



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 06/14/2020 | Report No: ESRSA00863



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Trinidad and Tobago	LATIN AMERICA AND CARIBBEAN	P173989	
Project Name	Trinidad and Tobago: COVID-19 EMERGENCY RESPONSE PROJECT		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	6/9/2020	6/30/2020
Borrower(s)	Implementing Agency(ies)		
Republic of Trinidad and Tobago	Ministry of Health		

Proposed Development Objective(s)

The Project Development Objective (PDO) is to detect and respond to the threat posed by COVID-19 and to strengthen the national health system for the emergency response to the COVID-19 pandemic.

Financing (in USD Million)	Amount
Total Project Cost	20.00

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]

To detect and respond to the threat posed by COVID-19 and to strengthen the national health system for the emergency response to the COVID-19 pandemic.

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 project supports the public health service preparedness and response system for the Republic of Trinidad and Tobago with a population of almost 1.4 million people. Since recording its first confirmed case of COVID-19 on March 12, 2020, there were 116 confirmed cases and 8 deaths (data from Johns Hopkins tracker) as of May 7, 2020. The Government's response thus far has been multi sectorial with extensive support given to the provision of food and income to both those who were existing recipients, including through schools, and those who are being retrenched or working with reduced income because of the pandemic. In partnership with Saint Vincent DePaul and the Defense force a special center for care and support has been set up for homeless people.

This emergency operation has been prepared as a new stand-alone project which will be implemented throughout Trinidad and Tobago and will contribute to COVID-19 surveillance and response. The project deals with acquisition of goods (medical equipment, testing supplies) and there are no physical civil works. In general, the project will be implemented at national level. Specific locations where the materials and equipment will be received, stored, and used have not yet been identified but could be in urban as well as rural areas.

An Environmental and Social Management Framework (ESMF) for this project will be prepared no later than 30 days after the project effectiveness date. The ESMF and project activities should consider international protocols for infectious disease control and medical waste management. The project is not expected to impact natural habitats, cultural sites, or indigenous peoples as per the World Bank ESS 7 on Indigenous Peoples. A draft Stakeholder Engagement Plan has been prepared to inform the public and key stakeholders about the project and will be disclosed on the Ministry of Health website and other social platforms.

D. 2. Borrower's Institutional Capacity

The Ministry of Health (MOH) will have overall implementation responsibility for the proposed Project. The PIU established under MOH for an Inter-American Development Bank health sector loan will also be responsible for the implementation of the project. It is anticipated that the Government will contract UNDP and other United Nations (UN) agencies (e.g. PAHO) to support project implementation and procurement. Such support may include technical assistance to ensure appropriate training and installation of acquired equipment and supplies, procurement of supplies, and support with medical waste management. An Operational Manual will be prepared within one month of effectiveness to describe the implementation approach.

The proposed Project will be implemented by an existing IDB-financed project PIU at the MOH. The PIU is headed by a designated coordinator. To supplement the existing expertise in the PIU, MoH will engage one (1) qualified environmental and social specialist with qualifications and experience acceptable to the Bank, and thereafter maintained throughout Project implementation. The MoH has assigned Principal Medical Officer (Institutions) and Occupational Health Analyst of MoH as the Social and Environmental Focal Points respectively. Until the recruitment, the Focal Points will support the project's Environmental and Social (ES) due diligence and ES related issues. The Bank teams will provide training on the instruments and the ESF and guidance on implementation support.

The PIU at the MOH will be coordinating health-related technical aspects of project implementation with regional and municipal health authorities at the sub-national level and with UN agencies. Technical units at the MOH will inform the PIU of all required actions and activities during project implementation, in order to ensure adequate environmental and social risk management.

The national code of Practice for Bio-Medical Waste Management (drafted in 2008 and revised in 2012) forms the base of management of all medical waste in the country. The Code of Practice outlines the minimum requirements deemed necessary for the safe collection, storage, transportation, treatment and disposal of bio-medical wastes. The



aim of the Code of Practice is to achieve results through the required compliance of the Regional Health Authorities (RHAs) by way of the Annual Services Agreement with the MOH. In addition, the MoH prepared an ‘Occupational Safety and Health Management Policy’ for Trinidad and Tobago (approved in March 2012). Infection Control Committees along with Occupational Safety & Health Departments at the Regional Health Authorities (RHAs) are responsible for implementing the requirements of the Code of Practice and other institutional policies and guidelines. The MoH exercises an oversight function as per the provisions of the OSH Management Policy. However, a rapid assessment indicates that the RHAs are not yet developed and documented comprehensive waste management plans and not sufficiently complied with the requirement to develop and implement a Bio-medical Waste Transport Manifest and Tracking System.

There are three landfills on Trinidad and one in Tobago. The Trinidad and Tobago Solid Waste Management Company (SWMCOL) manages three (3) landfills in Trinidad, and the Tobago House of Assembly manages one (1) in Tobago: (i) Beetham Landfill; (ii) Guanapo Landfill; (iii) Forres Park Landfill; and (iv) Studley Park. While there is no specific hazardous waste management landfill, the hazardous wastes are capsulated in the existing landfill sites. In addition, there are some private sector companies also engaged in medical bio-medical waste management.

Persons confirmed or suspected to be suffering from COVID-19 are institutionalized at the following facilities in Trinidad: (i) The Couva Medical and Multi-Training Facility (CMMF); (ii) Caura Chest Hospital; (iii) Arima General Hospital; (iv) The Augustus Long Hospital, and (v) various Isolation / Quarantine / Step Down facilities. The possible COVID-19 contaminated pathological / infectious waste generated at the CMMF is handled as follows: (a) collection by a private waste management contractor; and (b) transported to the incinerator at the Eric Williams Medical Sciences Complex (EWMSC). Waste generated at the Caura Chest Hospital is collected by the sanitation team at the North-Central RHA and is incinerated at the on-site facility at the EWMSC. Waste generated at the Arima General Hospital and the Augustus Long Hospital is handled as follows: (a) collection by the private waste management contractor; and (b) transported to its incinerator site (at Las Lomas) for treatment. Waste generated at the Isolation / Quarantine / Step Down facilities is collected by the private waste management contractor and transported to the contractor’s incineration facility at Las Lomas. There is no information available on the operating standard of the incinerators. However, it may be noted that the Environmental Management Authority’s (EMA’s) has increased their inspection to the incinerators in recent times to ensure its emission standards.

The client is not familiar with the Environmental and Social Framework (ESF) of the World Bank since this will be first loan under the ESF. The E&S team delivered an introduction on the approach, rational and review of the standards relevant to the project ESF to the Government E&S focal points and will provide a virtual orientation to the client before project approval. In addition, the implementation of ESF instruments will be supported and monitored by World Bank staff throughout project implementation to assist the implementing agencies to undertake the planned environmental and social risk management measures, including stakeholder engagement and preparation of required management plans to be applied under the Project and provide training to the assigned staff.

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

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

Public Disclosure



Environmental Risk Rating

The project will finance laboratory equipment, supplies, test kits and reagents for the diagnosis of COVID-19 during the outbreak. In addition, it will support efforts to strengthen the health care system's capacity to provide a comprehensive range of services for the treatment and care of COVID-19 patients such as: (i) essential equipment for disinfection and sterilization procedures, including medical supplies, and supplies to ensure safe hospital waste management practices; (ii) key health care delivery inputs, including personal protective equipment and other medical supplies for frontline health workers involved in patient case management; (iii) medicines and equipment for the treatment of COVID-19 patients; and (iv) training of health staff on appropriate clinical care for COVID-19 patients and the safe disposal of medical waste.

The potential environmental and human health risk associated with the above activities are: (i) occupational health and safety (OHS) risks resulting from the operation of medical facilities and laboratories involved in COVID-19 response which inherently expose staff to infection risk; (ii) health care waste management and disposal; (iii) community health and safety issues related to the uncontrolled transmission of the covid-19 virus due to the lack of adequate testing, laboratory and quarantine facilities and contamination due to the improper handling, transportation and disposal of healthcare wastes. Waste that will be generated from labs, quarantine facilities and screening will include liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid) and infected materials (water used; lab solutions and reagents, syringes, bed sheets, majority of waste from labs and quarantine and isolation centers, etc.), which will require special handling and awareness, as it may pose an infectious risk to healthcare workers who come in contact with or handling the waste. It is also important to ensure that sharps are properly disposed of.

The environmental risk of the proposed project is considered 'Substantial' considering the above mentioned risks and the client's lack of experience with the World Bank's environmental and social framework (ESF).

To address these risk, MoH will prepare and implement an ESMF ensuring functionality of health-care waste management system and application of WHO standards and COVID-19 guidelines. The ESMF will include screening of infection prevention and healthcare waste management, standard provisions for workers and communities' health and safety and capacity strengthening for social, environment, health and safety management. In absence of the ESMF, the MoH has prepared an Interim Environmental and Social Guidance document, which provides reference to the international standards that need to be followed in project implementation to deal with COVID-19 risks and challenges until an ESMF is prepared and approved.

In addition, the project includes the retroactive financing provision for some supplies, which are expected to be delivered after the project effectiveness and approval of ESMF. The ESMF will include guidelines for the due diligence process before the payment made. The Government to certify that they are disposing of the materials according to the government's bio medical waste management procedures and confirm they have adequate facilities and that they followed their occupational health and safety guidelines requirements and a functioning GRM in place.

. The ESCP will include this provision.

Social Risk Rating

Substantial



The key social risks related to the operation are community/public health and occupational health and safety risks derive from engagement with people, infection control and waste management. The project will not support any physical works. No new infrastructure will be built or renovated either on public or private property. The reach of the project is national in that the health system serves the whole country, the activities are limited to public health facilities and labs. Given the impacts of not getting targeting right combined with uncertainties of working with a counterpart who has not worked with the World Bank before, the project social risk is rated substantial.

The project's impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups. Vulnerability may stem from a person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. migrants) , and regional or geographic location within the two islands. The project will assess impacts and propose mitigation measures to ensure all groups benefit from the project.

Although the project is limited in scope to providing materials to support COVID-19 treatment and testing, the ability of the client to ensure equality of access to COVID -19 treatment and testing is not known. Although the client has a public health system which offers free care to all, there remains geographic and cultural barriers to access treatment and care, especially for those who do not reside in the country legally. The MoH passed a Health Policy in 2019 which made access to care for all free regardless of legal status, which should help to alleviate the cost barrier to care faced by poor groups, undocumented workers and migrants. The revised SEP will describe how the project will be tailoring communications to this group. Thus far in the pandemic none of the 116 cases have been in the migrant community. All of the public health facilities of the country are intended to benefit from this project through an increase in the provision of supplies.

In regard to development and the roll out of the Testing Strategy, the criteria for testing is fluid due to a quickly changing technologies and largely determined by the availability of kits. As supply is improved and a widespread testing strategy is developed, this strategy will also need to account for the various social vulnerabilities on the two islands. Currently the Government has a testing prioritization plan which targets 4 groups, 1) the elderly particularly those in aged care facilities, 2) health care workers who are symptomatic, 3) hospitalized patients, and 4) people in the community who have fever and one respiratory symptom. The approach to reach vulnerable groups has been developed by the Government in their COVID strategy, and this includes adapting communication materials into Spanish to reach the migrant populations, and scaling up testing to lower socio economic groups. Details on consultation for the testing strategy and how it will be expanded across the country will be included in the Stakeholder Engagement Plan (SEP). This strategy will be described in the project's ESMF which will be final 30 days after effectiveness. Citizens Engagement will occur through a number of processes, including: (a) Consultations through the SEP process; feedback through multiple social media platforms; and through the Grievance Redress. The provision of a GRM indicator will be included in the results matrix and be reported on in the Implementation Supervision Report (ISR). COVID-19 is expected to have different impacts on women and men considering that globally women comprise the majority of health workers, who are on the frontlines of the pandemic and also provide care in the home and communities. GBV Guidance materials have been shared with the Government for possible consideration and data will be gender disaggregated.

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:

ESS1 will apply and will clarify the government's responsibilities in identifying and managing the environmental and social risks of the project. The proposed project will provide equipment and supplies in response to the global COVID-19 outbreak. Given the nature of how the disease spreads and the medical requirement and resources needed to address the issue, the health-care workers, the community members and the environment are likely to be exposed to health risks from medical, solid and liquid wastes generated from the health facilities (if not properly treated and managed) and the interaction among the potential COVID-19 cases and general public.

The Government of Trinidad and Tobago prepared a draft Code of Practice for Bio-Medical Waste Management in 2008 and revised it in 2012. The Code of Practice forms the base of management of all medical waste in the country. The Code of Practice provides guidance on the collection, storage treatment and disposal of medical waste for management facilities/operators. The institutions or agencies involved in collection, transport, storage, have to obtain authorization from the EMA (Environmental Management Authority). As part of the proposed project, an Environmental and Social Management Framework (ESMF) will be developed within 30 days of Project Effectiveness, which will include interventions keeping in line with the Code of Practice, and WHO standards, to adequately mitigate environmental risks. Medical, solid and liquid wastes need to be treated as per accepted standards for which a Medical Waste Management Plan (MWMP) will be prepared, as a part of ESMF. During the ESMF preparation, the MOH will carry out a review on the compliance of the Code of Practice for Bio-Medical Waste Management and a rapid assessment/audit of relevant incinerator facilities to determine whether they currently meet WB/WHO standards. The ESMF should identify critical gaps (if any) and suggest appropriate measures to overcome the gaps. In addition, the MWMP will cover: (a) anticipated waste composition and quantity; (b) existing medical, solid and liquid waste management system, including deviation and gaps from the emission standards and other protocols (c) existing regulatory framework and supervision / monitoring arrangements; (d) plan for using the existing medical, solid and liquid waste management system, including any measures to upgrade or remedy identified gaps and deviations; and (e) additional arrangements for supervision and monitoring of waste management including the generation of huge quantities of used and discarded PPEs.

This project is being processed as an emergency response using condensed procedures under the Fast Track COVID - 19 facility (FTCF).

ESS10 Stakeholder Engagement and Information Disclosure

This standard is relevant. The project will establish a structured approach to engagement with stakeholders that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with COVID-19. Given the urgency of this COVID-19 operation there were no wide stakeholder engagements conducted in the preparation of this SEP. Discussions on project design and the SEP was only held between representatives from MoH and the World Bank.

The project will engage citizen's through a number of processes, including: (a) Consultations through the SEP process; Collecting feedback through multiple social media platforms; and the provision of Grievance redress throughout project implementation.



Expanding on the Government’s already wide communications campaign the SEP defines the needs, methods, tools, and techniques for stakeholder engagement with: (i) directly affected parties; (ii) interested parties and institutional partners within the health system and the community; and (iii) disadvantaged and vulnerable individuals and groups who may be difficult to reach with typical messaging or may be particularly at risk to this pandemic, such as those living in homes for the elderly.

Information on the project will be widely disseminated through the MoH web site, Facebook page and twitter account <http://www.health.gov.tt/>, <https://www.facebook.com/MinistryofHealthTT/>, https://twitter.com/MOH_TT, and the project will rely on these for disclosure and dissemination of information and receiving feedback during COVID restrictions on travel and public meetings.

Considering the highly infectious nature of COVID-19, a precautionary approach will be taken to the consultation process to prevent infection and/or contagion. The engagement methods are proposed and cover different needs of the stakeholders: including online formal meetings through: (a) Through social media; community consultations where physical distancing measures are practiced in respective regions/areas; One-on-one interviews through phone or available local apps (i.e., Viber, Messenger); and use of existing or new community communication mechanisms. People affected by Project activities will be provided with accessible and inclusive means to raise concerns and grievances. The channels of communication for the SEP will be based on the WHO Risk Communication and Community Engagement (RCCE) Guidelines and Guidance from Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings.

The Project Grievance Redress Mechanism (GRM) will be in the PIU in the Ministry of Health to receive complaints from the general public. In addition, the Ministry of Health (MoH) has a well-established complaint handling system in all facilities for health service complaints. These systems will be reviewed and strengthened if required as part of this project. A COVID-19 complaints protocol will be developed on which all staff and complaints handlers will be trained.

The approaches taken will thereby ensure that information is meaningful, timely, and accessible to all affected stakeholders, including vulnerable and/or high-risk groups and ensure usage of different languages and appropriate communication. Due to the expected country-wide implementation of activities, the differences of areas and socioeconomic groups will equally be taken into consideration

A draft Stakeholder Engagement Plan (SEP) has been prepared and has been disclosed prior to negotiation. The draft SEP shall be revised no later than 30 days following the Effective Date, and after public consultations, after which other consultations will be held as outlined in the SEP. Once approved by the Bank the revised SEP will be publicly disclosed by the Borrower on an online easy to access location. The SEP shall be implemented throughout Project implementation.

B.2. Specific Risks and Impacts

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

ESS2 Labor and Working Conditions

This standard is relevant. Projects supporting COVID-19 response activities will include different categories of workers, some of whom will be engaged in activities that raise COVID-19 exposure concerns. These workers will be identified in the LMP, which will be in the ESMF, together with a clear description of the activities they will carry out.



Most activities supported by the project will be conducted by health care workers, laboratory workers, i.e. civil servants employed by the Government of Trinidad and Tobago and/or technical consultants/contract workers through firms. The project will also hire an environment and social specialist as a contract worker under the project.

Where government civil servants are engaged in the project, whether full-time or part-time, a description of the activities they will carry out should be provided. ESS2 recognizes that they remain subject to the terms and conditions of their existing public sector employment agreement or arrangement. Nevertheless, their occupational health and safety needs to be considered and the measures adopted by the project for addressing occupational health and safety issues, including those specifically related to COVID-19, will apply to them.

Specific attention should be paid to the types of workers listed below, as these groups of workers are specifically at risk in the COVID-19 context. They should be identified and their estimated numbers, type and duration of employment, relevant terms and conditions and a clear description of the activities they will carry out provided.

Health Care Workers: Health care workers may be engaged in the project as direct workers, contracted workers (contractors, subcontractors), and/or civil servants. Health care workers may carry out a range of activities, for example, assessing, triaging and treating COVID-19 patients and workers; establishing public health reporting procedures of suspect and confirmed cases; providing or reinforcing accurate infection prevention and control and public health information, including for concerned workers.

Waste Management Workers: Waste management workers who will be disposing of medical waste may also be engaged in the project, most likely as contractors or subcontractors and will receive training as per the interim Environmental and Social Guidance and ESMF when it is adopted.

ESS2 requires transparency and informed consent regarding worker and employer contractual obligations. Any new contracted workers will have orientation on and sign a code of conduct on expected behavior and safety standards, including GBV risks. This will be outlined in Labor Management Procedures (LMP) included in the final ESMF.

The project will also ensure a basic, responsive grievance mechanism to allow workers to quickly inform their immediate management of labor issues, such as a lack of PPE and unreasonable overtime through the GRM for the Ministry of Health.

Medical staff at the facilities will be trained and be kept up to date on WHO advice (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>) and recommendations on the specifics of COVID-19.

ESS3 Resource Efficiency and Pollution Prevention and Management

The standard is relevant. The project may generate associated medical, solid and liquid wastes, that could affect the health of care givers, local communities and the environment. A Medical Waste Management Plan (MWMP), (including medical, solid and liquid waste management) will be prepared as part of the ESMF to assess and manage waste of different kinds (solid, liquid, medical, hazardous and nonhazardous). The plan will include separation of



different kinds of waste, treatment, reuse, recycle and transportation, storage and final disposal of wastes in approved sites/ through incineration/ other methods as per ESS 3 and related ESHGs, GIIP, WHO guidelines and the national Code of Practice. The PIU will ensure the execution of the waste management plans throughout the project implementation period.

ESS4 Community Health and Safety

This Standard is relevant. The community health and safety risks are related to the COVID-19 context, the infection of community members if there is not adequate measures and adherence to infection control, self-quarantine and isolation.

The location of any testing centers and/or existing facilities which become COVID-19 centers present risks for the people in the immediate area if proper infection control procedures are not adhered to. The project will follow the interim environmental and social guidelines and later on ESMF (once approved) to ensure that the areas surrounding any facilities, and visitors, are not placed at risk. A Community Health and Safety Plan will be developed by the MOH as part of the ESMF.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not relevant. No physical works are planned. The screening tool in the Guidelines will screen out any aspect of the project which would call for the involuntary taking of land resulting in temporary or permanent resettlement impacts.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This standard is not relevant. The project activities will be limited to the procurement of equipment and other medical supplies (PPEs etc.) and institutional strengthening. The activities are not likely to have any impact on biodiversity conservation and sustainable management of living natural resources.

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

This Standard is not currently relevant. There is a small community of Amerindians who claim indigeneity (the Santa Rosa First Peoples Community) in the town of Arima but they do not meet the criteria of indigenous peoples as per the World Bank Standard. The project as currently proposed does not impact on the area where they live or their cultural practices. The Ministry of Health will pay specific attention to Vulnerable and Disadvantaged Groups so ensure equal access within both islands through the ESMF and the SEP.

ESS8 Cultural Heritage

This Standard is not currently relevant. Project activities as currently proposed will not support any activities that could adversely impact tangible or intangible cultural heritage, such as sacred sites or culturally important buildings. The screening tool, which is part of the project's guidelines, will screen out activities that will negatively impact cultural heritage or will require the development of the Cultural Heritage Plan.



ESS9 Financial Intermediaries

The project will not use the financial intermediaries.

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
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
MoH will engage one (1) qualified environmental and social specialist no later than 30 days after the Effective Date.	07/2020
MOH already prepared interim environmental and social guidelines, which provides references for the international standards that need to be followed in project implementation to deal with COVID-19 risks and challenges till the approval of ESMF.	07/2020
Prepare, disclose, adopt, and implement an ESMP (ESMP), Medical Waste Management Plan (MWMP), Community Health and Safety Plan (CHSP), and other relevant Good International Industry Practice (GIIP) including relevant WHO Guidelines on COVID-19 before carrying out of the relevant Project activities,	07/2020
Incorporate the relevant aspects of this ESCP, including, inter alia, any environmental and social management plans or other instruments, ESS2 requirements, and any other required Environmental, Social, Health and Safety (ESHS) measures, into the ESHS specifications of the procurement documents and contracts with suppliers. Thereafter ensure that the suppliers comply with the ESHS specifications of their respective contracts.	07/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
A draft SEP was already prepared and disclosed and shall be updated no later than 30 days following the Effective Date. The SEP shall be implemented throughout Project implementation.	07/2020
The GRM is part of the SEP and it will be adopted no later than 30 days after the Effective Date. It will be maintained and implemented throughout Project implementation.	07/2020
ESS 2 Labor and Working Conditions	

Public Disclosure



Ensure adequate occupational health and safety measures, including emergency preparedness; Setting out grievance arrangements for Project workers; and Preparing labor management procedures as part of ESMF within 30 days of effectiveness.	07/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Prepare, disclose, adopt, and implement Medical Waste Management Plan (MWMP),	07/2020
ESS 4 Community Health and Safety	
A Community Health and Safety Plan will be developed by the Recipient as part of the ESMF.	07/2020
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

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Borrower/Client/Recipient

Borrower: Republic of Trinidad and Tobago

Implementing Agency(ies)



Implementing Agency: Ministry of Health

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Marvin Ploetz, Jeremy Veillard
Practice Manager (ENR/Social)	Valerie Hickey Cleared on 12-Jun-2020 at 09:11:28 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 14-Jun-2020 at 13:58:34 EDT