i) COVID-19; (ii) general preventive measures for the general public; and (iii) symposia on surveillance, treatment, and prophylaxis.

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

The Ministry of Health and Population (MoHP) of the Republic of Congo will have overall responsibility for the implementation and coordination of the project. The MoHP has the experience to manage the project under safeguards policies, drawing especially from the implementation of the closed Health Sector project (P143849). The day-to-day management of this project, including the administrative, fiduciary and safeguard aspects, will be assigned to the Project Implementation Unit of the Integrated Public Sector Reform Project (PRISP - P160801) as there is currently no active health project in the Republic of Congo. The PRISP-PIU has experience in implementing World Bank-financed projects. However, it has not managed health projects. In addition, as the proposed project will be conducted under the ESF, the PRISP-PIU does not have experience and adequate knowledge of the new requirements. The capacity to manage environmental and social risks is therefore limited.

To address this the PRISP-PIU will hire three experts specifically dedicated to this project (one environmental specialist, one social specialist, and a Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) specialist) who will support the project with the implementation and monitoring of environmental and social risk management. The social specialist should have a background in stakeholder and community engagement and be familiar with gender-related programming and/or prevention of and response to SEA/SH issues and will support the SEA/SH specialist on implementation of the SEA/SH Actions Plan. When the Regional Disease Surveillance Systems Enhancement Project (REDISSE IV) (P167817) becomes operational, it is expected that these safeguards experts and other PDU staff will transition to that project and manage both COVID-19 and REDISSE IV activities. The E&S specialists will also need capacity building so that they understand the Bank's ESF and SEA/SH requirements.

At the national level, the implementing agency, the Directorate General for Environment (DGE) is the main institution responsible for conducting and coordinating the environmental and social assessment process in the country. However, the DGE is facing challenges in terms of institutional capacity associated with staffing, finances and regulatory requirements. DGE has some experience with the implementation of World Bank projects under the environmental and social safeguards instruments but has no experience with the new Environmental and Social Framework (ESF) since no ESF project is being implemented in the country. The REDISSE IV health project was approved by the World Bank and Government in October 2019 but had not reached effectiveness prior to the Approval of the COVID-19 project. As with the project's PIU, the DGE also has limited capacities to monitor the implementation of this project.

Considering the above, there is a need for capacity building targeting the PIU, DGE, and experts in key ministries and agencies on E&S risks and impacts management to meet the ESF requirements. This will include training and technical support on mitigating and responding to SEA/SH risks for the project. The World Bank will provide guidance on preparing and implementing a capacity building and training program to help the Recipient manage environmental and social risks throughout the project timeline.

In addition to an E&S capacity building program, other training will be provided to the PIU to increase their capacity, and training topics will include: (i) Communications strategy on COVID-19 Infection Prevention and Control; (ii) COVID-19 Infection Prevention and Control Recommendations; (iii) Laboratory biosafety guidance related to the COVID-19; (iv) Specimen collection and shipment; (v) Standard precautions for COVID-19 patients; (vi) Risk communication and community engagement; and (vii) WHO and Africa CDC guidelines on quarantine including case management.



## 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) risks related to the rehabilitation and equipping of selected primary health care facilities and hospitals; (ii) risks related to hazardous and medical waste management and disposal; (iii) risks related to occupational health and safety including 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 project will finance small scale infrastructure works for the rehabilitation and equipping 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. 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 COVID19 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 working environment with medical wastes. Ensuring the delivery of personal protective equipment (PPE) for all health care workers is critical. The substantial risk classification takes also into account the limited capacity of the designated PIU, as well as all stakeholders involved in the preparation and implementation of the DRC COVID-19, to manage potential E&S risks in compliance with the ESF, as well as the current health system to respond to COVID-19 at the national and provincial level.

#### Social Risk Rating

Substantial

The social risk classification for the project is Substantial. Key social risks and impacts are related to: (i) marginalized and vulnerable social groups (including Indigenous Peoples, the poor, and displaced persons and/or refugees) being unable to access facilities and services designed to combat the disease, in a way that could undermine the central objectives of the project; (ii) social conflicts resulting from false rumors and misinformation; (iii) issues resulting from people being kept in quarantine, including stigma faced by those admitted to treatment or isolation facilities; (iv) risks of SEA/SH to Project workers and beneficiaries; and (v) labor management and OHS risks.

### 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 operation is being processed as an emergency response using condensed procedures under the Fast Track COVID-19 Facility (FTCF).

The Project will have overall positive environmental and social impacts in that it will contribute to epidemic preparedness, monitoring, surveillance, and response, specifically with regard to 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) management of biomedical waste (especially handling highly infectious medical wastes such as COVID-19); (ii) risks related to the rehabilitation and equipping of selected primary health care facilities and hospitals, under Component 1, due to expected civil works associated with upgrading of existing health facilities; (iii) environmental and community health-related risks from inadequate storage, transportation and disposal of infected medical waste; and (iv) 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. They are expected to be site-specific, mainly limited to existing facilities. The specific facilities and hospitals have not yet been identified, however, should there be a need for major rehabilitation.

To mitigate these risks and impacts, the project will develop and implement an Environmental and Social Management Framework (ESMF), including measures for an Infection Control and Medical Waste Management Plan (ICWMP) 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. The 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 arrangement 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 COVID-19 Quarantine Guideline and WHO COVID-19 biosafety guidelines will be included in an ICWMP to be annexed in the ESMF so that all relevant risks and mitigation measures are adequately identified and addressed.

The project Environmental and Social Commitment Plan (ESCP) includes commitments to undertake the required assessments and production of the necessary instruments for the Project. Mitigation measures for site-specific impacts will be managed through the implementation of required environmental and social instruments to be prepared as per the ESMF. Relevant capacity building measures will be included in the ESMF and ESCP, and the environmental specialist to be recruited by MoHP will provide support for the project's overall environmental



aspects. Any rehabilitation of primary health care facilities and hospitals will develop and implement an ESMP that will be approved before the start of construction.

Key social risks for the project are those related to: (i) marginalized and vulnerable social groups (including the poor, Indigenous Peoples, minorities, and displaced persons and/or refugees) being unable to access facilities and services designed to combat the diseases, in a way that undermines the central objectives of the project; (ii) social conflicts resulting from false rumors and misinformation; (iii) issues resulting from people being kept in quarantine, including stigma faced by those being admitted to treatment or isolation facilities and the risk of stigma between the refugees or displaced people and the host communities; (iv) issues resulting from social distancing and confinement measures, including the risk of intimate partner domestic violence during the quarantine as a result of household stress over economic and health shocks combined with forced coexistence in narrowing living spaces and the risk of social unrest owing to prolonged confinement measures, especially for the economically vulnerable (e.g. the poor and informal workers); and (iv) risks of SEA/SH for project workers and beneficiaries, including attacks on female healthcare workers.

SEA/SH Risks: The project has been given a preliminary rating of moderate risk for SEA/SH, based upon the country context and project-specific indicators. This risk rating is subject to validation following project approval, and SEA/SH risks will be further assessed and addressed during the implementation phase; this will include a review of the preliminary screening exercise and establishment of the corresponding measures to prevent and mitigate identified risks. Although DHS data is not available the MoHP estimates that sexual violence has been increasing and accounted for 2.6% of gynecology consultations between January 2014 and December 2015. Young women (98%) aged 14 on average and students (77.3%) were the main victims. Experience from past outbreaks (e.g. Ebola) and other COVID-19-affected countries suggests that the COVID-19 emergency might further increase the likelihood of SEA/SH in RoC, including domestic violence, workplace violence in the health sector, racial and sexual harassment, abuse and exploitation of vulnerable women workers, and violence against women and girls (VAWG) in emergency settings. Early indications from other COVID-19-affected countries likewise suggest that the COVID-19 emergency might further increase the likelihood of SEA/SH in the Republic of Congo.

In order to mitigate these risks, prevention, mitigation, response and monitoring measures will be put in place in order to mitigate project-related SEA/SH risks during the project implementation.

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

COVID-19 presents unique and considerable challenges for stakeholder engagement and information disclosure, as the stakeholder engagement and consultation processes cannot be conducted following established methods and procedures due to the timelines of an emergency operation and in the light of limitations on social gatherings and other forms of personal contact put in place to address the pandemic. Nevertheless, the approach to stakeholder engagement should be based on the principles of meaningful consultation and disclosure of appropriate information – with consultation and communication methods adapted in the light of the pandemic. The Bank team will provide advice to the client on managing stakeholder 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 include the use of different, culturally appropriate communication approaches to ensure communication also with the most vulnerable, including illiterate and people with disabilities.

A draft Stakeholder Engagement Plan (SEP) has been prepared and disclosed prior to Appraisal. It will be updated, as per the ESCP, no later than two months after project effectiveness, and periodically throughout implementation. The updated SEP will include the Risk Communication and Community Engagement (RCCE) strategy, to be prepared under the project in line with WHO provisions on “Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV)” (January 26, 2020).

The proposed project itself will 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 and contribute to strengthening the capacities of community structures in promoting coronavirus prevention messages. The Recipient 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. A project-wide grievance redress mechanism (GRM), which includes measures for handling SEA/SH complaints, will be established, as outlined in the SEP.

## **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 considered relevant to this Project. The project is expected to encompass the following categories of workers: direct workers and contracted workers.

Most activities supported by the project will be conducted by direct workers of the Project such as health and laboratory workers, i.e. civil servants employed by MoHP. The project may outsource minor civil works to contractors in interventions such as minor civils works. While the number of workers may not be estimated at the current stage, no large-scale labor influx is expected.

The key risk is in relation to the contamination with COVID-19 (or other contagious illnesses as patients taken seriously ill with COVID-19 are likely to suffer from illnesses which compromise the immunes system, which can lead to illness and death of workers). In line with ESS2, the use of forced labor or the use of child labor for any person under the age of 18 in hazardous work situations (e.g. in health care facilities) is prohibited.

Measures related to occupational health and safety will be documented in labor management procedures (LMP) that will be included in the ESMF; they are aimed at protecting project workers from injury, illness, or impacts associated with exposure to hazards encountered in the workplace or while working, such as the provision of infection control precautions and adequate supplies of PPE. The mitigation measures will incorporate the World Bank Group's General Environment, Health, and Safety Guidelines (EHSs), the EHSs for Health Care Facilities and other Good International Industry Practices (GIIP). The ESMF will also include sections on Environment Health and Safety (EHS) including specific instruments, such as EHS checklists, Codes of Conduct, including measures to prevent SEA/SH, and



safety training materials. These will need to be prepared either by the Borrower and/or the contractor prior to commencement of civil works i.e. etc.

The PIU will implement adequate occupational health and safety measures, including emergency preparedness and response measures, in line with the ESMF and WHO guidelines on COVID-19 in all facilities, including laboratories, quarantine and isolation centers, and screening posts. The PIU will also ensure a non-discriminatory, decent work environment, including ensuring that all health workers adhere to the WHO Code of Ethics and Professional conduct. A worker Grievance Redress Mechanism within MoHP will be established and operated through a grievance hotline and assignment of focal points to address these grievances, which will be outlined in the LMP. The PIU will also include any environmental and social management 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. The PIU will ensure that all civil works contracts comply with the environment, social, health, and safety (ESHS) mitigation measures based on the WBG EHS Guidelines, ESMF, SEP, and other relevant instruments.

### **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. An Infection Control and Waste Management Plan (ICWMP) for health facilities will be developed as Annex to the ESMF and will be implemented. ICWMP will follow WHO guidance documents on COVID-19 and other GIIP (Good Industry International Practices).

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 to the Project. 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 incident or natural phenomena event is also an associated risk. 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. Emergency preparedness measures will also be developed and implemented to manage unlikely cases of laboratory accidents/emergencies (e.g. a fire response or natural phenomena event). 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.



The PIU will operate quarantine and isolation centers in line with WHO guidelines on “Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV” as well as the Africa CDC guideline on “Africa CDC Guidance for Assessment, Monitoring, and Movement Restrictions of People at Risk for COVID-19 in Africa”. Such guidelines will be included in the ESMF. In addition, the quarantine and isolation centers and screening posts will be operated in a conflict-sensitive manner, avoiding any aggravation of local communal conflicts, including between host communities and refugees/IDPs.

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 s 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 project will also prepare a SEA/SH Action Plan to address other SEA/SH risks that may arise from project activities.

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 ESMF; and (iii) deployed in a manner consistent with applicable national law.

The project is not likely to employ military personnel for civil works, 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. 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.

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

ESS5 is not currently relevant to the Project. All eventual construction will be undertaken within existing facilities. No adverse impacts relating to land acquisition, restrictions on land use or involuntary resettlement are anticipated as a result of proposed project activities.

#### **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**

SS7 is not currently relevant to the project as it is not being implemented in areas where Indigenous Peoples/Sub-Saharan Historically Underserved Traditional Local Communities (IP/SSAHUTLCs) are present or in areas to which they



have a collective attachment. Should the presence of indigenous communities be confirmed through further screening, the project will address any risks posed to them and measures will be put in place to ensure that they receive culturally appropriate benefits. This will be done by ensuring that their views are sought as specified in the SEP and that a Social Assessment (SA) is carried out prior to carrying any activities that would impact indigenous communities. Following the SA, and as appropriate: (i) a stand-alone plan or framework may be developed; (ii) or key elements of risk mitigation and culturally appropriate benefits will be included in the ESMF. Public consultations with representatives of indigenous communities and their organizations are provided for in the SEP, considering their circumstances. These organizations and representatives will be consulted during the revision of the SEP. The project will exclude any activities which would require Free, Prior and Informed Consent (FPIC).

**ESS8 Cultural Heritage**

SS8 is not relevant to the Project at this time as the limited civil works are unlikely to affect cultural assets. In the unlikely event of construction or the movement of the earth in connection with any project activities that have not yet been identified, for example, the ESMF will include measures for “Chance Finds” of archaeological or other cultural heritage.

**ESS9 Financial Intermediaries**

ESS9 is not relevant to the Project for the suggested project interventions.

**B.3 Other Relevant Project Risks**

None

**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)**

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
<b>ESS 1 Assessment and Management of Environmental and Social Risks and Impacts</b>	
Designated PIU under the MoHP, will appoint and maintain an Environmental Specialist, a Social Specialist, and a Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) specialist.	07/2020
Prepare, disclose, adopt, and implement the Environmental and Social Management Framework (ESMF).	07/2020

Public Disclosure



Public Disclosure

<b>ESS 10 Stakeholder Engagement and Information Disclosure</b>	
Update, disclose and implement the Stakeholder Engagement Plan (SEP).	07/2020
<b>ESS 2 Labor and Working Conditions</b>	
Develop, as part of the ESMF, a labor management procedures (LMP) including environment, social, health, and safety (ESHS) measures.	07/2020
<b>ESS 3 Resource Efficiency and Pollution Prevention and Management</b>	
Develop, as an Annex to the ESMF, an Infection Control and Medical Waste Management Plan (ICWMP) for health facilities.	07/2020
<b>ESS 4 Community Health and Safety</b>	
Develop, as part of the ESMF, measures to minimize community exposure to disease, to ensure vulnerable parties' access to benefits, to manage risks of security personnel and labor influx, and to prevent/respond to SEA/SH.	07/2020
<b>ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement</b>	
<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>	
<b>ESS 8 Cultural Heritage</b>	
<b>ESS 9 Financial Intermediaries</b>	

**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**

**World Bank**

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**Borrower/Client/Recipient**



Borrower: Ministry of Finance and Budget

**Implementing Agency(ies)**

Implementing Agency: Ministry of Health, Population, Promotion of Women and Integration of Women in Development

**V. FOR MORE INFORMATION CONTACT**

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**VI. APPROVAL**

Task Team Leader(s):	Lombe Kasonde
Practice Manager (ENR/Social)	Kevin A Tomlinson Cleared on 07-Apr-2020 at 22:37:17 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 09-Apr-2020 at 09:45:7 EDT