



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 03/23/2020 | Report No: ESRSA00562



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
India	SOUTH ASIA	P173836	
Project Name	India COVID-19 Emergency Response and Health Systems Preparedness Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/25/2020	3/31/2020
Borrower(s)	Implementing Agency(ies)		
Republic of India, Ministry of Finance	Ministry of Health and Family Welfare		

Proposed Development Objective(s)

The proposed project development objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national health systems for preparedness in India.

Financing (in USD Million)	Amount
Total Project Cost	500.00

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]

tbc

D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]

This emergency operation has been prepared as a new stand-alone project which will be implemented throughout India and will contribute to COVID-19 surveillance and response, together with systemic strengthening of the



operations around emergency response. The specific locations where project sub-components will be implemented have not yet been identified but will be implemented in both urbanized and rural areas.

India is geographically very diverse, comprising of the high Himalaya on the north and over 7500 km of coastline. In between these two lies a range of biogeographic zones, such as, deccan plateau, central Indian highlands, western Ghats, the Thar desert and the Gangetic floodplains. There are several prominent rivers (Ganga, Yamuna, Narmada, Kaveri, Godavari etc.) and over 21% of India's geographic area is forested. About 5% of India's landmass is conserved with over 600 Protected Areas (PA). The rural landscape is largely agricultural, but several peri-urban areas have emerged, particularly around major towns and cities. High population density increases the risk of COVID19 spread. India has the world's largest cattle population at about 220 million and grows wheat, rice, maize, sugarcane amongst a wide range of other vegetable and fruit crops. Climatically, India has distinct four seasons (summer, winter, monsoon and spring) but lately, the numbers of rainy day are reducing while the total amount of rainfall has remained stable. Trade and travel with bordering countries, Pakistan, Nepal, Bhutan and Bangladesh, has been frequent until recently when new restrictions have taken place to combat the global pandemic (confirm).

The project will take a phased approach to respond to COVID-19 and will be implemented across India. The phasing of the project is two stages. In short-term (within 12 months), the thrust is to limit human-to-human transmission, including reducing local transmission of cases and containing the epidemic from progressing from phase III to phase IV of the transmission, and thus components 1 and 4 will be privileged. The medium-term (1-4 years) focuses on strengthening underlying health systems to better prepared to respond to emerging disease outbreaks, including transmission between human and animals, as detailed in the other components. (link this phasing to components if possible)The immediate activities of the project will cover a) health sector operations to respond to urgent preparedness and response needs related to the COVID-19 outbreak, with a focus on enhancing disease detection capacities through increasing surveillance, port health screening, provision of technical expertise, strengthening laboratory and diagnostic systems and testing to ensure prompt case finding and local containment; and b) comprehensive communication strategies to mitigate social impact with a primary focus on promoting social distancing measures and behavior change interventions.

The project focuses on building resilient health systems to provide core public health, prevention and patient management functions to manage COVID-19 and future disease outbreaks in a medium term with revamping hospitals for air borne infection control; revamping Infectious Disease Hospitals and Districts Hospitals; building or upgrading laboratory testing systems with recommended biosafety standards; expanding molecular testing for viral disease in sub-district and district laboratories along with sample transport mechanisms; improving disease surveillance systems and health information systems across the country by strengthening the Integrated Disease Surveillance Program (IDSP) and integration of all health information; and surge in community-based disease surveillance capacity. The project will also strengthen the National Center for Disease Control (NCDC) capacity for health emergency and disease outbreak management. The project will also invest in strengthening the Biomedical Waste Management (BMWM) systems in the country, catering to specialized requirements against highly infectious pathogens. The health sector operations will focus on all state and districts in the country.

While the project will support the establishment of isolation units, quarantine facilities and laboratories, the associated civil works are expected to be minor and limited to existing facilities and their footprints (e.g., hospitals or other existing spaces). However, should there be a need for major refurbishments and/ or construction of any new structures as well as for all activities that may be financed by the project, Environmental and Social Screening and



Environmental and Social Management Plans (ESMPs) will be prepared based on the provisions of the Environmental and Social Management Framework (ESMF).

D. 2. Borrower's Institutional Capacity

The Borrower (MOHFW) also agreed to establish a PMU for the proposed project, The PMU will, at the minimum, include a health and safety expert and a social specialist, and MOHFW will allocate resources to support the development and implementation of the project ESMF. The PMU coordinator, a health and safety expert and a social specialist will be assigned to the project within one month after the Effective Date.

There is good experience and institutional capacity within the borrower, both at the national and sub-national (state) level. There is robust set of legal and regulatory environment that takes care of potential environmental and social risks and impacts. The key Acts/Rules are: a) The Environment (Protection) Act, 1986; b) The Water (Prevention and Control of Pollution) Act, 1974; c) The Air (Prevention and Control of Pollution) Act, 1981; d) Noise Pollution (Regulation and Control) Rules, 2000; e) Hazardous Waste (Management, Handling & Transboundary Movement) Rules, 2016 (as amended 01 March 2019); f) Municipal Solid Wastes (Management & Handling) Rules, 2000; g) Bio-medical Waste (Management & Handling) Rules, 1998 (as amended March 2019); Plastic Waste Management Rules, 2016; h) e-Waste Management Rules, 2016; and i) Construction and Demolition Waste Management Rules, 2016. The existing legislative framework is also adequate to ensure social sustainability and the interest of marginalized and vulnerable populations and ensures (a) protection of the interest of scheduled tribes (ST) and scheduled castes (SC), (b) non-discrimination based on religion, race, caste, and gender, (c) transparency with the right to information, and (d) the right to fair compensation in case of land acquisition. However, to enhance compliance and adherence to the existing legislative and regulatory framework, it requires strengthening MOHFW and state's institutional capacity along the service delivery chain. India's current response to COVID-19 situation matches quite closely to the relevant WHO advisories and these current practice and global good practice will be captured in the project's Environmental and Social Management Framework (ESMF), which will be prepared within two months of project effectiveness.

Since the outbreak of COVID19, India has proactively taken several measures for containing the disease. With about 1.3 billion people, these measures have heled to limit the number of confirmed infections to about 200. Some of the key measures are:

- a) Advisory on Social Distancing – March 2020 – MOHFW
- b) Guidelines for handling, treatment and disposal of waste generated during treatment, diagnostics and quarantine of COVID19 patients – March 2020 – Central Pollution Control Board
- c) Strategy of COVID19 Testing in India – March 17, 2020, from Indian Council of Medical Research
- d) Standard Operating Procedures for Passenger Movement Post Disembarkation (including SOP for Quarantine) – March 2020 – MOHFW
- e) Guidelines for Notifying COVID19 Affected Persons by Private Institutions – March 2020 – MOHFW
- f) Gazette Notification – Essential Commodities Order 2020 – with regards to masks and hand sanitizers
- g) National Pharmaceutical Pricing Authority (NPPA) Order regarding Masks, Hand Sanitizers and Gloves
- h) COVID19 Guidelines on Dead Body Management – March 15, 2020 – DGHS, MOHFW (EMR Divisions)
- i) Office Memorandum on Preventive Measures to be taken to contain the spread of Novel Coronavirus (COVID19) – March 16, 2020 – Department of Personnel and Training), Ministry of Personnel, Public Grievances and Pensions



The MOHFW and several State Governments have good experience working with the Bank and its erstwhile safeguards regime. Both Indian Council of Medical Research (ICMR) and NCDC are also quite advanced in their key mandates of medical research and disease surveillance. Recently, the World Bank conducted an Environment and Social Systems Assessment (ESSA) for two Health PforRs, one at the central level (Tuberculosis project – give P number) and another at the state level (Tamil Nadu – give P number) and evaluated the general environmental assessment and enforcement issues. Both the assessments confirmed generally good capacity for Bio Medical Waste Management (BMWM). In addition, the Bank has supported health sector projects that are under implementation or recently closed in Tamil Nadu, Andhra Pradesh, Uttar Pradesh, Uttarakhand and Nagaland.

Private Healthcare Sector will play a crucial role in the efforts to prevent the spread of COVID19, through testing of suspect cases, admission and treatment, including establishing isolation wards. The Government has already issued guidelines for testing. The selection of private healthcare actors will be based on some level of demonstrated capacity to deal with the potential environment and social issues related to the current COVID19 pandemic. Hospitals and laboratories that are already accredited under the national accreditation board for hospitals (NABH) and for laboratories (NABL) would be eligible as they already have proven biomedical waste management systems, which are assessed as part of certification process.

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

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

Overall, it is expected that the project will have positive environmental and social effects, given that the project will strengthen the capacity and preparedness of national and state government for surveillance, infection prevention and control, monitoring and communication on COVID-19. The environmental risks are considered “Substantial”. The main environmental risks are: (i) The occupational health and safety issues related to shortage of PPE for the health care and other workers in the COVID-19–related logistical supply chains; (ii) The possibility that PPEs are not adequately used by the laboratory technicians and medical crews; and (iii) Environmental pollution and community health and safety issues related to the handling, transportation and disposal of health care waste, including solid and liquid wastes from hospitals, public and private laboratories, COVID-19 screening posts and quarantine centers and any construction waste generated during upgrading existing and/or building new healthcare facilities. In addition, the project will involve small/medium scale construction (upgrading of hospitals, laboratories, centers, etc.) and therefore there will be impacts related to air, dust, water/wastewater emissions, non hazardous and hazardous waste generation, occupational and community health and safety. These risks will be managed through application of the project’s ESMF.

Social Risk Rating

Substantial

In India, with its diverse geographic, socio-cultural and economic diversity and with varied capacity of the local governments handling health service delivery, including quality of facilities for isolation and quarantine across states, the risk to marginalized and vulnerable social groups (women, the elderly, the differently abled, scheduled tribes (ST), scheduled castes (SC), communities in remote and hilly locations, etc.) in accessing the benefits and services of the project is substantial. This gets further accentuated with a large population working in the informal sector and as daily



wage earners who have their livelihoods at stake in the short term, and who therefore may flout the advisories. In fact, there is a potential risk of social tension and conflict within communities due to the adverse impacts of containment strategies on people’s livelihoods, or discrimination in access to project benefits, particularly when it comes to marginalized and vulnerable groups. Hence, handling medical isolation of individuals with quarantine interventions and ensuring equal access to project benefits (based on the dignified treatment of patients; attention to specific, culturally determined concerns of vulnerable groups; and prevention of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) as well as minimum accommodation and servicing requirements) are issues that will require close attention while managing the social risks of the project.

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:

Key environmental and social impacts are identified in Section II.A. However, the project could also cause significant environmental, health and safety risks due to the dangerous and highly infectious nature of the pathogen and reagents and other materials to be used in the project-supported laboratories, hospitals and quarantine facilities. Multiple disadvantaged or other vulnerable groups stand to benefit, starting with the elderly and those with compromised immune systems due to pre-existing conditions. Healthcare-associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and laboratory workers. The laboratories and relevant health facilities which will be used for COVID-19 diagnostic testing and isolation of patients can generate biological waste, chemical waste, and other hazardous byproducts and will have potential exposure to COVID-19 and will therefore have the potential to cause serious illness or potentially lethal harm to the health care workers, laboratory staff and to the community, so effective administrative and containment controls will be put in place so minimize these risks as well as promote occupational health and safety.

To mitigate emerging risks, the MOHFW will prepare an Environmental and Social Management Framework (ESMF) for the project within two months of project effectiveness that would include, inter alia, mitigation actions and plans for boosting capacity and training on Biomedical Waste Management (BMWM), from generation, segregation, storage, transport and disposal, upgrading of COVID-19 biosecurity and quarantine measures, use of PPE, improved laboratory management systems, principles of resource efficiency, focus on OHS and Community Health and Safety, including road safety, social and behavior awareness on newer concepts like social distancing, sneezing and coughing etiquette, etc. The ESMF will work to integrate the WHO Interim Guidance (February 12, 2020) on “Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)”, in existing and proposed laboratories. Should the project support a BSL-3 Level laboratory for propagating virus cultures, stringent biosafety and biosecurity measures would be put in place as outlined in the ESMF. The ESMF will be socialized via, distance learning for offices, households and through virtual communities such as radio, TV or internet. Since there is a possibility for the infectious microorganism to be introduced into the environment if not well contained within the laboratory or due to accidents/ emergencies such as fires or natural phenomena event (e.g., seismic), the BMWM Plan will include emergency preparedness measures.

A major social issue associated with such an operation is that marginalized and vulnerable social groups (women, the elderly, the differently abled, scheduled tribes (ST), scheduled castes (SC), communities in remote and hilly locations,



etc.) have limited ability to access the facilities and services designed to combat the disease, in a way that undermines the central objectives of the project. To mitigate these risks, the MOHFW will address the concerns and needs of vulnerable and marginalized groups (including issues of access, prevention of social tensions and conflict, mental health and psychosocial support of health care workers and trauma survivors, etc.) by updating guidelines and good international practice in the ESMF, as relevant. Targeted training for health care professionals will be undertaken to sensitize them to a host of gender-based violence (GBV) and trauma issues, to enable them to connect survivors with existing referral mechanisms in the country. The project implementation also needs to ensure appropriate stakeholder engagement, proper awareness raising and timely information dissemination to (i) avoid conflicts resulting from false rumors; (ii) ensure equitable access to services (health, safety net, education) for all who need it; and (iii) address issues resulting from people being kept in quarantine, including vulnerable and marginalized groups (particularly women, SC, and ST population).

Until the project-specific ESMF is prepared and adopted, the project can rely on national standards (since they were found to be mainly satisfactory during the E&S system assessments of the PforR operations), WHO guidelines, as well as international good practices, for managing the various potential risks and impacts identified, and all will be done in a manner consistent with the ESF. The ESMF should be finalized before establishing any new isolation units and quarantine facilities and/or undertaking large construction activities, for which individual Environmental and Social Management Plans (ESMPs). In addition, any activities that have been screened for environmental and social risks will not be carried out without the ESMF being in place, if potential associated risks are identified as substantial from an environmental and social perspective. Any activities that are screened as having high E&S risk, will be excluded from project support. In the event the CERC component is operationalized, activities supported thereunder would also be screened for environmental and social risks and subjected to the provisions of the ESMF.

ESS10 Stakeholder Engagement and Information Disclosure

Once approved, the project will establish a structured approach to stakeholder engagement and public outreach that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with combating COVID-19. MOHFW and the other implementing agencies will apply the preliminary Stakeholder Engagement Plan (SEP) prepared for this emergency project, to engage citizens (affected and interested parties and vulnerable groups) as needed and for up-front information disclosure purposes. Within one month of project effectiveness, this SEP will be updated to include more information on the environmental and social risks of project activities and new modalities that take into account the need for improved hygiene, social distancing and containment strategies. The updated SEP will also include details of the Grievance Redress Mechanism for addressing any concerns and grievances raised across all components.

The updated SEP will acknowledge the particular challenges with engaging marginalized and vulnerable social groups such as women, the elderly, the differently abled, ST, SC communities living in remote and hilly locations, informal sector workers including daily wage and domestic workers, street vendors and hawkers, encroachers and squatters particularly those in congested low income neighborhoods/slums in cities, and persons with disabilities, while keeping a clear focus on those who are most susceptible to the transmission of the novel coronavirus, such as the elderly and those with compromised immune systems due to pre-existing conditions. The stakeholder engagement strategies, building on component 4, will point out ways to minimize close contact and follow the recommended good hygiene procedures with primary focus on addressing social distancing measures, such as avoiding large social



gatherings and should the need arise, school closings to mitigate against the possible negative impacts on children’s learning and wellbeing. This will also include comprehensive communication and behavior change interventions with a community campaign for schools and parents to provide information about how to protect themselves and promote good hygiene practices. People affected by or otherwise involved in project-supported activities, including different types of health care workers (many frontline healthcare workers are women), will be provided with accessible and inclusive means to raise concerns or lodge complaints, via the GRM included in the SEP. The design of the GRM will also be informed by the findings of a SEA and SH risk assessment, and GRM staff will be trained (as appropriate) to sensitize them on GBV (including SEA and SH) and trauma issues to enable them to refer survivors to existing referral mechanisms in the country. Project implementation will also be supported by a strong communication and mobilization strategy under Component 4 which will not only facilitate the access of marginalized and vulnerable groups, including tribal populations, to information on how to prevent and respond to COVID-19 in ways they can understand, but also help in a broader sense to dispel false rumors about COVID-19, to ensure equitable access to services, and to counteract the isolation and uncertainty that comes from people being kept in quarantine.

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

Most activities supported by the project will be conducted by health and laboratory workers, i.e. public servants employed by the MOHFW and/or State health department. Activities encompass surveillance, sample collection and testing as well as treatment of patients at hospitals and quarantine facilities. The key risk is 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 immune system, which can lead to illness and death of workers). The project will ensure the application of ESHS/OHS measures that will be captured in the ESMF. This encompasses procedures for installing and/or rehabilitating quarantine/isolation/treatment facilities, entry into health care facilities, including minimizing visitors and undergoing strict checks before entering; procedures for protection of workers in relation to infection control precautions; provision of immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and personal protective equipment (PPE); ensuring adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap and sanitizer); and overall ensuring adequate OHS protections in accordance with General EHSs and industry specific EHSs and follow evolving international best practice in relation to protection from COVID-19. Also, the project will regularly integrate the latest guidance by WHO as it develops over time and experience addressing COVID-19 globally.

The use of child labor will be forbidden in accordance with ESS2, i.e. due to the hazardous work situation, for any person under the age of 18. The project may outsource minor works to contractors and a code of conduct, labor management procedures and OHS measures will be included in their standard contracts. Such works pose limited risks, but workers will have access to necessary PPE and handwashing stations. No large-scale labor influx is expected as the magnitude of construction limited to repair, renovation and small extension of the existing facilities. In line with ESS2, the use of forced labor or conscripted labor is prohibited in the project, both for construction and operation of health care facilities. The project will also ensure a responsive grievance mechanism to allow workers to quickly inform involved agencies of labor issues, such as a lack of PPE, unreasonable overtime, unsatisfactory work



conditions, etc. This GRM will be captured in the project’s labor management procedures that will be documented in the ESMF.

ESS3 Resource Efficiency and Pollution Prevention and Management

Treatment and disposal of hazardous health care waste (sharps, infectious waste, pathological waste, chemical waste (including laboratory reagents and chemicals), radio isotope waste, medical formulations and wastewater etc.) generated from screening post, hospitals, labs, and quarantine facilities may result in potentially significant environmental risks and impacts such as air and water pollution and soil/ground water contamination. In case of COVID19, the risk of spread of infection is higher.

To mitigate such potential environmental pollution, each beneficiary medical facility/lab will follow the ESMF, once prepared, and follow WHO COVID-19 guidance documents, the World Bank Group Environmental Health and Safety Guidelines for Waste Management Facilities and international best practices for COVID-19 to prevent or minimize such adverse impacts in the meantime before the ESMF is finalized. Any activities that could cause highly significant adverse effects will be screened out according to ESMF. The ESMF will include guidance related to transportation and management of samples and medical goods or expired chemical products. The ESMF will include checklist for small scale rehabilitation works of health care facilities. While doing the refurbishment, small scale construction works, the ESS3 recommendations for resource efficiency measures will be taken into consideration. For upgrading existing healthcare facilities or constructing new ones, ESMF will include guidance on adoption of national and international standards and available national codes and certification systems for energy efficiency measures (natural lighting, efficient LED light bulbs, solar energy devices etc.) as well as resource efficiency approaches (wastewater treatment and reuse, rainwater harvesting, drip irrigation for gardens etc.). These would be documented for each such civil works in a site-specific ESMP.

ESS4 Community Health and Safety

In the project, there is a chance of exposure and infection of patients and visitors to COVID-19 at screening posts, labs, hospitals and quarantine facilities if appropriate precautionary measures are not undertaken to minimize exposure, control access and prevent spread. The general public could also be at risk of infection If hazardous health-care waste is abandoned or disposed improperly. Risk of road accidents around healthcare facilities will need to be considered while designing upgrading and constructing new facilities. During construction, all workers shall be provided with adequate PPE and trained in effective use of these for preventing incidences of accidents.

While India’s current response to COVID-19 situation matches that of WHO advisories, in order to prevent and minimize the community health and safety risk of COVID-19, ESMF will incorporate the requirements of relevant national (refer Section D2) and international guidelines, e.g. WHO, CDC, etc. However, it will require building capacities across the health care delivery chain from national, state, district and sub-district level to translate the guideline into practice, and ESMF will focus on mechanism to do so and more specifically, the ESMF will focus on strengthening the infection and prevention control protocols to prevent and/or minimize spread of disease. The protocol should include the measures to minimize the chance of exposure of visitors and patients such as movement restriction, isolation procedure, provision of supplies, e.g. sanitizers, masks, ventilation, cleaning procedure, training to workers and visitors and reporting procedure of visitors. In addition, to prepare and respond to the emergency

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situations, such as, fire, flooding or other natural and man-made disaster, emergency action plan will be prepared as part of ESMF.

The setting up and operation of quarantine and isolation centers needs to be implemented in a way that both the wider public, as well as the quarantined patients are treated in line with international best practice as outlined in WHO guidelines referenced under ESS1.

Some project activities may give rise to the risk of Gender Based Violence (GBV), in particular Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) and domestic violence risks. The ESMF to be prepared for the project will include a GBV risk assessment and preventive measures, in the form of a GBV Action Plan, will be prepared and implemented if required. The project will promote the avoidance of SEA by relying on the WHO Code of Ethics and Professional Conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure such as segregated toilets and well-lit quarantine and isolation centers.

The project will also ensure via the above noted provisions, including stakeholder engagement, that quarantine and isolation centers and screening posts are operated effectively throughout the country, including in remote areas, without aggravating potential conflicts between different groups.

In case quarantine and isolation centers are to be protected by security personnel, it will be ensured that the security personnel follow a strict code of conduct and avoid any escalation of situation, taking into consideration the above noted needs of quarantined persons as well as the potential stress related to it.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is currently considered Not Relevant as the project is not expected to involve any land acquisition or involuntary resettlement. Any activities involving the establishment or rehabilitation of local isolation units or quarantine wings in hospitals will be undertaken in existing facilities and within established footprints. In the unlikely event of land acquisition in connection with any project activities, this will be arranged through using available unencumbered Government lands or direct, voluntary market purchase from the land owners. The procedure for documenting such market transactions or unencumbered public lands will be outlined in the ESMF.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

No major construction or rehabilitation activities are expected in this project and all works will be conducted within existing facilities. Hence, likely impacts of the project on natural resources and biodiversity are low and so this standard is not considered relevant. The ESMF, will include screening questions to ensure that: a) any new construction is not resulting in large-scale, significant and irreversible damage to natural habitats; and b) wastewater and effluents are not released to natural waterbodies, streams and habitats.

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

Since this is a national project, Indigenous Peoples (IPs), in the form of Scheduled Tribes (ST), are present in the overall project implementation area. It is not expected that any of the activities related to the project will have either



direct or indirect negative impacts on ST. However, the ESMF to be prepared for the project will assess the impacts on the ST population and any recommended mitigation measures will be incorporated into the ESMF, etc. All the activities financed by the project will respect the dignity, aspirations, identity, culture and livelihoods of the ST population. Training and capacity building for health care professionals under the project will ensure that care is provided for all, irrespective of origin or ethnicity, with due care to take into account the distinctive cultural and language requirements of ST.

ESS8 Cultural Heritage

This standard is currently considered not relevant as the project is not expected to support any construction or rehabilitation activities that would involve the movement of large quantity of earth (thereby potentially having an impact on tangible cultural heritage), or other activities that could have an impact on intangible cultural heritage. The ESMF will include due diligence procedures in line with ESS8 to screen for risks and impacts on cultural heritage and include chance find procedures.

ESS9 Financial Intermediaries

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

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

The proposed project activities do not have any impacts on international waterways and therefore this policy is not triggered

OP 7.60 Projects in Disputed Areas No

There are no disputed areas in the Maldives therefore this policy is not triggered

III. BORROWER’S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
MOHFW to assign/Depute/Recruit qualified staff, at the minimum including a health and safety expert and a social specialist.	06/2020
Prepare a project specific ESMF, and any ESIAs/ESMPs screened through the ESMF, that will be applicable to all project components and provide the due diligence processes to be followed from environmental and social screening, to assessment and management plan preparation.	06/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
Updated SEP	06/2020

Public Disclosure



Public Disclosure

ESS 2 Labor and Working Conditions	
Incorporate occupational health and safety measures, specifics on labor and working conditions, into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms	06/2020
Establish workers GRM	06/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Include a Biomedical Waste Management Plan in ESMF	06/2020
Adoption of energy and water efficiency measures, as guided in the ESMF	06/2020
ESS 4 Community Health and Safety	
Relevant aspects of this standard will be incorporated in the ESMF as needed, including, inter alia, measures to: minimize the potential for community exposure to communicable diseases; ensure that individuals or groups who, because of their particul	06/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
ESS 8 Cultural Heritage	
ESS 9 Financial Intermediaries	

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

Contact:	Ronald Upenyu Mutasa	Title:	Senior Health Specialist
Telephone No:	5778+6593 /	Email:	rmutasa@worldbank.org

Borrower/Client/Recipient



Borrower: Republic of India, Ministry of Finance

Implementing Agency(ies)

Implementing Agency: Ministry of Health and Family Welfare

V. FOR MORE INFORMATION CONTACT

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: <http://www.worldbank.org/projects>

VI. APPROVAL

Task Team Leader(s):	Ronald Upenyu Mutasa
Practice Manager (ENR/Social)	Valerie Hickey Cleared on 22-Mar-2020 at 15:12:38 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 23-Mar-2020 at 19:16:52 EDT