Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 05/01/2020 | Report No: ESRSA00696
BASIC INFORMATION

A. Basic Project Data

<table>
<thead>
<tr>
<th>Country</th>
<th>Region</th>
<th>Project ID</th>
<th>Parent Project ID (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cote d'Ivoire</td>
<td>AFRICA</td>
<td>P173813</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cote d'Ivoire COVID-19 Strategic Preparedness and Response Project (SPRP)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice Area (Lead)</th>
<th>Financing Instrument</th>
<th>Estimated Appraisal Date</th>
<th>Estimated Board Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Borrower(s)</th>
<th>Implementing Agency(ies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government of Côte d'Ivoire</td>
<td>Ministere de la Sante et de l'Hygiene Publique (MSHP)</td>
</tr>
</tbody>
</table>

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 Cote d'Ivoire.

<table>
<thead>
<tr>
<th>Financing (in USD Million)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Project Cost</td>
<td>35.00</td>
</tr>
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</table>

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 proposed project will support the implementation of Cote D'Ivoire's COVID-19 Emergency Preparedness and Response Plan endorsed by the National Institute of Public Hygiene and the Minister of Health (on March 20, 2020). This plan aims to reinforce the country's capacity to: (i) limit the transmission of COVID 19 in the population including health workers; (ii) strengthen early detection notification and confirmation of cases of COVID-19; (iii) effectively manage isolation and case management for all suspected and confirmed cases of COVID-19; (iv) support health promotion and community mobilization for the protection and prevention to COVID-19; (v) support Implementation Management and Monitoring and Evaluation; and (vi) strengthen multi-sector coordination of national institutions
using a one-health approach, to improve preparedness and response and to minimize the socio-economic impact of a potential outbreak of COVID-19.

D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]
The Cote d’Ivoire COVID-19 Strategic Preparedness and Response Project (P173813) is an emergency operation that will be implemented nationwide. It will contribute to COVID-19 preparedness, monitoring, surveillance and response in Cote d’Ivoire. The project is expected to finance civil works that will be undertaken within existing facilities. These works, aimed at improving services in healthcare facilities, laboratories and warehouses, will be focused on rehabilitation and/or renovation of existing structures and the construction of some new buildings within existing footprints. The project is not expected to have an impact on natural habitats or cultural sites.

Increasing insecurity related to the growth of armed groups in the bordering countries especially in Burkina Faso and Mali and potential unrest related to the upcoming presidential elections could negatively affect the implementation of project activities.

D. 2. Borrower’s Institutional Capacity

In Cote d’Ivoire, the Ministry of Environment and Sustainable Development (MINEDD) is responsible for setting policy guidelines on environmental issues and ensuring compliance with national environmental standards. It has different departments among which is the National Agency of Environment (ANDE, Agence Nationale de l’Environnement), which is in charge of safeguards compliance of all projects and oversees the monitoring and evaluation of environmental and social assessments in the country. The Agency is well staffed, and its capacities are deemed moderate.

The Government has received capacity-building support through World Bank-financed projects on environmental and social risk management provisions, including the requirements of the Environmental and Social Framework (ESF). However, MINEDD staff do require additional capacity-building to play its role more fully in managing the environmental and social risks of projects.

The operation will be implemented by the Ministry of Health and Public Hygiene (MHPH) using staff from the Côte d’Ivoire Strategic Purchasing and Alignment of Resources & Knowledge in Health Project (SPARK) (P167959). The Ministry has implemented numerous World Bank funded projects in the health sector. The SPARK PCU is in the process of recruiting a new environmental specialist; the recruitment of a social specialist will start soon.

A potential COVID-19 outbreak in Côte d’Ivoire poses a unique set of challenges, given the need for immediate actions that have to be synchronized over a broad geographic space with many key stakeholders. This creates an additional challenge for SPARK’s coordination unit and this is also the first Project prepared under ESF that MHPH will implement. The Environmental and Social Commitment Plan (ESCP) will include targeted support to build the capacity of the incoming environmental and social Specialists, including training and support from third party entities to deliver on the objectives of the COVID-19 response operation. Moreover, given the need for a comprehensive stakeholder engagement and communications strategy in the context of COVID-19 management, the SPARK PCU will engage a specialist in the field of public health awareness and communication who will be appointed by MHPH to be included on the project team immediately at the beginning of project implementation.
II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)

Environmental Risk Rating
Substantial

The main long-term environmental impacts of this project are likely to be positive. Notwithstanding, there are several short-term risks that need to be considered. The main environmental risks of project include: (i) environmental and community health related risks from inadequate storage, transportation and disposal of infected medical waste; (ii) occupational health and safety (OHS) issues related to the availability and supply of personal protective equipment (PPE) for healthcare workers and the logistical challenges in transporting PPE across the Cote d’Ivoire in a timely manner; (iii) community health and safety risks given close social contact and limited sanitary and hygiene services (clean water, soap, disinfectants) and isolation capabilities at healthcare facilities across the country; and (iv) OHS risks related to rehabilitation of existing facilities. To mitigate these risks the MHPH will prepare and disclose an Environmental and Social Management Framework (ESMF). The ESMF will contain updates on provisions for storing, transporting, and disposing of contaminated medical waste and outline guidance in line with international good practice and WHO standards on COVID-19 response on limiting viral contagion in healthcare facilities. The relevant parts of the WHO COVID-19 quarantine guidelines and COVID-19 biosafety guidelines will be reviewed so that all relevant occupational and community health and safety risks and mitigation measures will be integrated into the ESMF. The Project will also support MHPH in coordination with other partners to address logistical constraints in the timely provision of technical expertise, supplies, equipment and systems across the country.

Social Risk Rating
Substantial

The social risk rating of the project is Substantial. The main social risks are: (i) difficulties in access to services by vulnerable social groups (i.e. people with chronic conditions/disabled, poor people, migrants, the elderly and, disadvantaged sub-groups of women); and (ii) misinformation in social media networks and stigma for those who will be quarantined or admitted to isolation or treatment centers, which may contribute to propagate contagion. These risks will be mitigated through activities that: (i) would ensure effective risk communication and community engagement to raise public awareness and knowledge on prevention and control of COVID-19 among the general population; (ii) will target various audiences to address issues of access, discrimination, and ethnicity; (iii) continuous awareness and education raising campaigns that will help rebuild community and citizen trust (which can be eroded during crises) through engagement with religious leaders, political and local traditional leaders; (iv) will support the development of reporting tools; and (v) will address other social challenges such as how to maintain dignified treatment of patients, provide attention to specific, culturally relevant concerns of vulnerable groups and prevent Sexual Exploitation and Abuse (SEA) and Sexual Harassment of (SH), as well as meeting minimum accommodation and servicing requirements.

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

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:
This standard is relevant. This operation is being prepared as an emergency response using condensed procedures under the Fast Track COVID-19 Facility. The Project will have overall positive environmental and social impacts as it will contribute to epidemic/pandemic preparedness, monitoring, surveillance and response, specifically with regard to combating transmission of COVID-19. However, there are also wide-ranging environmental and social risks and impacts that will need to be assessed and managed through a risk-based approach during implementation. The primary risks identified during preparation include: (i) environmental and community health related risks to inadequate storage, transportation and disposal of infectious medical waste; (ii) OHS issues related to the availability and supply of personal protective equipment (PPE) for healthcare workers and the logistical challenges in transporting PPE across the country in a timely manner; (iii) community health and safety risks given close social contact and limited sanitary and hygiene services (clean water, soap, disinfectants) and isolation/quarantine capabilities at healthcare facilities across the country; (iv) possible risks around social exclusion for access to health facilities and services, especially for the poorest and most marginalized who have a limited ability to pay, people and communities in remote rural areas living far from health facilities and for the elderly or those with underlying medical conditions who would be most at risk in the event of a pandemic outbreak; and (v) risks for those receiving treatment for COVID-19 symptoms, including discrimination and SEA/SH risks for patients in quarantine, (vi) risks of SEA/SH for health workers.

To address these risks, the MHPH with support from the SPARK project will prepare an ESMF to provide clear guidance regarding the treatment of medical waste and the preparation of sub-project ESMPs if and when necessary. The ESMF, which will be an update of the SPARK’s ESMF, will incorporate international protocols for community health and safety during a pandemic. The ESMF will conduct also a SEA/SH risk assessment and propose mitigation measures to address GBV/SEA/SH risks. This will include a commitment by the MHPH to provide services and supplies based on the urgency of the need in line with the latest data related to the prevalence of the cases. In addition, the ESMF will also screen and identify the risks related to contracting and/or using private and/or public security forces to provide protection for healthcare workers and at isolation/quarantine sites. The ESMF will provide guidance on addressing these risks according to the principles of proportionality and GIIP and by applicable national provisions regarding engagement with security forces, rules of conduct, training, equipping and monitoring. The ESMF will be shared and consulted with stakeholders using an approach that takes into account measures for social distancing; it will be publicly disclosed per the requirements of the ESF no later than 30 days after project effectiveness.

The SPARK PCU has also prepared a draft ESCP and a preliminary SEP that will be updated during project implementation, including with further details on specific measures to address environmental and social risks. Mitigation measures will be addressed in the ESMF and eventual Environmental and Social Management Plans (ESMPs).

**ESS10 Stakeholder Engagement and Information Disclosure**

This standard is relevant. The project will establish a coordinated approach to reach out to stakeholders with key partners including, WHO/UNICEF/UNOPS. As the project is addressing the emergency phase, stakeholder engagement will primarily focus on the development of a structured communications plan to ensure consistent messaging around key issues, (prevention, mitigation, awareness raising, and how to access services available),
considering the specific challenges associated with COVID-19. Given that the most vulnerable groups, such as the elderly and those with compromised immune systems or related pre-existing conditions, are at an increased risk of contracting COVID-19, stakeholder engagement should minimize close contact. A draft Stakeholder Engagement Plan (SEP) has been prepared and disclosed. This preliminary SEP outlines the main characteristics and interests of the relevant stakeholder groups, timing and methods of engagement throughout the project lifecycle. The SPARK project Grievance Redress Mechanism (GRM) will be updated to receive any concerns or grievances raised in relation to the implementation of project activities. After project approval and no later than 30 days after project effectiveness, this preliminary SEP will be updated to include more detailed information regarding the methodologies for information sharing, more robust stakeholder mapping and identification of existing community-based platforms that can be used to facilitate effective community engagement and participation as well as the monitoring and evaluation plan. The SEP will identify in more detail the roles and responsibilities of religious leaders, traditional chefs, local elected people and NGOs, including the organization of traditional healers as important stakeholders with specific roles to play in project implementation and implementation of the SEP. The SEP will include a methodology to address: the possible social implications of supporting strict social distancing and isolation measures as a first step in slowing down the infection rate and to prevent overwhelming the already overstretched health system; prevention of social tensions, especially in the vicinity of quarantine facilities and isolation units over the spread of disease and waste management; conflicts that could result from the circulation of false information/rumors; risks related to the use of security personnel to protect the construction of isolation facilities; and developing conditional measures to support affected households and vulnerable groups. The SEP will also provide guidance regarding how to: effectively engage citizens; develop culturally appropriate adaptations regarding behavior change; seek stakeholders’ inputs regarding project activities; communicate effectively to people about the project.

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. Activities under the Project are not expected to have any negative impacts related to labor and working conditions. The Project will be carried out in accordance with the applicable requirements of ESS2, in a manner acceptable to the Bank, including through, inter alia, implementing adequate existing occupational health and safety measures (including emergency preparedness and response measures. Many activities will be conducted by healthcare and laboratory workers and will include both the treatment of patients as well as the assessment of patient samples. The key risk for them is the possible COVID-19 infection. OHS measures as outlined in WHO guidelines will be captured in the updated ESMF. This includes procedures for monitoring entry into healthcare facilities, including minimizing visitors and undergoing strict checks before entering; procedures for protection of workers in relation to infection control precautions; provision of immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and personal protective equipment (PPE); ensuring adequate supplies of PPE (particularly face masks, gowns, gloves, hand-washing soap and sanitizes); and generally ensuring adequate OHS protections in accordance with the general and industry specific EHSGs and consistent with the evolving international best practice in relation to COVID-19 protection. Also, the PIU will ensure that they are regularly integrating the latest COVID-19 guidance by WHO as it develops. A Labor Management Procedure (LMP) will be included in the ESMF.
The Project will also incorporate labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. It will provide guidance regarding the policies and procedures that will govern health care workers, project staff and other workers hired under the project, including the management of OHS and Sexual exploitation and Abuse/Sexual Harassment (SEA/SH) risks. The LMP will also ensure that the project has adequate terms and working conditions, equality of opportunity and workers association. The project will not employ child or forced labor, as set out in ESS 2. A GRM for labor management, based on existing national laws and regulations will be establish and will address various workers complaints.

ESS3 Resource Efficiency and Pollution Prevention and Management

The Standard is relevant. Pollution prevention and management, specifically medical waste management will be a particularly important activity under the Project. Medical waste, including chemicals, contaminated PPE and equipment, and lab testing kits from healthcare facilities will need to be safely stored, transported and disposed. Waste management in general is a big challenge in most of the West African countries. Cote d’Ivoire is not an exception. This is due to limited authorized disposal sites, and contaminated medical waste is a special concern. The ESMF of the project will include Medical Waste Management procedures that integrate WHO COVID-19 guidance and other international good practices in order to prevent or minimize contamination from inadequate waste management and disposal.

ESS4 Community Health and Safety

This standard is relevant. Community health and safety risks identified during preparation include: (i) environmental and community health risks related to the inadequate storage, transportation and disposal of infectious medical waste; (ii) community health and safety risks given close social contact and limited sanitary and hygiene services (clean water, soap, disinfectants) and isolation/quarantine capabilities at healthcare facilities across the country (WHO guidelines); (iii) possible risks around social exclusion related to access to healthcare facilities and services, specially for the poorest and most marginalized who have a limited ability to pay, those living far from health facilities and for the elderly or those with underlying medical conditions who would be most at risk in the event of a pandemic; (iv) risks for those receiving treatment for COVID-19 symptoms, including discrimination and SEA/SH risks for patients in quarantine; (v) sociopolitical risks specifically related to the recent presidential election within the country and the growth insecurity situation due to the armed groups from bordering countries; and (vi) low trust in the government which could lead to the rejection of public health interventions and information and violence against those providing services.

The project may engage private and/or public security forces to provide protection for healthcare workers and at isolation/quarantine sites. If so, the ESMF will include a Security Risk Assessment (SRA) to review the rules of engagement regarding security forces and identify the specific risks related to providing increased security at the various project sites. The project would then propose adequate mitigation measures and strengthen existing measures, where necessary, to ensure that the use of the security forces in project activities will not result in adverse consequences to community health and safety, including in matters relating to SEA/SH. The project will promote the avoidance of SEA/SH by relying on the WHO Code of Ethics and Professional Conduct for all workers in the quarantine
facilities as well as the provision of gender-sensitive infrastructure such as segregated toilets and enough light in quarantine and isolation centers.

The risks and mitigation measures will be addressed in the ESMF, drawing on input from project stakeholders, as documented in the SEP.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement
This standard is not relevant. The project will not require any land acquisition leading to physical or economic displacement. All rehabilitation/renovation and construction will take place within existing health facilities (including laboratories and warehouses within the health centers and hospitals).

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources
This standard is not relevant. No adverse impacts on natural resources or biodiversity are anticipated as a result of project activities. No adverse impacts on natural resources or biodiversity are anticipated as a result of project activities.

ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities
This standard is not relevant. There are no Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities in Côte d’Ivoire.

ESS8 Cultural Heritage
This standard is not currently relevant. It is not anticipated that the project will impact cultural heritage and any physical works planned in the context of the project will be limited to rehabilitation or upgrading of existing facilities and some new constructions in existing sites. However, the planned works will include excavation during construction phase and demolition during the rehabilitation of some infrastructures. The ESMF will include a “chance finds” procedure which will require contractors to stop construction/rehabilitation if cultural heritage sites are encountered during civil works.

ESS9 Financial Intermediaries
This standard is not relevant.

B.3 Other Relevant Project Risks
N/A
C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways
The project is not expected to affect international waterways.

OP 7.60 Projects in Disputed Areas
The project is not located in a Disputed Areas.

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

<table>
<thead>
<tr>
<th>DELIVERABLES against MEASURES AND ACTIONS IDENTIFIED</th>
<th>TIMELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESS 1 Assessment and Management of Environmental and Social Risks and Impacts</td>
<td></td>
</tr>
<tr>
<td>The ESMF will be prepared and disclosed in country no later than 30 days after Project effectiveness. It will be</td>
<td>06/2020</td>
</tr>
<tr>
<td>implemented during the project lifecycle and specific ESMPs will be prepared and implemented overtime.</td>
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</tr>
<tr>
<td>The ESCP was prepared on March 31, 2020. It will be disclosed within the country prior to approval. The activities</td>
<td>06/2020</td>
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<tr>
<td>included will be implemented overtime during the project lifecycle.</td>
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<tr>
<td>The ongoing process for the Environmental specialist recruitment is completed no later than 30 days after Project</td>
<td>05/2020</td>
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<tr>
<td>effectiveness and maintained throughout Project implementation.</td>
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<tr>
<td>The project will hire no later than 30 days after Project effectiveness a social specialist who will be maintained</td>
<td>06/2020</td>
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<td>throughout Project implementation.</td>
<td></td>
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<tr>
<td>ESS 10 Stakeholder Engagement and Information Disclosure</td>
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</tr>
<tr>
<td>A preliminary SEP was prepared on March 31, 2020 and shall be disclosed prior to appraisal. It will be updated no</td>
<td>06/2020</td>
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<tr>
<td>later than 30 days after the Project effectiveness to include further details and implementation arrangements.</td>
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<tr>
<td>ESS 2 Labor and Working Conditions</td>
<td></td>
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<tr>
<td>The Labor Management Plan (LMP) to be included in the ESMF will be prepared no later than 30 days after Project</td>
<td>06/2020</td>
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<td>effectiveness.</td>
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<tr>
<td>ESS 3 Resource Efficiency and Pollution Prevention and Management</td>
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</tr>
<tr>
<td>Considered under the ESMF (with medical waste management plan).</td>
<td>06/2020</td>
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<tr>
<td>ESS 4 Community Health and Safety</td>
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<tr>
<td>Considered under the ESMF and SEP.</td>
<td>06/2020</td>
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<tr>
<td>ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement</td>
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</table>
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:
N/A

IV. CONTACT POINTS

World Bank
Contact: Montserrat Meiro-Lorenzo  Title: Sr Public Health Spec.
Telephone No: +1-202-473-0161  Email: mmeirolorenzo@worldbank.org

Contact: Opope Oyaka Tshivuila Matala  Title: Senior Health Specialist
Telephone No: +1-202-473-0703  Email: otshivuilamatala@worldbank.org

Borrower/Client/Recipient
Borrower: Government of Côte d'Ivoire

Implementing Agency(ies)
Implementing Agency: Ministere de la Sante et de l'Hygiene Publique (MSHP)
V. FOR MORE INFORMATION CONTACT

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

VI. APPROVAL

Task Team Leader(s): Montserrat Meiro-Lorenzo, Opope Oyaka Tshivuila Matala
Practice Manager (ENR/Social) Kevin A Tomlinson Cleared on 09-Apr-2020 at 14:05:2 EDT
Safeguards Advisor ESSA Nina Chee (SAESSA) Concurred on 01-May-2020 at 17:51:11 EDT