



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

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BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Guatemala	LATIN AMERICA AND CARIBBEAN	P173854	
Project Name	Guatemala COVID-19 Response		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/17/2020	4/30/2020
Borrower(s)	Implementing Agency(ies)		
Republic of Guatemala	Ministry of Public Health and Social Assistance (Ministerio de Salud Pública y Asistencia Social)		

Proposed Development Objective(s)

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

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]

The Project will be comprised of two components to support the government’s strategic plan to prevent, control and respond to the spread of COVID-19 and strengthen health system preparedness to respond to emergencies . In addition, climate change adaptation and mitigation measures will be incorporated throughout the sub-components, as applicable. The specific activities financed by the Project fit into the overall government strategy to: (i) rapidly address the COVID-19 emergency by identifying, isolating and providing care for patients with COVID-19 to minimize



disease spread, morbidity and mortality; (ii) implement effective communication campaigns for mass awareness and education of the population to prevent the spread of COVID-19; and (iii) strengthen the capacity of the public health system to provide intensive care.

Component 1: Emergency Response to COVID-19 [US\$ 19.5 million]. This component will include 3 subcomponents and will finance the rollout of the national communication strategy, the distribution of sanitary kits and training for community health care providers in basic COVID-19 protocols through the communications and outreach campaign to the population in high-risk with little or no access to healthcare services, medical and non-medical equipment and supplies, development of triage and isolation areas through remodeling work within existing health facilities, ambulances for a safe transport of COVID-19 patients, transportation services of COVID-19 patients from and to healthcare facilities, and consultant and non-consultant services.

Subcomponent 1.1: Prevention and Communication Activities [US\$ 2.5 million]: The Project will support the actions of the national communication, coordination and social participation plan to control the spread of COVID-19. This subcomponent contributes to financing the national communication plan, which will be tailored and culturally adapted with the aim of raising awareness within the community of community members' fundamental role in slowing down the spread of the disease and thus avoiding the rapid increase in the demand for critical health services. The campaign will incorporate messages and information on support resources for stakeholders that are facing other risks such as domestic violence and mental and emotional stress induced from the pandemic and the shelter-in-place policies. This subcomponent will also finance sanitary kits including cleaning alcohol, chlorine, hand washing soap, powdered soap and soap bars to wash clothes; Sanitary napkins, gloves etc. that will be distributed to vulnerable populations (e.g. with little or no access to water and sanitation) during events for the communications campaign. Finally, consulting services will ensure the inter-institutional coordination of communication across different levels of care.

There will also be specific communication activities for health workers that include the preparation and delivery of specific guidelines for health care workers on self-care and mental health practices as well as protocols for prevention, detection and management of cases for community health workers, mid-wives and other traditional healers that are often the Indigenous populations' first resources for health advice and support. Funding includes consulting and non-consulting services for four main activities: (i) support in developing materials and messages for the general public to increase the awareness of the risks and impacts of the pandemic and the population's understanding about what to do when feeling sick, where to seek care and how to follow-up, taking into account Guatemala's cultural and linguistic diversity; (ii) support to the strategy of conscious social participation in controlling the epidemic, including the distribution of preventative sanitary kits to communities at high risk that lack access to health care services; (iii) preparation and delivery of guidelines for health workers on self-care and mental health practices, including community health care providers and midwives; and (iv) production and dissemination of materials to support homes in compulsory self-isolation.

The target population includes the general population with the confrontation in those groups of highest risk. Furthermore, this strategy is adapted to ensure a sustained effort to control transmission and to ensure that prevention and control measures are accepted and controlled by the population in the medium and long term as well. In addition to COVID-19, the health messages and materials disseminated will cover important advice to keep the population healthy during times of health system stress and during self-isolation. Since older age groups, those with pre-existing conditions and co-morbidities and the poor are particularly at risk from COVID-19, they will be specifically



targeted for this advice and more likely to be self-isolating. These are also key climate-vulnerable groups, hence providing this wider health advice as well as advice on climate related-risks such as extreme heat will enhance population resilience.

Subcomponent 1.2: Case Detection, Confirmation, Contact Tracing, Recording, Reporting [US\$ 9.0 million]. The Project will support the national epidemiological surveillance system and strengthen the diagnostic capacity for emerging diseases by strengthening the laboratory network, early identification, monitoring, notification and control of outbreaks. Support will be provided to form rapid response teams and develop mechanisms of immediate notification after case detections. Strengthening disease surveillance systems for COVID-19 will also enhance the wider ability of the system to adapt and respond to climate-related communicable disease threats. Where possible, solar refrigeration for vaccine/drug cold chain storage and solar-powered mobile laboratories will be used to reduce net GHG emissions. The subcomponent will finance laboratory equipment, supplies and reagents for the diagnosis of COVID-19.

Subcomponent 1.3: Support of Patient Care and Improved Safety [US\$ 8.0 million]: The Project will strengthen critical aspects of health service delivery to face the increased demand for services posed by emergencies. This subcomponent will increase the availability of triage rooms, isolation areas, and outpatient screening areas at existing facilities through minor remodeling work, and it will address the health system's immediate needs for medical supplies and medical devices so that health workers can safely treat severe cases affected by the COVID-19 emergency. In addition, it will also include measures and activities to improve the safety of health workers, for instance through the provision of guidelines and training for health worker safety including the use and standards of personal protective equipment (PPE), patient referral and transport and measures of environmental health and sanitation.

This subcomponent will promote the use of climate-smart technologies; procurement and mobilization of energy efficient equipment will be considered. Improving selected ICUs will also consider a longer-term approach to strengthen hospitals' ability to provide intensive care treatments, which is essential to deal with the COVID-19 emergency and other emergencies that may arise in the future. The training of health facility staff and front-line workers will also cover wider risk mitigation measures making them better prepared for other health threats including climate related risks. The provision of protective equipment and hygiene materials will protect staff against other climate-related disease, in particular unforeseen emerging zoonoses. The strengthened clinical care capacity will enhance adaptive capacity, making the health system better able to respond to other health threats including climate-related diseases and events. The use of solar refrigeration for drug storage when available and utilizing solar-powered mobile health facilities where required will reduce net GHG emissions.

Component 2: Project Management and Monitoring [US\$ 0.5 million]. This component will finance: (i) staff and operational costs of the Project Implementation Unit (PIU) at the Ministry of Public Health and Social Assistance (MSPAS); and (ii) M&E and reporting.

D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]
The project will be implemented at the national level and it will contribute to the country's COVID-19 preparedness, monitoring, surveillance and response capacity. Guatemala's population of 16.3 million is highly diverse with 43.6



percent self-identifying as Indigenous (of which 41.7 percent are Maya, 1.8 percent are Xinka, and .1 percent are Garifuna) and .2 percent self-identifying as afro descendants. Guatemala also has a rich linguistic diversity with 22 linguistic families, however, 80 percent of the Mayan population speak K'iche (27.1 percent), Qeqchi (22.1 percent), Kaqchikel (17.2 percent), and Mam (13.6 percent). Whereas Indigenous peoples are present throughout the country, the Mayan people are concentrated primarily in Alta Verapaz, 18.2%; Quiché, 13.6%; and Huehuetenango, 12.3%. The Garifuna are concentrated in Guatemala, 23.5% and Izabal, 15.4% and the Xinka people in Jalapa, with 41.1%, Jutiapa, 35.7%, and Santa Rosa, 21.1%. The Afro-descendant population are most concentrated in the department of Guatemala, 22.5% and Suchitepéquez, 12.8%. The Latin (non-Indigenous and non_Afro population) population have their highest concentration at 30.9% in the department of Guatemala. According to the 2018 census, 18.5 percent of the population is illiterate, and this number rises significantly to 50.9 percent among people 65 and older.

High levels of inequality exist with income and land being concentrated among a small portion of the population, provision of basic service delivery, with Indigenous peoples and rural populations fairing far worse in all well-being indicators. In 2014 the gini coefficient was 0.49, which was lower than in previous years but still ranked at the top end of world inequality. Land concentration in Guatemala is among the highest in Latin America: the Gini coefficient for land in Guatemala is 0.84 and combined wealth of Guatemalan millionaires amounted to 65 percent of GDP. Differences in access to seven basic services –electricity, sewage, trash collection, good-quality walls and floor, enough living space, and the absence of child labor across geographic areas show large spatial disparities with only 7 percent of the households in the department of Guatemala facing three or more deprivations, compared to 70 percent of the households in the department of Alta Verapaz. In sanitation, 55.5 percent of households in Guatemala have toilets, 32 percent use latrines and 4.8 percent have no sanitation solution.

As of March 30, 2020, the majority of confirmed COVID cases (28 out of 36 cases), have been recorded in the department of Guatemala. Whereas higher density population centers are at greater risk for the spread of COVID-19, the level of vulnerability of the rural and Indigenous communities in Guatemala, if the virus spreads to these areas, is very high given their lack of access to health and sanitation services, high levels of poverty and limited access to safety nets. These vulnerabilities are exacerbated by higher levels of illiteracy and monolingualism in languages other than Spanish, and thus slower understanding and uptake of vital prevention measures and protocols.

To respond to the crisis, the Ministry of Public Health and Social Assistance (MSPAS) developed the “Plan for the prevention, containment, and response of/to COVID-19 cases in Guatemala”. Project activities will be carried out in health care facilities (which, in addition to hospitals may also include health centers and posts) located in both urban and rural areas/settlements. The Villa Nueva hospital in the department of Guatemala has been established as the reference hospital for quarantine and isolation of suspected COVID-19 patients. In addition, installations in an Industrial Park are being prepared to serve as a makeshift hospital and the second option for exclusive treatment of COVID-19 patients. Four more makeshift hospitals have been identified in Quetzaltenango, Zacapa, Mazatenango (Suchitepéquez) and Petén.

No major civil works are expected in this project; works involved will focus on minor upgrade or refurbishment activities of existing health care structures within existing footprints and potential establishment of mobile and modular facilities. There will be no involuntary land taking that would incite temporary or permanent resettlement impacts. Refurbishment of existing and establishment of new structures will be conducted in line with site-specific Environmental and Social Management Plans (ESMPs) to be prepared based on the provisions of the Environmental and Social Management Framework (ESMF) that will be developed for this project. If the need to establish temporary



health care facilities in areas experiencing temporary surge needs arises under the project, this too will be subject to provisions of the ESMF.

The Project's communication, coordination and social participation plan will be national in scope and adopted in its content, linguistic, and communication mediums to effectively reach the different stakeholders identified within the Project's Stakeholder Engagement Plan (SEP). This plan will serve as a critical tool to build both awareness and capacity of different segments of society to play active and informed roles in preventing the spread of the virus while also understanding how to respond in cases of infection, and where to attain testing and medical attention. The plan will ensure that relevant stakeholders receive information on how to access existing support resources to support the social and physiological impacts related to social isolation, including those related to domestic and gender based violence, loss of income, and stress induced for families of people testing positive for COVID and health workers. In regards to prevention, the Project will support the purchase and delivery of basic sanitary supplies (which may include gloves, masks, sanitizer, soap for hand and clothes washing, alcohol, etc.) to Indigenous and other marginalized communities that are at high-risk due to their potential exposure to COVID-19, lack of presence of health services and for financial, geographic or other reasons lack access to these supplies and or care in case of infection. It will also support the training of community health workers, COCODES, and traditional Indigenous leaders and health providers (comadronas, curanderos, etc.), who currently are engaged in delivering the primary health care model, in the application of WHO/PAHO protocols in regards to prevention, detection, and guidance to ensure that infected patients are isolated or adequately transported to health centers that can provide treatment if needed. The communication plan will also include guidance for the general population on residential hazardous waste management to reduce the risk of contagion and on corpse management in case of health system overload. The Project's proposed interventions for improvements for the overall health system for patient treatment will be positive for the population that can access hospitals and health centers offering these services.

The management of medical waste in Guatemala is regulated by Government Agreement No. 509-2001 on the Management of Hospital Solid Waste, which establishes procedures for the segregation, storage, transport, treatment and final disposal of medical waste. As part of the response to the pandemic, Guatemala has also developed COVID-19 guidelines and protocols for waste management and corpse management. Health care and laboratory facilities are required to prepare a Hospital Waste Management Plan in accordance with the provisions of this regulation and get a certificate of approval by the Department of Regulation of Health and Environmental Programs under the MSPAS, which also oversees the enforcement of said plan. This regulation also requires that health care and laboratory facilities, both public and private, acquire, install and maintain, individually or jointly, incinerators for the final disposal of infectious waste.

While the segregation of medical waste is adequately managed, non-compliance with regards to temporary waste storage is common due to the lack of designated spaces within health care facilities. In addition, there is also inadequate waste treatment due to deficiencies in sterilizers and incinerators which do not always work properly and in some cases are out of service or do not exist. Health care facilities that do not have waste treatment equipment need to rely on private companies for its treatment or send it without treatment to final disposal sites. The existence and proper operation of infectious biological waste treatment equipment must be ensured and will be required for the selected health care and laboratory facilities supported by the project. Capacity among health care and laboratory workers to strengthen the hospital waste management system and to follow related protocols also needs to be included as part of the project.

D. 2. Borrower's Institutional Capacity



The proposed project will be implemented by the Ministry of Public Health and Social Assistance, (MSPAS, for its acronym in Spanish). The MSPAS has limited prior experience in preparing environmental and social risk management instruments in compliance with the World Bank’s IPF environmental and social safeguards policies under the ongoing project “Crecer Sano: Health and Nutrition Project (P159213)”. The Crecer Sano Project Implementation Unit (PIU) will also serve as the PIU for the proposed COVID-19 Response Project. This PIU was recently formed and has just started with project implementation activities, as such there is no capacity assessment of the PIU available yet. The PIU has already in place an environmental specialist and is currently in the process of hiring a social specialist. For COVID-19 related activities, the PIU will hire two additional dedicated environmental and social specialists (one each) to coordinate the implementation, management, monitoring and reporting of Environmental and Social Health and Safety (ESHS) and Stakeholder Engagement Plan (SEP) compliance measures related to the project. All members of the PIU will receive adequate training on COVID-19 related guidelines and procedures for the management of environmental, biosecurity and social issues that may arise as part of project implementation. The PIU Social specialist will work in close coordination with MSPAS’s existing Unit for Indigenous Peoples and Intercultural Health Attention Services, the Communications Team, the Team that prepares the social and educational materials, and the primary health care team to ensure adequate implementation of the commitments established within the Environmental and Social Commitment Plan (ESCP), the Environmental and Social Management Framework (ESMF), and the Stakeholder Engagement Plan (SEP).

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 for this Project is Substantial. The project will focus on increasing the capacity of the public health system to respond to COVID-19 and other health emergencies by investing in communication and community awareness, supporting the national epidemiological surveillance system and diagnostic capacity for emerging diseases, and strengthening the capacity of essential health services to provide intensive care (ICUs). The project will finance the provision of medical and non-medical supplies and equipment, medications, medical and laboratory devices, test kits, reagents, cleaning and disinfection chemicals, and personal protective equipment (PPE), among others, to address the health system’s immediate needs so that health workers can safely treat cases affected by the COVID-19 emergency. In addition, Guatemala has specific regulations for the management of medical waste and has developed COVID-19 guidelines for waste management. The project will strengthen the management of medical waste on the selected health care centers supported by the project and will provide specific training to health care facility workers on the subject. The project may also include minor upgrade/refurbishment activities in selected health care facilities to increase the availability of triage rooms, isolation areas, and outpatient screening areas to ensure biosecurity and safety during patient consultations.

Key environmental risks and impacts are related to (i) occupational health and safety issues related to the availability and appropriate use of personal protective equipment (PPE) for health care workers, and the use of chemicals and other hazardous substances for cleaning and disinfection purposes; (ii) environmental and community health and safety risks from inadequate management, storage, transportation and disposal of infected medical waste; and, (iii) in the event that upgrade activities are required, minor risks related to civil works (e.g., waste from residual construction material, nuisance related to dust generation, vibration and noise, etc.). To properly manage and



mitigate these risks, an Environmental and Social Management Framework (ESMF) will be prepared in line with the Bank's Environmental and Social Standards, the World Bank Group Environment, Health and Safety (EHS) Guidelines, WHO's COVID-19 specific response guidelines for medical and biosafety matters, and national COVID-19 guidelines for waste management. Should there be a need for civil works related to the upgrade/refurbishments of existing facilities to increase the availability of triage and isolation areas, Environmental and Social Management Plans (ESMPs) will be prepared based on the provisions of the ESMF.

Social Risk Rating

Substantial

The social risk for this project is considered substantial. The Project components will not involve resettlement or land acquisition and the project objectives benefit the Guatemalan society in general. However, the World Bank classifies the Social risk of the project as "Substantial" when considering: (i) existing difficulties and inequalities in access to health services by marginalized and vulnerable social groups, especially rural Indigenous peoples and disabled, that will most likely be exacerbated by the crisis; (ii) risks for people displaying symptoms but unable to attain health services; (iii) risks of infection or lack of sociocultural pertinence in delivery of communications and outreach activities; (iv) implicit discrimination or lack of capacity of health workers to effectively communicate with and treat patients who do not speak the language of the health provider, especially in cases of critical triage situations and decisions; and (v) inadequate or exaggerated responses related to behavioral change for prevention induced by misinformation (fake news) in social media networks. At the same time, contextual risks are high for social discontent, given the pending economic impacts of the response measures, and the potential inability of the already weak health system to meet public demand for response. To mitigate these risks, measures have been introduced to widely distribute sanitary supplies, implement tailored communication campaigns, and to train and work with local and traditional health workers in protocols for prevention, testing and adequate mobilization of infected people to health centers where attention can be offered. Protocols will be introduced into the ESMF that ensure the availability of translators within the medical centers to be financed. Building on MSPAS's existing communications strategy, a draft Stakeholder Engagement Plan (SEP) that incorporates a preliminary stakeholder mapping has been prepared and will be updated by MSPAS and key partners within 30 days of the project's effectiveness to guide the communication, coordination and social strategy. The SEP will include a Grievance Redress Mechanism (GRM) for addressing any concerns and grievances raised that are related to 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:

The project will have positive environmental and social impacts as it should improve the surveillance, monitoring, and response capacity of the public health system to respond to the COVID-19 crisis and other health emergencies. However, the project could also pose ESHS risks due to the nature of the pathogen, reagents, and other hazardous materials to be used in the project-supported laboratories and health care centers. Inadequate adherence to occupational health and safety (OHS) standards can lead to contagion among health and laboratory workers. In addition, the laboratories and health care facilities supported by the project, which will be used for COVID-19 diagnostic testing, treatment, and isolation of patients, may raise the risk of contagion in adjacent communities and could generate biological and chemical waste, and other hazardous byproducts. Environmentally and socially sound



health facilities management will, therefore, require adequate provisions for minimization of OHS risks, effective containment measures and proper quarantine protocols, appropriate chemical and infectious substances handling and transportation procedures, and proper management of hazardous waste (medical and laboratory waste).

To address these ESHS risks and impacts, the MSPAS will prepare an ESMF in accordance with the World Bank’s ESF and EHS Guidelines, and WHO’s COVID-19 guidelines, within 30 days of project effectiveness. The ESMF will specify the procedures for the safe handling, transportation, storage, and processing of COVID-19 treatment and testing materials as well as management of biohazardous wastes resulting from the project activities. The ESMF will follow relevant national regulations for hospital waste (Government Agreement No. 509-2001- Regulation for the Management of Hospital Solid Waste, among others), as well as WHO’s specific COVID19 guidelines on laboratory biosafety, and international good practice guidelines on COVID-19 medical waste management, diagnostic testing, administration of COVID19 health services, quarantine guidelines, handling of medical supplies, and OHS, as detailed further under ESS2. It will also include specific measures needed to be considered for the laboratory diagnostic work of COVID-19 to reduce risks of contagion. In addition, Guatemala has developed a protocol for corpse management for the COVID-19 situation based on respective WHO guidelines. The ESMF will include specific measures in this regard to ensure that biosecurity measures are implemented to reduce the risk of contagion from dead bodies.

In regards to the selection of beneficiary communities to receive sanitary supplies and support for local and community health providers, the ESMF will include selection criteria based on community risk profiles and levels of vulnerability. It will also outline the selection process to ensure transparency, non-discrimination, and access for vulnerable and disadvantaged groups and to avoid social conflict around these processes.

The ESMF will also include provisions for the development of Environmental and Social Management Plans (ESMPs) in case the need arises for civil works related to upgrade/refurbishments for triage rooms and isolation areas. The ESMF will outline the implementation arrangements to be put in place for environmental and social risk management; training programs focused on COVID-19 biosafety as well as compliance monitoring and reporting requirements.

Social exclusion risks have been highlighted above and merit the adoption of social inclusion measures through Project design, effective application of the SEP and the ESMF to ensure compliance with the Bank Directive on Addressing Risks and Impacts on Disadvantaged or Vulnerable Individuals or Groups.

This operation 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. A draft Stakeholder Engagement Plan (SEP) will be prepared prior to project approval and will be updated within 30 days subsequent to Project effectiveness. The SEP will build on MSPAS’s existing communications strategy and a Project grievance redress mechanism will build on existing systems, but will be strengthened to ensure that its fully accessible and maintains a system to track response and reporting to continually improve project design. Currently MSPAS has a telephone hotline #1517 available for people to receive information or communicate concerns or complaints related to COVID-19. For the actions to be carried out through the primary care system, all concerns and complaints should be submitted to the Departmental Directorates for Health, and in cases where these are not resolved to the satisfaction of the complainant, raised to the Departmental delegations for



the Human Rights Ombudsman. For Indigenous peoples, the Project will reactivate the local intercultural dialogues with Indigenous Authorities and traditional healers to address complaints and concerns at the community level.

The SEP will serve as a critical guide for the implementation of Component 1.1 for the Communication, Coordination and Social Plan. The SEP will define the needs, methods, tools, and techniques for stakeholder engagement with (i) directly affected parties; (ii) interested parties and institutional partners; and (iii) disadvantaged and vulnerable individuals and groups. The SEP will outline the resources, responsible parties, and plans for monitoring and reporting on its implementation. The SEP and the Project's Communication, Coordination and Social Plan that it will inform will ensure that all communication methods employed under the Project and in the wider campaign to prevent the spread of COVID-19 (that will be supported by the project), will be carried out via methods and in languages that respect the socially, culturally and linguistically diverse needs of the Guatemalan population. Whereas face to face consultation processes are not safe within the current context, telephone interviews will be carried out with representatives of key stakeholder groups in order to inform Project design, the ESMF and the SEP. Relevant information will be widely disseminated through targeted methods

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. Most project activities will be conducted by health and laboratory workers. The Project will ensure the application of OHS measures as outlined in WHO guidelines to reduce the risk of contagion which will be captured in labor management procedures (LMP) that will be included in the ESMF to be prepared. This includes procedures for 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 PPE; ensuring adequate supplies of PPE (particularly facemasks, gowns, gloves, handwashing soap, and sanitizer); proper use of chemicals and other hazardous substances for cleaning and disinfection purposes; handling of heavy machinery and equipment such as oxygen tanks; and, overall ensuring adequate OHS protections in accordance with General EHSs and following evolving international best practices 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 staff of health delivery facilities and front-line workers will receive training under the project on how to use the medical equipment and supplies financed through the Project in a way that protects their health and safety the COVID-19 situation, as well as other climate related risks such as in particular unforeseen emerging zoonoses. The LMP will also include a GRM for project workers.

The project is not expected to directly contract health frontline workers; however, it is likely that private contractors will be required for handling, transport, and disposal of health management waste derived from the supplies purchased by the project, which will follow national laws as well as WHO guidelines as will be outlined in the project ESMF on the collection, management, and disposal of medical waste, as will be documented in the ESMF.



ESS3 Resource Efficiency and Pollution Prevention and Management

This Standard is relevant. Medical and chemical waste generated from health care facilities and diagnostic laboratories including disposable medical material, chemicals used for testing and cleaning agents, contaminated PPEs and related equipment can negatively impact the environment and human health if not properly handled, transported and disposed. The requirements for adequate mitigating these risks will be part of the ESMF and will be in line with EHS Guidelines, WHO's COVID-19 guidelines and Good International Industry Practices (GIIP). 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 health care facilities will be included as part of the Infection Control and Waste Management Plan and Infection and Prevention Control Protocol as part of the ESMF. Given the variable capacity of the different health care centers and hospitals across Guatemala and the COVID-19 related risks, if waste is not handled properly, capacity building and supervision activities of management and disposal of medical and hazardous waste will be a key area of focus. The project will also promote the use of climate-smart technologies and the procurement and mobilization of energy efficient equipment such as the use of solar refrigeration for drug storage when available and utilizing solar-powered mobile health facilities will be considered where possible.

ESS4 Community Health and Safety

This Standard is relevant. Most community health and safety risks are related to either the infection of community members without adequate protocols for self-quarantine or mobilization to health centers/hospitals as well for communities located close to health care centers and hospitals that will be receiving and treating COVID-19 suspected and confirmed patients. The project will contribute to the reduction of the risk of cross-contamination of patients and adjacent communities through the establishment of triage rooms and isolation areas. Protocols to receive suspected cases will be implemented to ensure the areas surrounding the facilities avoid overcrowding. There is also the possibility for the infectious microorganism to be introduced into the environment if not well contained within the laboratory or due to accidents/emergencies (including natural disasters). Medical and laboratory waste also poses a risk for transmittal of the COVID-19 virus to the community at large if not properly managed.

The ESMF to be prepared will include: (i) guidelines, principles, and procedures to ensure protection from virus contamination as well as social-culturally relevant procedures for the selection of beneficiary communities and delivery of community outreach, ranging from provision of basic sanitary supplies, communication tools, and training for community and traditional health workers on basic protocols to prevent, detect and guide infected people to self-quarantine or to treatment facilities as needed; (ii) measures to ensure that all project activities are carried out in a safe manner with (low) incidences of accidents and incidents in line with GIIP and WHO's COVID-19 guidelines); (iii) measures to prevent or minimize the spread of infectious diseases; and (iv) emergency preparedness measures will also be included in the ESMF.

Triage rooms, isolation centers, laboratories, and screening posts, will thereby have to follow respective procedures with a focus on appropriate waste management of contaminated materials as well as protocols for the transport of samples and for the establishment of cleaning practices for workers before leaving the workplace and back into their communities. In addition, the communication plan supported by the project will include specific guidance for the



general population related to residential hazardous waste to reduce the risk of contagion and for corpse management in case of health system overload.

Sexual Exploitation and Abuse (SEA)/ Sexual Harassment (SH) risks will be assessed and addressed in implementation, including screening and putting in the corresponding measures to prevent and mitigate the SEA/SH risks. 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 and other project sites as well as the provision of gender-sensitive infrastructure such as segregated toilets and enough light in quarantine and isolation centers.

The project does not envision the use of military or security personnel.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not relevant. No investments will be supported that require 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 is not expected to support any greenfield construction works or other activities that might jeopardize the integrity of biodiversity or living natural resources.

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

This standard is relevant. Since the Project aims to prevent and control the spread of COVID-19 nationally and attend to infected patients that could come from any part of the country, Indigenous peoples, who make up 43 percent of the national population, will most definitely benefit from project interventions. All the activities financed by the Project must ensure to respect the dignity, aspirations, identity, culture, and livelihoods of IPs. These groups have been historically underserved and are often living in rural and remote areas, where access to information and health services is limited. As outlined in the draft SEP, the Project will set up communication channels to appropriately inform these communities of the risks posed by COVID-19 and recommended preventive measures, and will provide information that is culturally sensitive, respectful and inclusive. The Project's ESMF will outline COVID-19 relevant consultation measures and procedures to ensure culturally relevant delivery mechanisms for project interventions beyond communications, such as training of comadronas or health workers, selection of beneficiary communities and delivery of sanitary supplies, support for health posts and centers in or around Indigenous communities, etc.). Given the emergency nature of this operation, a separate IPPF will not be required.

ESS8 Cultural Heritage

This Standard is not currently relevant. Project activities will not support any activities that could adversely impact tangible or intangible cultural heritage, such as sacred sites or intellectual property around traditional medicinal knowledge, etc. However, some of the project beneficiaries will be IPs who might maintain distinct cultural health practices. Health providers should recognize these traditional methods when working with IPs in health-related matters, which includes recognition of their own traditional governance structures and traditional medicine agents .



The project will ensure these customs are taken into consideration when communicating with and treating these communities.

ESS9 Financial Intermediaries

This standard is not relevant.

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)

Public Disclosure

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
Organizational structure: The MSPAS will establish and maintain a Project Implementation Unit with qualified staff and resources to support management of ESHS risks and impacts of the Project. Timeline: Throughout project implementation	07/2020
Prepare an Environmental and Social Management Framework (ESMF). Timeline: Throughout project implementation: 30 days after Project effectiveness.	07/2020
Management plans: Prepare, disclose, adopt, and implement any environmental and social management plans (ESMPs) or other instruments required for the respective Project activities as per the project ESMF, in a manner acceptable to the Bank.	07/2020
Contractors: 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 ESHS measures, into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. Thereafter ensure that the contractors and supervising firms comply with the ESHS specifications of their respective contracts.	07/2020
ESS 10 Stakeholder Engagement and Information Disclosure	



Draft SEP updated within 30 days after project effectiveness based on a WebEx with MSPAS key actors, telephone interviews with representatives from stakeholder groups based on an agreed upon set of key questions for project design, ESMF, SEP and GRM.	07/2023
ESS 2 Labor and Working Conditions	
Implement OHS and other labor management measures and requirements as specified in the ESMF. Timeline: Throughout project implementation	07/2023
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Relevant aspects of this standard shall be considered, as needed, including, inter alia, measures to: manage health care wastes and other types of hazardous and non-hazardous wastes. Timeline: Throughout project implementation	07/2023
ESS 4 Community Health and Safety	
Minimize the potential for community exposure to communicable diseases; ensure that individuals/groups who, maybe disadvantaged or vulnerable have access to the project benefits, and prevent and respond to sexual exploitation and harassment.	07/2023
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	
Include procedures for consultation and adaption of delivery mechanisms for Indigenous communities within ESMF based on SEP interview feedback with IP organizations and stakeholders.	07/2023
ESS 8 Cultural Heritage	
ESS 9 Financial Intermediaries	

Public Disclosure

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 Guatemala

Implementing Agency(ies)

Implementing Agency: Ministry of Public Health and Social Assistance (Ministerio de Salud Pública y Asistencia Social)

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Eleonora Del Valle Cavagnero, Marvin Ploetz
Practice Manager (ENR/Social)	Valerie Hickey Cleared on 17-Apr-2020 at 17:09:1 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 19-Apr-2020 at 16:38:48 EDT