



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 03/25/2020 | Report No: ESRSA00600



BASIC INFORMATION

A. Basic Project Data

| | | | |
|--------------------------------|--|--------------------------|----------------------------|
| Country | Region | Project ID | Parent Project ID (if any) |
| Kyrgyz Republic | EUROPE AND CENTRAL ASIA | P173766 | |
| Project Name | Kyrgyz Republic - Emergency COVID-19 Project | | |
| Practice Area (Lead) | Financing Instrument | Estimated Appraisal Date | Estimated Board Date |
| Health, Nutrition & Population | Investment Project Financing | 3/24/2020 | 3/31/2020 |
| Borrower(s) | Implementing Agency(ies) | | |
| Ministry of Finance | Ministry of Health | | |

Proposed Development Objective(s)

To prepare and respond to the COVID-19 pandemic in the Kyrgyz Republic.

| Financing (in USD Million) | Amount |
|----------------------------|--------------|
| Total Project Cost | 12.15 |

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]

COMPONENT 1: Emergency COVID-19 Response (US\$ 11.98 million)

1. This component will provide immediate support to prevent additional arrivals of COVID-19 cases and to limit 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. It will enable the Kyrgyz Republic to mobilize surge response capacity through trained and well-equipped frontline health workers. Supported activities include:

>>> Case Detection, Case Confirmation, Contact Tracing, Case Recording, Case Reporting.

Public Disclosure



2. The Project will help to (a) strengthen disease surveillance systems, public health laboratories, and epidemiological capacity for early detection and confirmation of cases; (b) combine detection of new cases with active contact tracing; (c) support epidemiological investigation; (d) strengthen risk assessment; and (e) provide on-time data and information for guiding decision-making and response and mitigation activities.

3. PoE are viewed as the main entry point for the disease into the Kyrgyz Republic. All 22 PoEs have temporary medical points, staffed with public health medical staff. These medical points will be upgraded, and staff will be provided with the necessary training and PPE. PoEs that lack adequate handwashing facilities, restrooms or other basic health and hygiene conditions will be updated to a basic level. The Project will also supply PPE to PoE staff as well as means of transportation and fuel for the transfer of suspected cases. Training will be designed and mostly financed by other development partners (including WHO) but may be financed by the Project as needed.

4. Fully operational rapid response teams (RRT) and adequate laboratory testing capacities are key to early response and control of infection. The Project will support RRTs in Bishkek and 7 regions by procuring vehicles, essential equipment and supplies. Testing capacities in designated laboratories will be strengthened through centralized procurement of essential testing supplies and equipment.

5. Maintaining adequate surge capacity in the public health functions is a must as the COVID-19 outbreak continues to evolve in the country. The Department of State Sanitary and Epidemiology Control (DSSEC) and its branches manage the public virology laboratories and public health units that conform RRTs when needed. The Project will advance funds to the DSSEC through the MOH to finance surge capacity in designated laboratories (up to 4) and public health functions (including RRTs) where justified by preparedness needs and/or increased caseloads. The funds earmarked for surge capacities will be disbursed by the Bank after the adoption by the MoH of the instructions specifying the spending regulations and norms for the advanced funds, which should be acceptable to the Bank. The adoption of the instructions will need to be completed within 30 days of the Project's effectiveness. The eligible expenditures for this activity will include surge payments for the existing or additional medical and non-medical laboratory and public health staff.

>>> Health System Strengthening.

6. The Project aims to contribute to the strengthening of health system preparedness, quality of medical care provided to COVID-19 patients and minimizing the risks for health personnel and patients. These objectives will be achieved through procurement of essential medical goods, rapid conditioning of designated health facilities, and financing of surge staffing needs.

7. The Project will finance essential medical goods such as medicines, medical supplies, and equipment through centralized procurement. Clinical care capacity will be strengthened through the financing of equipment and supplies for Intensive Care Units (ICU) in selected hospitals, and the provision of PPE and infection control materials in hospitals and primary care facilities. ICU equipment and supplies will be procured to establish or renew 10 8-bed ICUs in designated hospitals and include mechanical ventilators, cardiac defibrillators, mobile x-rays, oxygen concentrators, and other equipment essential to the provision of critical care to patients with a severe acute respiratory infection. A preliminary list of ICU equipment is provided in Annex 2. The Project will finance the procurement of some medicines for case management of COVID-19 patients, however, it is envisaged that a large share of the medicines and PPE procured would be financed from the CERC of the ERIK project. Support will also be provided to strengthen medical waste management and disposal systems. While incinerators will be procured using financing from the CERC of the ERIK project, the Project support can come in the form of minor works, repairs, and training. Finally, the Project may finance the requisition of facilities for temporary housing of health care workers involved in care for COVID-19 patients.



8. The Project will support rapid conditioning and surge capacity in designated hospitals through earmarked funds transfers. Given the deficient conditions in many hospitals, they will require additional investment to maintain basic infection and control measures and accommodate the use of essential medical equipment. Up to 30 ICUs and 100 isolation rooms in 24 designated hospitals will undergo conditioning including the provision and/or repair of handwashing and hygiene facilities, upgrading electrical work to safely operate medical equipment, maintenance, and cleaning of COVID wards, carrying out other emergency repairs to ensure patient and staff safety and infection prevention and control. The funds may support the temporary expansion of physical hospital space to existing buildings or temporary structures such as hospital tents or containers. The funds will also support surge staffing needs and temporary housing and associated communal expenses for health care workers involved in the care for COVID-19 patients, where justified by preparedness needs and/or increased patient loads. These funds will be advanced to hospitals through the MHIF. The funds earmarked for hospitals will be disbursed by the Bank after the adoption by the MoH of the instructions specifying the spending regulations and norms for the advanced funds, which should be acceptable to the Bank. This will need to be completed within 30 days of the Project's effectiveness. The list of designated hospitals and observation facilities to be included in this component will be informed by the recently completed Hospital Master Plan commissioned by the GoK. (Annex 1)

COMPONENT 2: Implementation Management and Monitoring and Evaluation (US\$ 0.16 million)

9. Project Management. This Component will support the capacity of the Project Implementation Unit (PIU), located at the Ministry of Emergency Situations (MOES) to coordinate activities with MoH, RHPC, Mandatory Health Insurance Fund (MHIF) and other entities, and manage the financial management and procurement functions of the Project. The PIU will be strengthened by the recruitment of additional staff/consultants responsible for the overall administration, procurement, environmental and social safeguards, and financial management.

10. M&E. This component will support the M&E of Project implementation. To this end, the following would be supported: (a) Training in participatory M&E at all administrative levels, evaluation workshops, and development of an action plan for M&E and replication of successful models; (b. () Monitoring of project implementation, which would be a function of the PIU, which will be responsible for collecting relevant data from line ministries and other implementation agencies and then compiling them into progress reports focusing on the status of physical implementation by component, use of project funds and monitoring indicators. Facility audits will be conducted to verify indicators. Annual expenditure reviews will be conducted to assess Government commitment to strengthening the public health functions as measured by budgetary allocations and their distribution by activity.

D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social] The Kyrgyz Republic is a landlocked, mountainous, lower middle income country with a population of 6.2 million and a per capital gross national income of US\$ 1220. It is one of the poorest countries in Europe and Central Asia with the economy dominated by minerals extraction, agriculture, and reliance on remittances from citizens working abroad. Incomes have decreased in the recent years substantially due to fall in gold prices and deterioration of Russian economy. The COVID-19 is likely to accentuate this situation. As such, this COVID-19 Emergency Operation is being processed in a Situation of Urgent Need of Assistance as per World Bank IPF Policy, paragraph 12.

The Kyrgyz Republic's HDI value for 2018 is 0.674— which puts the country in the medium human development category—positioning it at 122 out of 189 countries and territories. Multi-Dimensional Poverty Index (MPI) which



identifies multiple overlapping deprivations suffered by individuals in 3 dimensions- health, education and standard of living- indicate that: 2.3 percent of the population (138 thousand people) are multidimensionally poor while an additional 8.3 percent are classified as vulnerable to multidimensional poverty (502 thousand people). The breadth of deprivation (intensity) in the Kyrgyz Republic, which is the average deprivation score experienced by people in multidimensional poverty, is 36.3 percent. Thus, vulnerability remains widespread with a large majority of the population being clustered near the poverty line. In COVID-19 context, the Kyrgyz Republic's 1,03 Km of border with China, which runs from tripoints with Kazakhstan and Tajikistan, respectively, is largely impassable, with goods and traffic from China entering the Kyrgyz Republic primarily via Kazakhstan. This proximity to China, Uzbekistan and Tajikistan puts the country at high risk of infection spreading with a number of cases of COVID-19, as the number of cases in Central Asia region is growing.

Social differences in the country include: the urban/rural divide and continuing regional disparities – e.g., between the richer north (that looks outward towards China, Kazakhstan, and Russia) and the south, which is a part of the Fergana Valley. These divisions are exacerbated by other sub-national risks such as urban overpopulation, youth unemployment and marginalization, along with the growing specter of religious radicalization. In this backdrop, long-term stability and growth thus depends upon meaningful inter-ethnic reconciliations and policies to accelerate inclusion, especially through stimulating growth, faster job creation and significant improvements in public service delivery. The impact of social protection measures – such as subsidized utility tariffs and generous co-payment exemptions in health – has been blunted by poor targeting, with benefits reaching only a fraction of the poor while deepening the structural deficit.

As of March 20, 2020, there are six registered confirmed cases of COVID-19 in the Kyrgyz Republic, and emergency situation has been announced for Suzak raion of Jalal-Abad Oblast. The government of the Kyrgyz Republic has limited funds to adequately prepare for the onset of the COVID-19 pandemic, as the health system is not sufficiently equipped to contain the spread of diseases and provide necessary and timely treatment. All activities aimed at containing the spread of infectious diseases are funded through the Epidemic Fund of the Ministry of Health, but funding is extremely limited. Both designated hospitals for confirmed COVID-19 cases have limited capacity in managing severe acute respiratory infections, rooms ventilation systems, proper medical waste management systems and incinerators are not available. Despite significant progress in the development of the system of multilateral epidemiological, environmental and infection control, the systemic gaps remain in the organization of public health, which keep up environmental, sanitary, health and occupational risks at all stages of the process of identifying and treating diseases. Bacteriological laboratories are weakly equipped, and medical waste is not recorded at primary level in rural areas and in many cities.

The government has requested urgent support from donors for training, preparing Contingency Plan, and providing laboratory tests and personal protection equipment (PPE). The proposed Project is designed to provide comprehensive support to the government in its efforts on surveillance, detection and emergency response to the COVID-19, including improvement of health management information system. It will support procurement of equipment, materials, minor repair works within existing footprints, training for medical staff, communication campaign and social and financial support to selected households, including food items and basic supplies to quarantined households.

Specifically, The Project will support the rapid conditioning of 30 intensive care units (ICUs) in the 24 designated hospitals, to enable them to safely operate new or existing equipment, including repair of broken equipment,



maintenance of equipment, provision and/or repair of hand-washing and hygiene facilities, upgrading electrical circuits to safely operate medical equipment, maintenance, and cleaning of COVID wards, carrying out emergency repairs to ensure patient and staff safety, repairing and/or upgrading box chambers, and other rapid upgrading to improve the functioning of hospital ICU and COVID wards. The Project will also finance surge staffing where justified by increased patient loads. These expenses will be financed through transfers to hospitals through the Mandatory Health Insurance Fund (MHIF) under the MOH.

As the project sites are spread throughout the country, including remote border posts and health facilities, the Ministry of Health (MOH) will implement the Project through an existing PIU established under the Ministry of Emergency Situations (MOES) to support implementation of the on-going Enhancing Resilience in Kyrgyzstan Project (ERIK). The PIU will be responsible for Project delivery in accordance with the Environment and Social Management Framework (ESMF) prepared for the COVID-19 Emergency Project. The ESMF will have particular focus on infectious disease control, medical waste management and disposal, occupational health and safety, and impacts from minor repair works.

The Contingency Emergency Response Component (CERC) under the on-going ERIK project is also going to be triggered to supplement the COVID-19 response by, in part, financing improvement in medical waste management system, including incinerators. The CERC is not a part of this operation.

D. 2. Borrower's Institutional Capacity

The government of the Kyrgyz Republic has sufficient institutional capacity to manage this program. At the national level, the government has established National Headquarters for COVID-19 Counteraction (HQ) on January 25, 2020. The HQ is chaired by the Vice Prime Minister in charge of social issues and public health and consists of representatives of several governmental agencies to provide a coordination role in the national response. Ministry of Health (MOH) of the Kyrgyz Republic is the main implementing agency for the project implementation. As the MOH does not have designated PIU, the existing PIU established under the Ministry of Finance will support MOH in handling fiduciary and procurement issues only. The rest of the activities will be implemented by the MOH.

The World Bank maintains a long and productive partnership with the Kyrgyz Republic in its support of national health sector reforms; however, none of those activities have been prepared under the new Environment and Social Framework (ESF). The Health Sector Reform Project (Health I, 1996-2002) and the Second Health Sector Reform Project (Health II, 2001-2006) had satisfactory outcomes. Since 2005, the Bank's health system support has been in the form of SWAp (SWAp1: 2005-2015 and SWAp2: 2014-2019), pooling its financing with other donors and government in a common basket to support national health reform programs. The latest is the Primary Health Care Quality Improvement Program that is awaiting effectiveness and is to be implemented by the MOH. The MOH based Public Health Department will coordinate activities of local medical organizations and international organizations in the health sector on infection control and prevention, as well as medical waste management. The MOH Coordination Group created under the decision of Health Policy Council will also monitor activities related to environmental management and medical waste management.

The Project Implementation Unit (PIU) for COVID-19 will be the PIU established under MOES, which is implementing the World Bank financed Enhancing Resilience in Kyrgyz Republic (P162635) and Central Asia Hydromet Modernization Project (P120788). The PIU has good experience working with the Bank on environment and social issues, but none yet working under the new Environment and Social Framework (ESF). The PIU will provide implementation and project management support, including procurement and financial management, social and



environmental management, and other routine activities. The PIU will work closely with the MOH, which will provide the necessary documentation, including technical specifications for procurement, The PIU will also be supported by the Mandatory Health Insurance Fund (MHIF) in channeling funds and preparing respective financial reporting on the use of the funds for health care system preparedness activities at health care facility level.

There is currently one environmental and social specialist at PIU, and additional specialists, particularly with medical waste management experience, are expected in the coming weeks. The MOH will need to ensure that designated specialists are assigned or hired under PIU to ensure compliance with the relevant ESF Environment and Social Standards (ESS) particularly with regards to contagion protocols, occupational health and safety, medical waste management and disposal, and issues related to small-scale rehabilitation works. The MOH will need to take the geographical spread of activities into consideration in appointing/hiring staff to ensure environmental and social compliance.

UN agencies like WHO, UNICEF, as well as GIZ are supporting the government with soft components, such as training, development of guidelines. The Asian Development Bank (ADB) is in the process of identifying the involvement measures. All donors’ activities are well coordinated by the Ministry of Health also through joint regular coordination meetings. The Country Contingency Plan for COVID-19 has been developed with support from WHO, as the basis for the intervention planning purposes and coordination.

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 assessed as Substantial. Major environmental risks associated with the project are related to risks of contamination from patients, handling tests, managing medical waste. These include: (a) occupational health and safety for medical staff, laboratory staff and communities in due course of detection, transportation of patients/tests/chemicals and reagents, and treatment stages of the COVID-19 cycle; (b) occupational health and safety related to collection, transportation and disposal of medical waste management; (c) temporary environmental risks associated with minor repair works and occupational health and safety of construction workers, medical staff at hospitals and border posts and surrounding communities. These risks are covered by ESS 1, ESS 2, ESS 3, ESS 4, and ESS 10.

The project will support minor rehabilitation works (repair) of ICUs in selected hospitals, installation of 100 box chambers in these hospitals, supply and installation of medical waste management incinerator systems, minor works to provide for medical screening at border posts, and equipment. All works will be implemented within the existing footprint of the target facilities; thus, the environmental impacts are expected to be low in magnitude, reversible, predictable and temporary.

Social Risk Rating

Moderate



The Social Risk Rating is “Moderate”. The major areas of social risks, are: (i) risks related to spread of the virus among health care workers; (ii) risks related to the spread of COVID-19 among the population at large; (iii) risks of laborers involved in the civil construction and their management thereof; and (iii) rehabilitation of existing healthcare facilities. As regards risk areas (i) and (ii), key issues/ risks to be managed hover around: (i) ensuring a soothing environment so as to avoid panic/ conflicts resulting from false rumors and social unrest, (ii) assuring proper and quick access to appropriate and timely medical services, educate hand hygiene and PPEs, that is not based on ability to pay or other factors (iii) anticipating and addressing issues resulting from people being kept in quarantine, and (iv) addressing challenges associated with providing (social and financial) assistance for vulnerable people. Most of these impacts and the risks thereof can be contained by an effective and inclusive outreach program encompassing stakeholder engagement throughout the project cycle. As regards risk area (iii)- repair and rehabilitation- the civil works envisaged in the project refer to repair and rehabilitation of existing buildings only, no land acquisition or involuntary resettlement impacts are expected.

B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

The project will have positive environmental and social impacts as it should improve COVID-19 surveillance, monitoring and containment as well as provide targeted support for the more vulnerable households. However, the project could also cause significant environmental, health and safety risks due to the dangerous nature of the pathogen and reagents and other materials to be used in the project-supported ICUs, laboratories, and quarantine facilities. Other risks, associated with site specific rehabilitation of health facilities, are identified/identifiable and easily mitigable. The WHO’s assessment of The Kyrgyz Republic’s operational readiness for preventing, detecting and responding to public health emergency records it to be the lowest in the region (scoring 2 out of 5), indicating high vulnerability to COVID-19. To manage these risks, the MOH, with support from the PIU, will prepare two major instruments:

- (i) Environmental and Social Management Framework (ESMF) that will include templates for Environmental and Social Management Plans (ESMP) and Infection Control and Medical Waste Management Plan (ICWMP) so that the ICUs, laboratories, and quarantine facilities to be supported by the Project will apply international best practices in COVID-19 diagnostic testing and other COVID-19 response activities. The ESMF will have an exclusion list for COVID-19 ICU and lab activities that may not be undertaken at the labs unless the appropriate capacity and infrastructure is in place). The ESMF will be prepared to a standard acceptable to the Association and disclosed both in country on the MOH website and on the World Bank website within 30 days after the Project Effectiveness Date. ESMF will not cover CERC activities; however, the ESMF will be shared with the CERC.
- (ii) Stakeholder Engagement Plan (SEP) for effective outreach and citizen participation A SEP has been prepared and disclosed.

To achieve the above mentioned positive environmental and social impacts, the aforementioned areas of risks must be addressed and mitigated as discussed below:



Minor Civil Works. Project preparation has prepared a short list of the existing buildings for repair and rehabilitation. The ESMF will provide ESMP templates for both rehabilitation of facilities for establishing ICUs and the installation of on-site medical waste incinerators. The physical works envisaged are of small to medium scale and the associated environmental impacts are expected to be temporary, predictable, and easily mitigable with risks including disposal of construction waste, dust, noise, and worker health and safety. As such minor works will also include improvement of basic hand-washing facilities, restrooms or other basic health and hygiene conditions at the Points of Entry (PoE), wastewater management should be considered (mini septic tanks, etc). The ESMF will also include exclusion criteria under this project for establishing ICUs in facilities containing asbestos insulation or pipe lagging, etc.

Medical Waste Management and Disposal. The Kyrgyz Republic's Medical Waste Management System is negatively affected by socioeconomic status and by limitation in health services and has no clear organizational concept and legal framework. Given that the medical waste generated by laboratories and health care facilities is a potential vector for the contagion, improper handling of medical waste runs the risk of further spread of the disease. Therefore, the ESMF will include an ICWMP specifically designed for COVID-19 identification, testing, and treatment.

Worker Health and Safety. Workers in healthcare facilities are particularly vulnerable to contagions like COVID-19. Healthcare-associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and laboratory works as well as the wider spreading of the disease within communities. The ICWMP being developed will contain detailed procedures, based on WHO guidance, for protocols necessary for treating patients and handling medical waste as well as environmental health and safety guidelines for staff, including the necessary PPE. Proper disposal of sharps (see medical waste above), disinfectant protocols, and regular testing of healthcare workers will be included. A requirement checklist for the selection of facilities for temporary housing (such as rental units, hostels, dormitories, or other existing buildings) will be developed to ensure that such facilities contain adequate water supply, sanitation, heating, electricity, dining facilities, and sleeping quarters. The checklist will be attached to the ESMF.

Community Health and Safety. The SEP will be a key instrument for outreach to the community at large on issues related to social distancing, higher risk demographics, self-quarantine, and quarantine. It is critical that these messages be widely disseminated, repeated often, and clearly understood.

Each ICU, laboratory, and quarantine facility will apply infection control and waste management planning following the requirements of the ESMF and relevant guidelines (World Health Organization (WHO), Good International Industry Practice (GIIP), etc.). The ESMF will cover environmental and social infections control 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 during the operation of project supported laboratories and medical facilities. It will also clearly outline the implementation arrangement to be put in place by MOH for environmental and social risk management; training programs focused on COVID-19 laboratory bio-safety, operation of quarantine and isolation centers and screening posts, as well as compliance monitoring and reporting requirements, including on waste management based on the existing ICWMP prepared as part of the ESMF. The relevant part of the COVID-19 Quarantine Guideline and WHO COVID-19 bio-safety guidelines will be applied while preparing the ESMF so that all relevant risks and mitigation measures will be covered.



ESS10 Stakeholder Engagement and Information Disclosure

The project recognizes the need for an effective and inclusive engagement with all of the relevant stakeholders and the population at large. Considering the serious challenges associated with COVID-19, dissemination of clear messages around social distancing, high risk demographics, self-quarantine, and, when necessary, mandatory quarantine is critical. Meaningful consultation, particularly when public meetings are counter to the aims of the SEP, and disclosure of appropriate information assume huge significance for ensuring public health and safety from all perspectives – social, environmental, economic, and medical/ health. In this backdrop, the project has prepared a SEP which serves the following purposes: (i) stakeholder identification and analysis; (ii) planning engagement modalities viz., effective communication tool for consultations and disclosure; and (iii) enabling platforms for influencing decisions; (iv) defining roles and responsibilities of different actors in implementing the Plan; and (iv) a grievance redress mechanism (GRM).

Project preparation has included a detailed mapping of the stakeholders. Individuals and groups likely to be affected (direct beneficiaries) have been identified. Risk-hot spots on the international borders as well as in-country have been delineated. Mapping of other interested parties such as government agencies/authorities, NGOs and CSOs, and other international agencies have also been completed. Drawing upon their expectations and concerns, a SEP has been prepared by the client and disclosed publicly (put in website where it has been disclosed). SEP will be updated during implementation. The client has also developed and put in place a GRM to enable stakeholders to air their concerns/ comments/ suggestions, if any.

B.2. Specific Risks and Impacts

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

ESS2 Labor and Working Conditions

The project shall be carried out in accordance with the applicable requirements of ESS 2, in a manner acceptable to the Bank, including through, inter alia, implementing adequate occupational health and safety measures (including emergency preparedness and response measures), setting out grievance arrangements for project workers, and incorporating labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms.

The project is expected to encompass the following categories of workers: direct workers and contracted workers, Direct workers could be either government civil servants or those deployed as ‘technical consultants’ by the project. The former will include: health care providers and workers in health care facilities. The latter includes chiefly construction workers involved in the minor civil works. The civil servants will be governed by a set of civil services code and the ‘technical consultants’ by mutually agreed contracts. The project proposes some small scale civil works and the expectation is that the majority of labor will be locally hired and hence no large-scale labor influx is envisaged. The ESMF will include ESMP templates for the works and those templates will contain a section on worker health and safety requirements. The workers will not work in contaminated areas and will be safeguarded with protective measures as appropriate. As noted in ESS 1, above, a requirement checklist, to be attached to the ESMF, will be prepared for the acquisition of temporary housing, as needed. The check list will ensure that such facilities



contain adequate water supply, sanitation, heating, electricity, dining facilities, and sleeping quarters. The checklist will be attached to the ESMF.

The ESMF will include sections on Environment Health and Safety (EHS) including specific instruments that will need to be prepared either by the client and/ or the contractor prior to commencement of works (EHS checklists, codes of conduct; safety training etc.). Civil works contracts will incorporate social and environmental mitigation measures based on the WBG EHS Guidelines and the ESMF; other referenced plans e.g. SEP. All civil works contracts will include industry standard Codes of Conduct that include measures to prevent Gender Based Violence/Sexual Exploitation and Abuse (GBN/SEA). A locally based GRMs specifically for direct and contracted workers will be provided.

In line with ESS 2 and Kyrgyz law, the use of forced labor or conscripted labor is prohibited in the project, including for construction and operation of health care facilities.

ESS3 Resource Efficiency and Pollution Prevention and Management

Medical wastes and chemical wastes (including water, reagents, infected materials, etc.) from the labs, ICUs, quarantine facilities, and screening posts to be supported (drugs, supplies and medical equipment) can have a significant impact on the environment and human health. Wastes that may be generated from medical facilities and labs could include liquid contaminated waste, chemicals, and other hazardous materials, and other waste from labs and quarantine and isolation centers including sharps, used in diagnosis and treatment. Each beneficiary medical facility/lab, following the requirements of the ESMF to be prepared for the Project, WHO COVID-19 guidance documents, and other best international practices, will prepare and follow an ICWMP to prevent or minimize such adverse impacts. The ICWMP will mandate that any waste associated with COVID-19 testing or treatment be incinerated on site whenever possible. It will also contain strict protocols for disinfecting and packing such waste for transportation to the nearest medical waste incinerator if on site destruction is not possible.

The ESMF will also include guidance related to transportation and management of samples and medical goods or expired chemical products, as well as small scale rehabilitation activities.

The site specific ESMPs, to be prepared for rehabilitation of the ICUs and installation of incinerators will include procedures for handling construction waste. Facilities with asbestos insulation, pipe lagging, etc. will be excluded from financing under the project.

Basic hand-washing facilities, restrooms or other basic health and hygiene conditions will be improved taking into consideration safe wastewater management (mini septic tanks, etc.). Resources (water, air, etc.) used in health care and quarantine facilities and labs will follow standards and measures in line with State Sanitary Hygienic Service of MOH and WHO environmental infection control guidelines for medical facilities.

ESS4 Community Health and Safety



Medical wastes and general waste from the labs, health centers, and quarantine and isolation centers have a high potential of carrying micro-organisms that can infect the community at large if they are not properly disposed of. 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 e.g. a fire response or natural phenomena event (e.g., seismic). Laboratories, quarantine and isolation centers, and screening posts, will thereby have to follow procedures detailed in the ESMF and ICWMP (see ESS 3 above).

The operation of quarantine and isolation centers needs to be implemented in a way that staff, patients, and the wider public follow and are treated in line with international best practice as outlined in WHO guidance for COVID-19 response as above under ESS 1 and ESS 2. It is likely that, to ensure effective social distancing and contain the spread of the virus, quarantine and isolation centers may have to be guarded adequately and appropriately. It is expected that these security forces will be drawn from the locally available police who are well versed with the local people and area. Gender balance will be ensured as well to ensure that female police officers/security personnel are also present. All the security personnel will undergo a quick training/orientation program before they are put into work at project financed facilities. A note prepared by the Bank: use of Military Forces to assist in COVID-19 Operations (dated March 23, 2020) – will be used for overall guidance. Further, due attention will be paid in ensuring that temporary housing facilities provided for workers are safe from all perspectives. All these aspects will be further detailed in the ESMF.

The SEP will also ensure widespread engagement with communities in order to disseminate information related to community health and safety, particularly around social distancing, high risk demographics, self-quarantine, and mandatory quarantine.

The project will mitigate the risk of Sexual Exploitation and Abuse by applying 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 enough light in 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 and border 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 strict rules of engagement and avoid any escalation of the 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

Since civil construction activities are envisaged to be restricted to repair and rehabilitation of the existing buildings only, no involuntary acquisition of lands is expected. Nor will be any restrictions on land use and accesses. Hence, this ESS is not relevant.



ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

All works will be conducted within the existing footprint of facilities; hence, this standard is not relevant to the proposed project interventions.

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

This standard is not relevant as there are no indigenous peoples in Kyrgyzstan.

ESS8 Cultural Heritage

All works will be conducted within the existing footprint of facilities; hence, this standard is not relevant to the proposed project interventions.

ESS9 Financial Intermediaries

This standard is not relevant to the proposed project interventions.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways

No

Not applicable

OP 7.60 Projects in Disputed Areas

No

Not applicable

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 | |
| ORGANIZATIONAL STRUCTURE: The MOH shall enhance and maintain the PIU with qualified staff and resources to support management of ESHS risks and impacts of the Project including environmental and social risk management specialists. | 05/2021 |
| ENVIRONMENT AND SOCIAL MANAGEMENT FRAMEWORK (ESMF) Prepare an ESMF acceptable to the Association and disclose the ESMF on the Project website. The | 05/2020 |



| | |
|--|---------|
| ESMF will include templates for site specific Environmental and Social Management Plans (ESMP) and Infection Control and Medical Waste Management Plan (ICWMP). | |
| <p>ESIA/ESMP/OTHER INSTRUMENTS/CONTRACTORS</p> <p>a. Assess the environmental and social risks and impacts of Project activities in accordance the ESMF.</p> <p>b. Prepare, disclose, adopt, and implement any ESMPs or other instruments required for Project activities in a manner acceptable to the Bank.</p> <p>c. Incorporate the relevant aspects of this ESCP into the procurement</p> | 05/2021 |
| <p>EXCLUSIONS: The following activities are ineligible:</p> <ul style="list-style-type: none"> • Those that may cause permanent and/or irreversible adverse impacts on the environment • Those that may have significant adverse social impacts and may give rise to significant social conflict • Those that may affect lands or rights of indigenous people or other vulnerable minorities, • Those that may involve permanent resettlement or land acquisition or adverse impacts on cultural heritage <p>Excluded activities included in the ESMF.</p> | 05/2021 |
| ESS 10 Stakeholder Engagement and Information Disclosure | |
| STAKEHOLDER ENGAGEMENT PLAN: Prepare, disclose, adopt, and implement a Stakeholder Engagement Plan (SEP) consistent with ESS 10, in a manner acceptable to the Association. | 05/2020 |
| GRIEVANCE MECHANISM: Accessible grievance arrangements shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS 10, in a manner acceptable to the Association. | 05/2021 |
| ESS 2 Labor and Working Conditions | |
| LABOR MANAGEMENT: ESS 2 will be adhered to through adequate occupational health and safety measures (including emergency preparedness and response), grievance arrangements for workers, and incorporating labor requirements into procurement documents. | 05/2021 |
| ESS 3 Resource Efficiency and Pollution Prevention and Management | |
| Relevant aspects of this standard shall be considered, as needed, under action 1.2 above, including, inter alia, measures to: manage health care wastes, and other types of hazardous and non-hazardous wastes. | 05/2021 |
| ESS 4 Community Health and Safety | |
| ESS 4 falls under action 1.2, including: minimizing exposure to disease; ensuring vulnerable parties access to benefits; managing risks of security personnel and labor influx; and preventing/responding to sexual exploitation, abuse, or harassment. | 05/2021 |
| ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement | |

Public Disclosure



| | |
|---|---------|
| Relevant aspects of this standard shall be considered, as needed, under action 1.2 above. | 05/2021 |
| 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:

Borrower Framework will not be used in part or full.

IV. CONTACT POINTS

World Bank

| | | | |
|---------------|-------------------|--------|----------------------------|
| Contact: | Iryna Postolovska | Title: | Economist (Health) |
| Telephone No: | 5220+80258 | Email: | ipostolovska@worldbank.org |

| | | | |
|---------------|---------------------------|--------|---------------------------|
| Contact: | Christel M. J. Vermeersch | Title: | Senior Economist |
| Telephone No: | +1-202-458-9 | Email: | cvermeersch@worldbank.org |

Borrower/Client/Recipient

Borrower: Ministry of Finance

Implementing Agency(ies)

Implementing Agency: Ministry of Health

V. FOR MORE INFORMATION CONTACT

Public Disclosure



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): | Iryna Postolovska, Christel M. J. Vermeersch |
| Practice Manager (ENR/Social) | Kevin A Tomlinson Cleared on 25-Mar-2020 at 14:16:3 EDT |
| Safeguards Advisor ESSA | Nina Chee (SAESSA) Concurred on 25-Mar-2020 at 14:58:25 EDT |