



# Appraisal Environmental and Social Review Summary

## Appraisal Stage

### **(ESRS Appraisal Stage)**

Date Prepared/Updated: 03/31/2020 | Report No: ESRSA00613



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Project ID	Parent Project ID (if any)
Senegal	AFRICA	P173838	
Project Name	Senegal COVID-19 Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/25/2020	4/2/2020
Borrower(s)	Implementing Agency(ies)		
Ministry of Finances and Budget	Ministry of Health and Social Action		

Proposed Development Objective(s)

To prevent, detect and respond to the COVID-19 disease outbreak in Senegal.

Financing (in USD Million)	Amount
<b>Total Project Cost</b>	<b>20.00</b>

**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 aims to strengthen the Senegal' s national public health preparedness capacity to prevent, detect and respond to the COVID-19 and future public health emergencies. The request amount is approximately US\$20 million for activities across three board categories: (i) prevention; (ii) detection; (iii) response. The objectives of the project and activities included are fully in line with the COVID-19 financing facility and will support the implementation of the Senegal COVID-19 Plan endorsed by the Ministry of Health and Social Action (on March 17, 2020) and has three components:



Component 1. Emergency CoCOVID-19 Response (US\$ 16.5 million). Under this component, the MoHSA will enhance its capacities to prevent, detect and treat the different cases. It will enable the country to mobilize surge response capacity through trained and well-equipped front-line health workers

Component 2. Community Engagement and Risk communication (US\$ 2 million). The project will support a communication, mobilization, and community engagement campaign to raise public awareness and knowledge on prevention and control of COVID-19 among the general population

Component 3. Implementation Management and Monitoring (US\$ 1.5 million). The proposed project will be managed by the MoHSA Project Coordination Unit (PCU). The project will share the cost of running the PCU along with other projects funded by the World Bank (REDISSE, ISMEA). Details of the implementation arrangements are described in section III. Implementation Arrangements.

#### **D. Environmental and Social Overview**

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]

This COVID-19 RESPONSE Project is focused on preparedness is also critical to achieving Universal Health Coverage (UHC), It is also aligned with the World Bank's support for national plans and global commitments to strengthen pandemic preparedness through three key preparedness actions, namely: (i) improving national preparedness plans including organizational structure of the government; (ii) promoting adherence to the International Health Regulations (IHR); and (iii) utilizing international framework for monitoring and evaluation of IHR.

The specific locations where project sub-components will be implemented have not yet been identified but will be implemented in urban as well as remote areas. All activities will occur within existing health facilities. No major civil works are expected in this project; any works involved will focus of rehabilitating and renovating existing structures, including health facilities and laboratories. project is not expected to impact natural habitats or cultural sites.

The expected project beneficiaries will be the population at large given the nature of the disease, infected people, at-risk populations, particularly the elderly and people with chronic conditions, people living along Senegal's borders, medical and emergency personnel, medical and testing facilities, and public health agencies engaged in the response in participating countries.

#### **D. 2. Borrower's Institutional Capacity**

The project will be implemented by the Project Coordination Unit (PCU) of the Ministry of Health and Social Action (MoHSA) which will work collaboratively with the involved key ministries. These ministries and institutions will also support the project and facilitate implementation, namely: Ministry of Livestock and Animal Production; Ministry of Agriculture and Rural Equipment; the Ministry of Environment and Sustainable Development (MEDD); Ministry of Armed Forces and the Ministry of Interior and Public Safety; Ministry of Education; Ministry of Women, Family and Gender. A technical committee for epidemic management has been set up at the MoHSA which will ensure regular monitoring of project implementation. This committee meets once a week. The Client has experience of the World Bank's environmental and social procedures with the two Regional Disease Surveillance Systems Enhancement (REDISSE) project (P154807) and Investing in Maternal, Child and Adolescent Health (ISMEA) project (P162042) which are currently being implemented, and under which environmental and social risk managing is proceeding in a



satisfactory manner. One additional specialist will be recruited in the PCU to monitor environmental and social aspects within one month of project effectiveness.

The capacity of the MOH to manage the environmental and social (E&S) risks will be built through ongoing support and training by World Bank officers as well as dedicated focal points for environmental and social specialists.

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

### A. Environmental and Social Risk Classification (ESRC)

Substantial

#### Environmental Risk Rating

Substantial

The environmental risks are considered Substantial. Although the main long-term impacts are likely to be positive, there is a number of short-term risks that need to be taken into account. The main environmental risks include: (i) environmental and community health related risks from inadequate storage, transportation and disposal of infected medical waste; (ii) occupational health and safety 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; and (iii) community health and safety risks given close social contact and limited sanitary and hygiene services (clean water, soap, disinfectants) and isolation capabilities at health facilities across the country. To mitigate these risks the MoHSA, the Environmental and Social Management Framework (ESMF) with Medical Waste Management Plan will be prepared within one month of effectiveness. The ESMF will contain 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 covered. In addition to the ESMF, the client will implement the activities listed in the Environmental and Social Commitment Plan (ESCP). The Project will also support MoHSP and other partners in overcoming logistical constraints in the timely provision of technical expertise, supplies, equipment and systems across the country.

#### Social Risk Rating

Substantial

The social risks are considered Substantial. One central social risk is that vulnerable social groups (poor, disabled, elderly, isolated communities) are unable to access facilities and services, which could undermine the objectives of the project. The project will also ensure that the medical isolation of individuals does not increase their vulnerability (for example, to gender-based violence, GBV) especially in rural areas of the country. Handling of quarantining interventions (including dignified treatment of patients; attention to specific, culturally determined concerns of vulnerable groups; and prevention of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) as well as minimum accommodation and servicing requirements) can also be listed as issues that will require close attention while managing the social risks of the project. Social risks also include social tensions that could be exacerbated by the project and community health and safety-related outcomes (especially related to spread of disease and waste



management. To mitigate these risks, the MoHSA, in the ESCP, will commit to the provision of services and supplies based on the urgency of the need, in line with the latest data related to the prevalence of the cases. MoHSA will also use the preliminary Stakeholder Engagement Plan (SEP) prepared for the emergency project to engage citizens and for public information disclosure while they update it to include more information on the environmental and social risks of project activities and new modalities that take into account the need for a comprehensive community engagement and participation plan, including improved hygiene and social distancing.

## **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 impacts on improving COVID-19 surveillance, monitoring and containment. However, the project could also cause significant environment, health and safety risks due to the dangerous nature of the pathogen (COVID-19) and reagents and other materials to be used in the project-supported laboratories and quarantine facilities. Healthcare associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and laboratory workers. The laboratories and relevant health facilities which will be used for diagnostic testing and isolation of patients can generate biological waste, chemical waste, and other hazardous bioproducts.

Social risks include: conflict resulting from rumors or misunderstandings about COVID-19 and various mitigation strategies and measures and additional vulnerability in terms of SEA/H. The project is not expected to involve land acquisition leading to physical and economic displacement. It will include measures for outreach, communication and stakeholder engagement that take into account social distancing. Special attention will be given to vulnerable groups (e.g. elderly, poorest communities, at risk health groups, etc.)

To mitigate against these risks, the project will develop an Environmental and Social Management Framework (ESMF) within one month of project effectiveness, which will adequately cover environmental and social infections control measures and procedures for the safe handling, storage, and processing of COVID-19 materials including the techniques for preventing, minimizing, and controlling environmental and social impacts during the operation of project supported laboratories and medical facilities. The relevant parts of COVID-19 Quarantine Guideline and WHO COVID-19 biosafety guidelines will be incorporated into the ESMP. These guidelines include provisions to address the needs of patients, including the most vulnerable. They also include provisions on the establishment of quarantine and isolation centers and their operation considering the dignity and needs of patients.

The proposed project will also provide medical supplies, Equipment for intensive care units and medical equipment for public health facilities; Personal protective equipment and goods for health personnel involved in patient case management; Training of health personnel; Hazard/indemnity pay consistent with the Government's applicable policies; Supplies for handwashing facilities using JMP standards; Medical waste management and disposal systems in permanent and temporary healthcare facilities on an as needed basis. The potential E&S risks arising from these activities will be identified in the ESMF and appropriate good practice protocols outlined for managing them. In particular,

To manage healthcare waste, the ESMF will include a medical waste management plan that builds on best international practice and WHO protocols for its collection, storage, transportation and final disposal.



### **ESS10 Stakeholder Engagement and Information Disclosure**

Stakeholder engagement is a critical tool for social and environmental risk management, project sustainability and success. The proposed project design itself includes a component to support a National Risk Communication and Engagement Plan for COVID-19 to raise public awareness and knowledge on prevention and control of COVID-19 among the general population and contribute to strengthening the capacities of community structures in promoting coronavirus prevention messages. This plan will not only help with the implementation of the community mobilization and behavioral change objectives of the project, but also help in a broader sense to tamp down on false rumors about COVID-19, to ensure equitable access to services, and to counteract the isolation and uncertainty that comes from people being kept in quarantine.

The updated SEP will also acknowledge the particular challenges of engaging marginalized and vulnerable social groups, especially those living in remote or inaccessible areas, while keeping a clear focus on those who are most susceptible to the transmission of the novel coronavirus, such as the elderly and those with compromised immune systems due to pre-existing conditions.

The Project's draft Stakeholder Engagement Plan (SEP), developed during preparation, will be updated within two months of project effectiveness and then throughout project implementation as the client engages in continuous, meaningful and safe consultations on policies, procedures, processes and practices (including grievances) with all stakeholders throughout the project life cycle, and provide them with timely, relevant, understandable and accessible information. The World Bank will advise the client on various approaches to engage stakeholders without raising medical risks. Stakeholder engagement strategies will point out ways to minimize close contact and follow the recommended good hygiene procedures as outlined in the US-based Centers for Disease Control (CDC) for patients with confirmed COVID-19 or persons under investigation for COVID-19 in healthcare settings. People affected by or otherwise involved in project-supported activities, including different types of health care workers, will be provided with accessible and inclusive means to raise concerns or lodge complaints, via the Grievance Redress Mechanism (GRM) included in the SEP.

### **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**

Project activities will be performed by mostly healthcare and laboratory personnel, the majority of whom are government civil servants and so only fall under the provisions for safety outlined in ESS2. The key risk is contamination with COVID-19 (or other contagious illnesses as patients taken seriously ill with COVID-19 are likely to suffer from illnesses which compromise the immune system, which can lead to illness and death of workers). The Project will ensure the application of OHS measures as outlined in WHO guidelines which will be captured in the updated ESMF. This encompasses 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 personal protective equipment (PPE); ensuring adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap and sanitizer); and overall ensuring adequate OHS protections in accordance with General EHSGs and industry specific EHSGs and follow evolving international best practice 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 MoHSA-PCU will develop procedures which respond to the specific health and safety issues posed by COVID-19 and protect workers' rights as set out in ESS2. This shall include Labor Management Procedures (LMP), included in the ESMF, to establish a procedure for the protection of workers' rights. The use of child labor will be forbidden in accordance with ESS2. The Project may outsource minor works to contractors. The envisaged works will thereby be of minor scale and thus pose limited risks, but workers will have access to necessary PPE and handwashing stations. Also, no large-scale labor influx is expected due to the same circumstance. In line with ESS2, the use of forced labor or conscripted labor in the Project is prohibited, both for construction and operation of health care facilities. The Project will also ensure a basic, responsive grievance mechanism to allow workers to quickly inform management of labor issues, such as a lack of PPE and unreasonable overtime.

### **ESS3 Resource Efficiency and Pollution Prevention and Management**

Vegetation and soil loss: The clearance and loss of areas of vegetation and faunal habitat is not expected.

Waste management: Highly infectious medical waste is expected from the handling of COVID-19. The ESMF will include a plan for health care waste management plan for health facilities.

### **ESS4 Community Health and Safety**

Inappropriate handling of COVID-19 can expose the community to further spread of the disease. The ESMF will describe the measures in place to prevent or minimize the spread of COVID-19 for laboratories, quarantine and isolation sites. It will cover procedures for waste management of contaminated materials, protocols on the transport of samples, and workers cleaning before leaving the work place back into their communities, among others.

The quarantine and isolation centers will also ensure that communities, COVID-19 patients and their families are treated with respect and dignity, in reference to infrastructure, accommodation and supplies, and communication. The project will put in measures to address avoid any form of Sexual Exploitation and Abuse/Harassment (SEA/H) risks for all workers, based on by following the WHO Code of Ethics and Professional Conduct.

### **ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement**

The activities planned within the framework of the project are not expected to generate land acquisition or lead to physical or economic displacement.



In case there is a need for land acquisition leading to economic or physical displacement emerges during project implementation, Resettlement Action Plans (RAPs) will be prepared, consulted upon, cleared by the Bank and disclosed.

**ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources**

Not relevant, however waste from laboratories and other project sites could affect natural resources, if handled inappropriately. All personnel involved in the project must following the requirements delineated in the ESMF to ensure safe handling of medical and hazardous waste.

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

This standard is not relevant as there are no Indigenous Peoples/Sub-Saharan Historically Underserved Traditional Local Communities in Senegal.

**ESS8 Cultural Heritage**

This standard is not relevant at this time. Out of an abundance of caution, the ESMF will include measures for “Chance Finds” of archaeological or other cultural heritage.

**ESS9 Financial Intermediaries**

This standard is not relevant for the suggested project interventions.

**C. Legal Operational Policies that Apply**

**OP 7.50 Projects on International Waterways** No

**OP 7.60 Projects in Disputed Areas** No

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

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
<b>ESS 1 Assessment and Management of Environmental and Social Risks and Impacts</b>	
Environmental and Social Management Framework	04/2020
Recruitment of and additional environmental and social specialist	04/2020
<b>ESS 10 Stakeholder Engagement and Information Disclosure</b>	

Public Disclosure





Updated Stakeholder Engagement Plan	04/2020
<b>ESS 2 Labor and Working Conditions</b>	
Labor Management Procedures	04/2020
<b>ESS 3 Resource Efficiency and Pollution Prevention and Management</b>	
Medical Waste Management Plan (MWMP) included within ESMF	04/2020
<b>ESS 4 Community Health and Safety</b>	
Relevant provisions in ESMF	04/2020
<b>ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement</b>	
<b>ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources</b>	
n/a	
<b>ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities</b>	
<b>ESS 8 Cultural Heritage</b>	
<b>ESS 9 Financial Intermediaries</b>	

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:**

World Bank ESF applies; no common approach is under consideration.

**IV. CONTACT POINTS**

**World Bank**

Contact: Djibrilla Karamoko Title: Senior Health Specialist

Telephone No: 5352+4208 / Email: dkaramoko@worldbank.org

Contact: Moussa Dieng Title: Economist (Health)

Telephone No: 5352+4165 / Email: mdieng@worldbank.org

**Borrower/Client/Recipient**



Borrower: Ministry of Finances and Budget

**Implementing Agency(ies)**

Implementing Agency: Ministry of Health and Social Action

**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):	Djibrilla Karamoko, Moussa Dieng
Practice Manager (ENR/Social)	Valerie Hickey Cleared on 26-Mar-2020 at 14:11:14 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 25-Mar-2020 at 10:30:3 EDT