Additional Financing Appraisal Environmental and Social Review Summary

Appraisal Stage

(AF ESRS Appraisal Stage)

Date Prepared/Updated: 11/22/2021 | Report No: ESRSAFA283

BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Cameroon	AFRICA WEST	Republic of Cameroon	Ministry of Public Health, Ministry of Public Health

Project ID	Project Name
P178255	Cameroon COVID19 Additional Financing for Vaccines

Parent Project ID (if any)	Parent Project Name
P174108	Cameroon COVID-19 Preparedness and Response Project

Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	12/3/2021	12/30/2021

Proposed Development Objective

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

Financing (in USD Million)	Amount
Current Financing	29.00
Proposed Additional Financing	44.60
Total Proposed Financing	73.60

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 consists of four components to support the government to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in selected regions in Cameroon.

The Project components directly respond to the National COVID-19 Response Plan and the National Vaccine Deployment Plan of the government: 1) Component 1 –Emergency COVID-19 Response – focuses on case management of COVID-19 cases through enhancing capacity of designated health facilities to ensure adequate case management for severe and critical COVID-19 patients through procurement of medical equipment and commodities. It will also finance COVID-19 vaccines secured via AU/AVAT mechanism for 13 percent of the population and deployment costs for 40 percent of the population; 2) Component 2 – Supporting National and Sub-national Prevention and Preparedness – will support improvement of disease detection and confirmation capacities through provision of trainings and technical expertise, strengthen surveillance systems to ensure prompt case finding and contact tracing. It will also strengthen laboratory and testing capacity in Cameroon to manage large-scale testing for COVID-19 ; 3) Component 3 – Community Engagement and Risk-Communication – finances a comprehensive behavior change and risk communication intervention to support the reduction of the spread of COVID-19, generate demand for the vaccine and address vaccine hesitancy among the population; and 4) Component 4 – Implementation Management and Monitoring and Evaluation.

D. Environmental and Social Overview

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

With a population estimated at over 25 million in 2018, Cameroon is a lower-middle-income country located along the Atlantic Ocean. It shares its borders with Chad, the Central African Republic (CAR), Equatorial Guinea, Gabon, and Nigeria, all of which have reported COVID-19 cases. This population is young (41 percent under 15) and approximately 44 percent of the population lives in rural areas. Cameroon has been grappling with attacks by Boko Haram in the Far North and a secessionist insurgency in the Anglophone regions. Since September 2017, this situation has displaced more than 500,000 people internally and claimed the lives of close to 400 civilians and over 200 military, gendarmerie, and police officers. Figures from the UN Refugee Agency (UNHCR) show that Cameroon is currently hosting over 401,213 refugees, primarily from the Central African Republic (289,982) and Nigeria (108,164).
Cameroon launched its vaccination campaign on April 12, 2021 and as November 12, 2021 169,300 people (1.2 percent) of the population) have been fully vaccinated. Vaccine hesitancy for COVID-19 vaccination persists in Cameroon, particularly among health workers. So far, Cameroon has received 1,889,450 doses of vaccines, including 589,600 doses of Astra Zeneca and 639,050 doses of Jansen (from COVAX facility, including a donation from the USA), 460,800 doses of the Jansen vaccine (from AVAT) and 200,000 doses of Sinopharm (donation from China).
As of November 10, 2021, a total of 106,190 confirmed cases and 1,770 deaths have been reported. Currently, 1,016 cases are active, the majority of which are in the Central, Littoral and North-West regions. Cameroon saw a slow increase in the number of daily cases recorded at the beginning of the pandemic and experienced a first peak at the end of June 2020. A second wave of infections began in April which tapered down by June 2021. The country has been undergoing a third wave since August 2021, with new cases per day reaching close to 1,000 in late September and beginning of October. New cases appear to have plateaued around 250/day in most recent weeks. Case fatality rate has remained low at approximately 1.7 percent.
This Project aims to support the Government of Cameroon to acquire, manage, and deploy COVID-19 vaccines, and to strengthen its immunization capacity. The project will contribute to National Vaccination and Deployment Plan (NVDP), which calls for a vaccination target of 40 percent of Cameroon population to be immunized by the end of 2022 and 60 percent by end of 2023.

The project will be implemented at a national scale supporting an estimated 2,000 health centers for COVID-19 detection and case management and 250 vaccine centers. Project activities covers the whole country which has a significant numbers of Indigenous Peoples/Sub-Saharan Historically Underserved Traditional Local Communities (IP/SSAHUTLCs): (i) the Baka, with an estimated population of nearly 40,000 people occupy 75,000 km² in the East and South Regions of Cameroon; (ii) the Bakola/Bagyelis, with an estimated population of 3,700 people who occupy 12,000 km² in the southern part of the coastal region; and (iii) the Bedzan, estimated at less than a thousand, who are located in the transition zone between savannah and forest in central Region of Cameroon (Ngambé-Tikar area, Central Region). No major civil works are expected in this project. Any works involving refurbishments will be carried out in the existing health care facilities and laboratories.
As agreed during the preparation stage, the ESMF of parent project has been prepared after effectiveness. It reflects the scope of this operation and new activities under additional financing, as well as the requirements of the ESF. The Project is not expected to affect natural habitats or cultural sites.

D. 2. Borrower's Institutional Capacity

In close coordination with the National COVID-19 Response Committee, the performance-based Financing Technical Unit (CTN-PBF) in the Ministry of Public Health shall have overall responsibility for the implementation and coordination of the project. The Ministry of Public Health (MoPH) has the experience to manage the project under safeguards policies, drawing especially from the implementation of the ongoing World Bank-financed Health System Performance Reinforcement Project (P164954). CTN-PBF shall then be responsible for procurement, financial management, monitoring, and evaluation, and environmental and social (E&S) risk management. They have demonstrated their capacity to screen, implement, monitor, and report on environmental and social issues. As the proposed project will be implemented under the ESF, CTN-PBF does not have practical experience applying the new requirements. The capacity to manage the additional requirements of the ESF is therefore limited. Thus, there is a need for capacity building on the ESF for PIU/CTN-PBF, MoPH, and experts in key ministries and agencies.
CTN-PBF has two qualified E&S specialists, and both have successfully completed the ESF online training course. As a condition of parent-project, it was also agreed that the project would recruit an additional social specialist with a background in Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) within 30 days after the Effective date. This recruitement has experienced registered some delay and the new proposed date to have this expert onboard one month after approval of the AF so he can start working on the parent project right away. In addition, a comprehensive training plan will be prepared within 60 days of implementation and shall be properly resourced. The World Bank will provide guidance on preparing and implementing a capacity building and training plan to help the Borrower manage environmental and social risks throughout the project timeline.
Medical waste management is challenging in Cameroon. A proportion of the waste stream is disposed of in open dumps in combination with municipal solid wastes while some are disposed of in incinerators. To improve medical waste management practices, the Borrower has installed incinerators, which are operational in five sites (Bonassama, Etoua, Guider, Bamenda and Eseka). Another 20 incinerators shall soon be installed in 20 health districts across the country. The focus should be concentrate on incinarators with double combustion to ensure the complete combustion of the different categories of medical wastes as well as to have a system to follow up and ensure proper disposal of ash from such incineration. For health facilities without incinerators, the emphasis at ICWMP level is to organize waste disposal pools around existing incineration plants (05 with good standards).

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

A. Environmental and Social Risk Classification (ESRC) Substantial

Environmental Risk Rating Substantial

Although the project will have positive long-term impacts as it should prevent, detect, and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness, there is several short-term adverse risks and impacts that need to be addressed. The project includes the upgrade of existing health facilities which could further lead to production of construction waste, inefficient use of natural resources like water, raw materials, and energy with risks of pollution to air, soil and water, OHS risk on workplace. New activities introduced by additional financing, relating to the purchase and deployment of vaccines are also likely to have moderate negative impacts on the environment. As the project has a national vocation, its implementation will generate variable scale of impacts on environment depending on whether you are in an urban or rural area, and whether you are closer or farther from the major urban centers that have waste treatment infrastructures. Considering overall risks to the environment, health, and safety at work and in communities and the challenges associated with the management of medical waste, the level of environmental risk is considered as substantial. In fact, key potential environmental risks and impacts included : (i) workplace safety risks related to the rehabilitation and equipping of selected existing health facilities and hospitals, (ii) risks related to hazardous and infected health care waste storage, transportation and disposal, included uncontrolled production of vaccine-related waste at several sites (about 250 COVID-19 vaccine centers and 2,000 health centers for COVID-19 detection in ten regions of the Country) ; (iii) risks related to occupational health and safety (OHS) including the risk of spread of the virus among health care workers; (iv) risks related to community health and safety including the risk of the spread of COVID-19 among the population at large, and (v) risks related to the operation of incinerators including air pollution, (vi) climate change impacts and risks of traffic accidents linked to transport activities for vaccine deployment. In case of inappropriate management of infectious medical wastes from the project, the receiving environments can be impacted in different ways, particularly in rural and conflicts areas (Far-North) were the awareness about waste remains poor. The main potential impacts could be: (i) degradation of the landscape and possibly congestion of fields, congestion of riverbeds and unsanitary conditions. In the event of unscrupulous burning (different from incineration at very high temperatures), there is a risk of a deterioration in air quality, with a consequent risk to human health due to inhalation of toxic gases that could lead to other respiratory diseases. Vaccines are packaged under temperatures ranging from -90°C to -15°C depending on the shelf life. It is therefore obvious that the project will require the use of cold rooms or refrigerated cars that can release greenhouse gases. The distribution of these vaccines on the national territory will require the mobilization of safe means of transport, which implies the consumption of fuel, the combustion of which mainly produces Greenhouse Gases. On the other hand, due to its short shelf life, vaccines can be damaged during the distribution and administration process. This damage can lead to ecotoxicological and bioaccumulation impacts on the natural environment if it is no managed appropriately. The parent project will finance small scale infrastructure works for the rehabilitation and equipping of selected existing health facilities and hospitals. These are expected to be site-specific therefore, environmental risks and impacts are expected to be temporary, predictable, and manageable. Proposed management and mitigation mechanisms will be proposed in the environmental and social instruments mentioned in ESS1 discussion that follows.

Social Risk Rating Substantial

The social risk rating of the project is Substantial. One key social risk related to the COVID-19 operations in general is that vulnerable social groups (poor, disabled, refugees, elderly, isolated communities) may be unable to access facilities and services, which could increase their vulnerability and undermine the general objectives of the project.

Other social risks include the rise of social tensions that could be exacerbated by the lack of awareness regarding the behavioral change required to decrease transmission (social physical distancing, hand washing and hygiene), stigma associated with victims of COVID-19 and their families, perceived exclusion from targeted health facilities and services. There is also a risk of misinformation regarding how COVID-19 is transmitted and prevented, and risks related to potential destruction of assets/structures when conducting rehabilitation works.

Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) Risk Rating Substantial

The Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) risk rating is Substantial. Women are reported to have endured domestic violence, sexual abuse and sexual harassment during quarantine measures. It is anticipated an increase in Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) due to home or other quarantine policies. Some of these risks will be addressed by the project related community engagement activities and information sharing and by targeted activities contained in the Stakeholder Engagement Plan (SEP) that has been updated. The project is not expected to involve land acquisition, restrictions on land use or involuntary resettlement.

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 operation is being processed as an emergency response using condensed procedures under the Fast Track COVID-19 Facility.
This Standard is relevant. The Project will have overall positive environmental and social impacts in that it will contribute to preventing, detecting and responding to the threat posed by COVID-19, as well as strengthening national systems for public health preparedness. Nonetheless, there are wide-ranging environmental and social risks and impacts that will need to be assessed and managed through a risk-based approach.
Primary key risks identified include: (i) workplace safety risks related to the rehabilitation and equipping of selected existing health facilities and hospitals; (ii) risks related to hazardous (including asbestos) and infected health care waste storage, transportation and disposal; (iii) risks related to occupational health and safety (OHS) including the risk of spread of the virus among health care workers; (iv) risks related to community health and safety including the risk of the spread of COVID-19 among the population at large, and (v) risks related to the operation of incinerators, (vi) marginalized and vulnerable social groups (including poor, disabled, elderly, isolated communities, Indigenous Peoples, refugees) being unable to access facilities and services; (vi) social conflicts resulting from false rumors and misinformation; (vii) issues resulting from people being kept in quarantine, including stigma faced by those admitted to treatment or isolation facilities; and (viii) risks of SEA/SH to project workers and beneficiaries.
(IX) Project activities under sub-components 1.2 and 1.3 will acquire and deploy COVID-19 vaccines, and could present environmental, social, health and safety risks for the project workforce and communities. Key environmental and social risks include: (X) OHS issues as workers in healthcare facilities and laboratories that may be exposed to infectious disease contagion; and (XI) medical waste management. The future infection spread risk is significantly associated with the management of medical waste generated in laboratories and other facilities. If not adequately handled and treated, medical waste can turn into a vector in spread of new infections; and can cause environmental pollution if vaccines and healthcare products are mismanaged; (XII) vaccine transportation and distribution from storage will entail road safety risks; (XIII) community health and safety related risks.

All project activities, ranging from operation of health centers and vaccine distribution to community engagement interactions, present a risk of transmission in the community. The operation of health centers has a high potential of infecting the wider population if not systematically managed and well controlled; (XIV) potential risks around exclusion of vulnerable groups to access project supported services and facilities and/or vaccines; (XV) Risk of virus mutation leading to the appearance of a more virulent variant.

To mitigate these risks, the CTN-PBF has produced an ESMF which includes as annex, an ICWMP and LMP. The SEP and ESCP has also been updated to include new activities under additional financing. The LMP includes measures to ensure protections for workers exposed to unsafe working conditions or hazardous materials.

The ESMF includes measures to address relevant E&S risks like medical waste management, OHS, social risks, stakeholder engagement, the Infection Control and Medical Waste Management Plan (ICWMP), relevant parts of the COVID-19 Quarantine Guideline and WHO COVID-19 biosafety guidelines. The ESMF include: (i) E&S principles; (ii) provisions for asbestos handling, transport and disposal; (iii) the environmental and social baseline (information on any external waste management facilities, including existing service providers; the national approach to testing for COVID-19, including any prioritization hierarchy for testing and the location of testing facilities in relation to the proposed project; information on disadvantaged and vulnerable groups , if any, who may be affected by the project; (iv) guidance for a close assessment of the operation of incinerators, and (v) a template for preparing site-specific Environmental and Social Management Plans (ESMPs), as necessary, for managing risks and impacts related to any small-scale civil works.

In addition, the ESMF sets out the required technical specifications, and other relevant information on the procurement of goods and supplies e.g. equipment such as incinerators or Personal Protective Equipment (PPE) or cleaning materials. To address OHS risks associated with the procurement of goods and supplies, the MoPH/CTN-PBF, will work with relevant partners (UNICEF and WHO) to identify and leverage all existing supply chain options and open new ones where possible to ensure that PPE and other relevant equipment, kits and material can be procured and dispatched nationwide in a timely manner, subject to the existing health PPE constraints in the global supply chain. The ESMF will be cleared by the Bank and disclosed both in country on the Ministry of Public Health website and on the World Bank website by AF project appraisal. Between Effective Date and the disclosure and adoption of the ESMF, the Project will strictly follow current WHO guidance on COVID-19 in a manner consistent with common approach between UN Agencies supported by the ESSs.

The project Environmental and Social Commitment Plan (ESCP) includes commitments to undertake the required assessments and production of the necessary instruments for the Project. Mitigation measures for site-specific impacts will be managed through the implementation of required environmental and social instruments to be prepared as per the ESMF.

SEA/SH Risks: The project has been given a preliminary rating of moderate risk for SEA/SH, based upon the country context and project-specific indicators. This risk rating is subject to validation following project approval, and SEA/SH risks shall be further assessed and addressed during the implementation phase; this will include a review of the preliminary screening exercise and corresponding measures to prevent and mitigate identified risks. The project shall maintain the Project Implementation Unit (CTN-PBF) with qualified staff and resources to support management of ESHS risks and impacts of the Project including environmental and social risk management specialists. The PIU will include the two current E&S specialists and recruit an additional Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) specialist.

The project may involve the army to convoy the transportation of medical equipment and supplies procured under the project in the Far North region . such services will be entirely financed by the government. The project will ensure that the security personnel follow a strict code of conduct; the ESMF lays out measures for security personnel. In

doing so, the environmental and social assessment is guided by the principles of proportionality and GIIP, and by applicable law, in relation to engaging security forces, rules of conduct, training, equipping, and monitoring of security forces.
According to Decision n ° 0178 / D / MSP / SESP / SG / DPS / SDHA / SHM / BPHE of April 24, 2006, the management of hospital waste falls under the responsibility of the Hospital Hygiene Units (UHH) in public health facilities, in particular General Hospitals, Central, Regional and District Health Hospitals. These units, managed by sanitary engineering technicians, placed under the authority of the head of the health facility concerned, are responsible for implementing measures to prevent and fight nosocomial infections and promote environmental health in healthcare facilities. While in most health facilities these Hospital Hygiene Units exist, these structures are experiencing serious operational difficulties: absence / insufficient material / work equipment; lack of real authority in the management of hospital waste; demotivation because not being listened to by those in charge; etc. Despite the efforts noted in certain healthcare facilities, the management of hospital waste remains generally inefficient. All persons exposed to hazardous healthcare waste are exposed to risk of being injured or infected due to the absence and or insufficiency of the appropriate Personal Protective Equipment, the inappropriate quality of the waste collection bins and the equipment. Waste management and treatment options must first protect health care workers and populations and minimize the indirect impacts on the environment from exposure to health care waste.

ESS10 Stakeholder Engagement and Information Disclosure

This standard is relevant. The existing Stakeholder Engagement Plan (SEP) of parent project (P174108) has been updated and will be disclosed by AF-appraisal. The SEP outlines the main characteristics and interests of the relevant stakeholder groups (e.g., health professionals, community representatives, construction workers, vulnerable groups), timing and methods of engagement throughout the project cycle as well as an outline for the establishment of a project Grievance Redress Mechanism (GRM). Adaptations to ensure physical distancing requirements, bans on public gatherings, lockdowns and mobility restrictions are reflected in the SEP. These activities are financed under Component 3. The SEP will be updated every six months to include more information's regarding the methodologies for information sharing, stakeholder mapping and identification of existing community-based platforms that can be used to facilitate effective community engagement and participation. A proper communication strategy against COVID-19 vaccine hesitancy will be developed and implemented within the framework of this project. The SEP refines consultation strategies and modalities with due consideration of measures in place. The approach to stakeholder engagement will guide all project activities including. The updated SEP includes measures to address the needs of IP/SSAHUTLCs and relevant information about the arrangements to the public about the use of security forces. The project-level GRM shall accept grievances related to security and the use of security personnel as is required for any other complaint, and worker and community concerns related to security personnel shall be addressed. The updated SEP will be shared with relevant stakeholders via culturally appropriate means (considering language, logistical and technological constraints). A dedicated hotline and email will be established for grievances and feedback.

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. Many activities supported by the project will be conducted by health care and laboratory workers and will include both tests, and administration of COVID19 vaccines, the treatment of patients as well as the assessment of patient samples. This standard also take into consideration, construction workers for rehabilitation activities to be carried out in healthcare facilities. The key risk for them is possible COVID-19 contamination (and other contagious illnesses as COVID-19 patients are likely to suffer from other illnesses that compromise the immune system). The PIU will ensure the application of OHS measures as outlined in WHO guidelines which are reflected in an Infection Control Medical Waste Management Plan (ICMWMP) and a Labor Management Procedure (LMP), both of which are annexed to the ESMF. These include: procedures for monitored 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 face masks, gowns, gloves, handwashing soap and sanitizer); and generally ensuring adequate OHS protections in accordance with the general and industry specific Environmental, Health and Safety Guidelines (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. The LMP produced provides guidance regarding the policies and procedures that will govern health care workers, project staff and other workers hired under the project. It also provides details on how labor GRM allows workers to quickly inform management of labor issues, such as a lack of PPE and unreasonable overtime. Specific prohibitions will be enacted in the deployment of security personnel, including no child labor and no forced labor.

ESS3 Resource Efficiency and Pollution Prevention and Management

This 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. The ESMF includes an ICMWMP that reflects WHO COVID-19 guidance and other international good practice, to prevent or minimize contamination from inadequate waste management and disposal.

As part of the transport and storage of vaccines between the points of entry into Cameroon, the main storage warehouse and the vaccine administration centers, there will be a significant use of energy for transportation (fuel) and storage (electrical energy) which are resources from nature. The combustion of hydrocarbons will lead to the production of gases in the atmosphere, including greenhouse gases. But the Project is not anticipated to generate significant quantities of GHG emissions. However, the project will include, where possible, measures to increase efficiency of energy use. The project will alleviate some of the constraints by provide support at all levels of the system. Support for cold chain improvements may include procuring and installing warehouses, cold rooms, fridges, freezers, cold boxes, vaccine carriers to focus not just on COVID-19 vaccine but the upgrade of the entire cold chain (including routine vaccines) should lead to energy efficiency savings as facilities are modernized.

Also, the use of vaccines will lead to the production of biomedical waste and ordinary industrial waste, likely to lead to various pollution of soil water and air. The use of natural resources like water, wood and other natural resources in upgrade of health units shall be such that wastage of these resources shall be avoided. Pollution prevention measures and emergency response procedure for management of hydrocarbon spills (from equipment or vehicles involved in the logistics support of this project) have been included in the ESMF.

For sub-components 1.2 and 1.3, medical wastes (including water, reagents, infected materials, etc.) are expected to be generated from health facilities to be supported (vaccines, supplies, and medical equipment). Additionally, the

project will generate a high volume of sharps. Other waste generated from vaccine deployment: syringes, empty vaccine vials, the cold chain and transportation of vaccines can generate packaging waste, dry ice, emissions of refrigerants. The improper handling, transporting, and disposal of these medical waste streams may result in adverse impacts to human health and the environment. Liquid contaminated waste may find its way to the soil or any nearby water body if not properly managed.
An Infectious Care Waste Management Plan (ICWMP) has been prepared as an annex to the ESMF to ensure appropriate management of pollution that may contaminate the air, water or soil. There is an existing National Medical Waste Management Plan (NMWMP) which outlines procedures for sorting, handling and disposing of medical waste and also for managing waste generated in response to Covid-19 based on WHO and WB guidance. It was revised and redisclosed in April 2020. The ICWMP prepared for the project is supported by this NMWMP.
Technical capacity of the Borrower to manage hazardous and medical waste in line with GIIP i.e., infrastructure, facilities and specialized companies for collection and treatment of hazardous and medical waste which operate in the country, has been assessed and addressed as part of the project ICWMP. The project support the Borrower to address identified gaps and minimize potential impacts on environment and community health and safety in the followinf ways : (i) to optimize plans and processes for collection and transportation of COVID-19 vaccines and other related medical waste to disposal sites and (ii) to additionally develop and implement guidelines and staff training to improve climate friendly medical waste management at the facility level with a focus on waste management in flood prone areas. Key waste management inputs will also be procured through the project (bags to collect waste, bins, etc).
For each beneficiary health care facilities of the project, a prior assessment of waste management capacities will be required before any project activities. This will be to ensure that adequate measures are put in place to ensure proper management of hospital waste. The implementation of these measures will be monitored in the activity reports of each structure and during supervision missions by the project's teams and the World Bank.

ESS4 Community Health and Safety

This standard is relevant. Protecting communities from COVID-19 infection is the intention of the project but without adequate controls and procedures, project activities have the potential to contribute to the spread of the virus and may also generate social conflict.

Medical waste and other waste from the labs, health centers, quarantine and isolation centers have a high potential of being contaminated and this can infect the community at large if not properly managed. There is a possibility for infectious microorganisms to be transmitted to members of the public if not well contained within laboratories or appropriately isolated areas of hospitals and medical centers, or due to accidents or emergencies. Measures for waste management are outlined in the ICMWMP and reflect international good practice and WHO protocols including:

(i) how Project activities involving the COVID-19 pathogen or waste generated in its identification and treatment will be carried out in a safe manner with (low) incidences of accidents and incidents in line with Good International Industry Practice (such as WHO guidelines); (ii) measures in place to prevent or minimize the spread of infectious diseases; and (iii) emergency preparedness measures. Information on preventive health measures to communities surrounding health facilities will be provided periodically through continuous stakeholder engagement.

The project may involve the army to convoy the transportation of medical equipment and supplies procured under the project in the Far North regions. The project will ensure that the security personnel follow a strict Code of Ethics and Professional Conduct with civilian authorities and communities.
SEA/SH risks will be assessed and addressed during project implementation, including screening and implementing measures to prevent and mitigate these risks. This will include implementing WHO's Code of Ethics and Professional Conduct for all workers in the quarantine facilities.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not currently relevant. The project will not require any land acquisition leading to restrictions on land use or economic and physical displacement.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This Standard is not currently relevant. The Project is not expected to support any activities that might jeopardize the integrity of biodiversity or living natural resources. In addition, setting up of COVID-19 diagnostic facilities will take place in existing premises.
However, the production of wood products for upgrade of health facilities should consider only suppliers with no history of disrespect /damage to biodiversity and living natural resources. Therefore, the ESMP should include a procurement procedure that ensure that due diligence is completed for all project suppliers.

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

ESS7 is likely to be relevant to the project, as project activities covers the whole country which has a significant numbers of Indigenous Peoples/Sub-Saharan Historically Underserved Traditional Local Communities (IP/SSAHUTLCs). . It is worth mentioning that under the PRPSS-C, an Indigenous People's Plan (IPP) was developed. This document was updated following the occurrence of the COVID-19 pandemic and disclosed. It provides information on the location of the country's Indigenous Peoples and their characteristics. This document will serve as base for the preparation of a stand-alone plan or framework for indigenous people as appropriate: (i) a stand-alone plan or framework may be developed; (ii) or key elements of risk mitigation and culturally appropriate benefits are included into the ESMF. Public consultations with representatives of indigenous communities and their organizations are provided for in the SEP, considering their circumstances. These organizations and representatives will be consulted during the revision of the SEP. Project activities related to ESS7 would require Free, Prior and Informed Consent (FPIC) to ensure that people and IP/SSAHUTLC are adequately informed in order to freely give their consent to vaccine campaign.

ESS8 Cultural Heritage

This standard is not currently relevant.

ESS9 Financial Intermediaries

This standard is not currently relevant.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways	No
OP 7.60 Projects in Disputed Areas	No

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:

This operation will not rely on the Borrower's E&S Framework. The Borrower's capacity to manage the environmental and social risks and impacts is weak, and the project will include measures to strengthen the capacity of the Borrower.

IV. CONTACT POINTS

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Borrower: Republic of Cameroon

Implementing Agency(ies)

Implementing Agency: Ministry of Public Health

Implementing Agency: Ministry of Public Health

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Yohana Dukhan
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