



# Appraisal Environmental and Social Review Summary

## Appraisal Stage

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

Date Prepared/Updated: 09/24/2020 | Report No: ESRSA01074



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Project ID	Parent Project ID (if any)
Sudan	AFRICA EAST	P174352	
Project Name	Sudan COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	8/13/2020	9/30/2020
Borrower(s)	Implementing Agency(ies)		
Republic of Sudan	Federal Ministry of Health		

Proposed Development Objective

The Project Development Objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Sudan.

Financing (in USD Million)	Amount
<b>Total Project Cost</b>	<b>21.99</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?**

Yes

**C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]**

The proposed project aims to help Sudan respond to and mitigate the risks associated with the COVID-19 outbreak in the country. The project will: (i) strengthen COVID-19 case detection and confirmation and conduct contact tracing; (ii) improve clinical care capacity; (iii) raise public awareness and promote community engagement; and (iv) bolster coordination, planning, logistical support, and reporting. While the focus is on the coronavirus response and preparedness, the activities to be supported are expected to have cross-cutting benefits for addressing other disease outbreaks.

Based on the Sudan Preparedness and Response Plan, the project will aim to fill critical gaps in implementing evidence-based interventions, such as: points of entry interventions; leadership and coordination; risk communication



and community engagement; national laboratories; infection prevention and control; case management and gender-sensitive isolation; and operational support and logistics. These areas are identified to immediately strengthen the local capacity to respond and address the current COVID-19 challenges in timely manner, while working within the country's existing systems and providing technical assistance as needed for local entities. Emphasis will be placed on strengthening capacities at both the federal and state levels through a balanced approach. This plan is designed to leverage the capacities of other key stakeholders to engage multiple actors and sectors active in Sudan.

**Component 1: Emergency COVID-19 Response (US\$20.5 million).**

The aim of this component is to prevent and limit, to the extent possible, the spread of COVID-19 in Sudan. This will be achieved by providing immediate support to enhance case detection, testing, case management, recording and reporting, as well as bolster contact tracing and risk assessments. Specific areas to be supported include: (i) rapid detection and screening at critical Points of Entry (POEs); (ii) disease surveillance, emergency operating centers and rapid response teams to allow timely and adequate detection, tracing, and reporting of suspected cases; (iii) establishment and equipment of isolation and clinical management capacity at a select number of health facilities/hospitals across the country to respond to symptomatic cases; (iv) infection prevention and control at facility and community levels to ensure coordinated supply and demand side hygienic practices; (v) enhanced COVID-19 testing and diagnostic capacity at a targeted number of hospital-based laboratories across the country; (vi) nationwide risk communication and community engagement campaigns to raise awareness of COVID-19 and other pre-existing health priorities; (vii) leadership and coordination across different ministries, departments at the federal and state levels. Specifically, this component will finance the procurement of medical and non-medical supplies, medicines, and equipment as well as financing training, systems' development, and implementation expenses and minor rehabilitation and upgrading/refurbishment of existing facilities to support the COVID-19 response.

**Component 2: Implementation Management and Monitoring and Evaluation (US\$1.49 million)**

This component will support administration and monitoring and evaluation (M&E) activities to ensure smooth and satisfactory project implementation. The component will finance: (a) direct cost for staffing and establishment of the Project Management Unit (PMU) at the Federal Ministry of Health (FMOH); and (b) hiring of a Third-Party Monitoring (TPM) agent and auditor, with terms of reference (TOR) satisfactory to the Bank;

**Component 3: Contingent Emergency Response Component (CERC) (US\$0.0).**

A zero cost CERC component will provide support for future emergency responses. Following an eligible crisis or event, clients may request the Bank to re-allocate project funds to support an additional emergency response. This component would draw from the uncommitted credit resources under the project from other project components to cover emergency response. CERCs can be activated without needing to first restructure the original project, thus supporting rapid implementation. To facilitate a rapid response, formal restructuring is deferred to within three months after the CERC is activated.

These components will be complemented by a World Bank executed Trust Fund which will cover the operational support as well as the analytical and technical assistance provided by the World Bank team throughout the duration of the project.



#### D. Environmental and Social Overview

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

Sudan's health system is marked by decades of neglect. Overall, fragmentation of the service delivery, decision making, and financing is a salient feature of the health system in Sudan at both federal and state levels. Sudan continues to have high maternal and child mortality rate (MMR 311 per 100,000 live births, and under-5 child mortality 70 per 1,000 live births, WHO 2015). The leading causes of under 5 mortalities are acute respiratory infection (18 percent), diarrhea (11 percent), prematurity (14 percent) and intrapartum related complications (12 percent). DPT3 coverage has improved significantly over the years (from 62 percent in 2000 to 93 percent in 2013), however, only 43 percent of children between 12-23 months were fully immunized in 2014 (MICS, 2015). Low access to essential services impedes any major decline in disease burden and causes premature deaths from these diseases.

Sudan also suffers from persistently high child malnutrition levels which are among the highest in the world. Despite efforts made by the Government and development partners in the past 25 years, malnutrition rates among children under 5 years old have remained unacceptably high with an estimated 33 percent of children underweight, 38 percent of children stunted, 16 percent of children wasted and 5 percent of children severely wasted UNICEF MICS, 2015). Furthermore, the absolute number of wasted, stunted and underweight children under five years of age has risen significantly (UNICEF, 2014).

Health care in Sudan is generally under-financed. Total health expenditure per capita remains at US\$130 (2015), with a high rate of out-of-pocket payments (75 percent of the total health care expenditures, 2015) which increased vulnerability to health shocks not only among the poor but also among the middle class. Allocation from the Ministry of Finance (MOF) to the system is neither efficient nor based on pre-set priorities and is skewed towards curative services.

Shortage and skewed distribution of the health workforce is very evident. Health workforce density is 5.6 for physicians per 10,000 population and 47.6 nurses and midwives per 10,000 of the population. More than two thirds (67 percent) of the staff works in secondary and tertiary care. Geographical distribution of health workers is uneven with the majority in urban settings. For instance, even though over 70 percent of the population resides in rural areas, 70 percent of health workers work in the urban areas with 38 percent in the capital, Khartoum. Moreover, 62 percent of specialist physicians and 58 percent of technicians are based in Khartoum.

The COVID-19 crisis has also highlighted the importance of safe water and sanitation and hygiene practices which remain inadequate. About 5.3 million people lack access to improved water sources, 6.2 million people lack access to improved sanitation, and 7.5 million people lack access to hygiene services. This presents significant challenges in containing the virus if there is widespread community transmission. Many people are unable to comply with required WASH and waste management practices for prevention of human-to-human transmission of the COVID-19 virus, including proper hand hygiene.

Although the country remains prone to many outbreaks, including cholera, chikungunya, dengue, malaria, measles and Rift Valley, the surveillance system doesn't cover the entire country and is structurally weak with long delays between alert and confirmation of an outbreak. Sudan lacks adequately trained medical staff, isolation units, intensive care units, infection control materials, medicines and medical supplies to address quickly spreading



outbreaks including the corona virus (COVID-19) in all states across the country. COVID-19 cases may force health facilities to close to other patients due to isolation procedures. Regular treatments for malnutrition or maternal care may be adversely affected.

Transmission of COVID-19 has been evolving quickly in Sudan, and the risk of a second wave is high. As of September 2, 2020, the Government of Sudan (GoS) reported 13,437 confirmed cases and 833 fatalities. The situation evolved from imported cases to local transmission within few days in early April 2020. Despite the relatively smaller number of new reported daily infections, the risk of the second wave remains high given the recent deadly flooding and the displacement of more than 0.5 million people. According to an analysis undertaken by the Africa Center for Strategic Studies which assess 9 of the most important risk factors for the spread of COVID-19 by country, Sudan ranks as one of the top four African countries at highest risk of COVID-19. The weakness of the health system and the population density in cities contribute to the overall ranking. Sudan has limited capacity to control the transmission and contain COVID-19. Without immediate support, the consequences could be catastrophic to Sudan, including the expected spillover transnational effects on the neighboring countries with high traffic to/from Sudan such as Egypt, Gulf Countries, and South Sudan.

The Project will be implemented throughout Sudan and will contribute to improved COVID-19 surveillance and response. However, specific locations where sub-components will be implemented have not yet been identified. Sudan has considerable geographical diversity and as a result, is endowed with great diversity of plant, animal and microbial genetic resources. No major civil works are expected in this project, and any works will take place in existing facilities. As result, the project is not expected to endanger natural habitats or cultural sites. However, COVID-19 Preparedness and Response activities such as the operation of laboratories (equipment, reagents /chemicals) as well as quarantine and isolation centers encompass considerable environmental and social risks. Such activities will be implemented in urban as well as remote rural areas (including border areas and areas of potential communal conflicts) which need to be taken into consideration when rolling out project-support.

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

Under the proposed project, the FMOH will be the recipient and implementing agency for the project. A dedicated PMU will be established to manage the daily activities supported by the project and will include adequate staffing covering the skill mix required for the daily management of the project. The PMU will be working directly with the National Task Force (NTF) at the FMOH and will establish clear coordination mechanisms with the relevant departments at the Federal and State Ministries of Health. In addition, the PMU will work closely with the UN agencies including WHO, UNICEF, WFP, and UNFPA as needed to facilitate smooth procurement and distribution of some needed supplies under the project. The TORs for the PMU has been agreed and shared with the FMOH who is familiar with similar arrangements under different projects with other development financial institutions.

The Coronavirus National Taskforce (NTF) will coordinate the national response and provide strategic guidance for the implementation of the national program. The taskforce includes representatives of key ministries and government agencies, international and national organizations, UN agencies; as well as the main development partners active in the health sector, hence it is well placed to provide general oversight and advice. The taskforce is assisted by an



Expert Advisory Team and technical working groups for each pillar of the national COVID-19 response plan. The Expert Advisory Team provides timely scientific advice for coordinated and informed decision-making process. The COVID-19 technical working groups consist of multi-disciplinary teams from different departments/divisions of the Federal and State Ministries of Health responsible for the implementation and operationalization of the COVID-19 Plan. The working groups report to the NTF with respect to overall workplan implementation status, results framework update, procurement plan status, risk management plan, and escalates implementation bottlenecks for immediate decision and remedial actions.

The PMU at the FMOH will handle the following functions: (i) financial management, including flow of funds to different stakeholders; (ii) procurement of goods, medical and laboratory equipment, and supplies to ensure economies of scale and efficiencies; (iii) securing consultant services; and (iv) oversight of social and environmental risk management provisions. The Bank team has done a review of the current capacity of the FMOH and found it satisfactory given the strong core procurement and financial management capacity. To handle the additional workload from the project, the PMU will appoint the following: (i) Project Focal Point; and (ii) Environmental Risk Management Specialist, and (iii) Social Risk Management Specialist. A simple Project Implementation Manual will be prepared within one month of effectiveness, describing the main project activities and implementation modalities. The PMU will organize capacity building training to relevant federal, state and local, including medical facility level staff to meet the ESF requirements.

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

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

Substantial

#### Environmental Risk Rating

Substantial

As this project will finance procurement of drugs, supplies and medical equipment, the environmental risks will be mainly associated with the operation of the labs, the quarantine and isolation centers, and screening posts at land crossings, as well as with the appropriateness of the medical waste management system to be put in place by the client. Given that Sudan has limited experience in managing highly infectious medical wastes such as COVID-19, the project can be judged to have a substantial environmental risk and will require that appropriate precautionary measures are planned and implemented. Improper handling of health care waste can cause serious health problem for workers, community and the environment. Medical wastes have a high potential of carrying micro-organisms that can infect people who are exposed to it, as well as the community at large if it is not properly disposed. Medical wastes that may be generated from labs, quarantine facilities and screening posts to be supported by the COVID-19 readiness and response could include liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid) and infected materials (water used; lab solutions and reagents, syringes, bed sheets, majority of waste from labs and quarantine and isolation centers, etc.) which requires special handling and awareness, as it may pose an infectious risk to healthcare workers in contact or handle the waste.

There is also a possibility for infectious microorganisms to be introduced into the environment if they are not contained within the laboratory or the quarantine facilities due to accidents/ emergencies e.g. a fire response or



natural phenomena event (e.g., seismic). The expected healthcare infectious/hazardous waste also includes wastes generated from COVID-19 patients. Medical wastes can also include chemicals and other hazardous materials used in diagnosis and treatment. The contamination of the laboratory and quarantine facilities, and equipment may result from laboratory procedures: performing and handling of culture, specimens and chemicals. If the contamination is due to a highly infectious agents, it may cause severe human disease, present a serious hazard to workers, and may present a risk of spreading to the community. Generally medical wastes from COVID-19 could cause substantial environmental and social risks, if they are not properly handled, treated or disposed.

There will be minor rehabilitation and upgrading/refurbishment of existing facilities to support the COVID-19 response. As indicated above, the client’s capacity is low and hence, the environmental risk of the project is substantial.

**Social Risk Rating**

Substantial

The key social risks related to the operation are public and occupational health risks deriving from engagement with people and samples contaminated with COVID19. Accordingly, provisions need to be in place for proper safety systems, particularly within quarantine and isolation centers, screening posts, and laboratories to be funded by the project; encompassing all OHS and waste management procedures. Beyond this immediate concern, project implementation needs to ensure appropriate stakeholder engagement to: (i) avoid conflicts resulting from false rumors, (ii) ensure vulnerable people and groups’ access to the services, and (iii) address issues potentially resulting from people being kept in quarantine. The project can thereby rely on standards set out by WHO as well as the Africa CDC to (1) facilitate appropriate stakeholder engagement and outreach towards a differentiated audience (concerned public at large, suspected cases and patients, relatives, health workers, etc.) to ensure widespread sharing of project benefits (COVID19 prevention and treatment) as well as avoidance of potential rumors and social conflicts; and (2) appropriate handling of quarantining interventions (including dignified treatment of patients; appropriate handling of specific concerns by vulnerable groups including cultural needs and Prevention of Sexual Exploitation and Abuse; as well as minimum accommodation and servicing requirements). The project will also need to take into consideration the difficulties to access communities in remote areas as well as the fragility in provinces having experienced decades of violent conflict.

**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 as it should improve 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

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standards can lead to illness and death among health and laboratory workers. The laboratories and relevant health facilities which will be used for COVID-19 diagnostic testing and isolation of patients can generate biological waste, chemical waste, and other hazardous byproducts. As the laboratories to be supported by the project will process COVID-19 that can have the potential to cause serious illness or potentially lethal harm to the laboratory staff and to the community, effective administrative and containment controls should be put in place to minimize these risks. Environmentally and socially sound healthcare including laboratory operation will require adequate provisions for avoiding/reducing occupational health and safety risks, proper management of hazardous waste and sharps, use of appropriate disinfectants, proper quarantine procedure for COVID-19, appropriate chemical and infectious substance handling and transportation procedure, institutional/implementation arrangement for environmental and social risks, etc. In line with WHO Interim Guidance (February 12, 2020) on “Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)”, COVID-19 diagnostic activities and non-propagative diagnostic laboratory work (e.g. sequencing) could be undertaken in BSL2 labs with appropriate care. Any virus propagative work (e.g. virus culture, isolation or neutralization assays) will need to be undertaken at a containment laboratory with inward directional airflow (BSL-3 level).

The project will be implemented throughout the country including areas that meet the requirement of ESS7 /Sub-Saharan African Historically Underserved Traditional Local Communities (IPSHUTLC) and hence, project design and implementation will ensure that the needs and voices of these groups are heard through inclusive consultation and participation and their specific cultural needs are taken into consideration.

In order to manage the anticipated environmental and social risks and impacts, the client will prepare an Environmental and Social Management Framework (ESMF) which will serve as a basis for preparation of site specific environmental and social risk management tools. The Ministry of Health/PMU will prepare an Environmental and Social Management Framework (ESMF) along with the Social Assessment and Social Management Plan, GBV risk assessment with GBV preventive actions, LMP, and ICMWMP one month after effectiveness so that the laboratories and quarantine facilities to be supported by the Project will apply international best practices in COVID-19 diagnostic testing and other COVID-19 response activities. The ESMF will have an exclusion list for COVID-19 lab activities that may not be undertaken unless the appropriate capacity and infrastructure are in place. Further the Borrower will conduct security risk assessment including management plan within one month after effectiveness.

International best practice is outlined in the WHO “Operational Planning Guidelines to Support Country Preparedness and Response”, annexed to the WHO “COVID-19 Strategic Preparedness and Response Plan” (February 12, 2020). Further guidance is included in the WHO “Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV” (February 11, 2020).

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.

Each medical facility/lab will apply infection control and waste management planning following the requirements of the ESMF.





The ESMF 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. It will also clearly outline the implementation arrangement to be put in place by the Ministry of Health/PMU for environmental and social risk management; training programs focused on COVID-19 laboratory biosafety, operation of quarantine and isolation centers and screening posts, as well as compliance monitoring and reporting requirements. The relevant part of COVID-19 Quarantine Guideline and WHO COVID-19 biosafety guidelines will be applied while preparing the ESMF so that all relevant risks and mitigation measures will be covered.

Site- and activity-specific considerations will be made based on these documents on an ongoing basis, to be post-reviewed by the Bank for any sub-activity not considered of high risk.

The borrower has updated the draft Stakeholder Engagement Plan (SEP) that was prepared during project preparation, and also prepared an Environmental and Social Commitment Plan (ESCP) which outlines the measures and actions required to avoid, minimize, reduce or otherwise mitigate the potential environmental and social risks and impacts of the project.

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

The project will have three categories of stakeholders:

Affected Parties persons, groups and other entities within the Project Area of Influence (PAI) these include patients, relatives, communities near to the quarantine, isolation and treatment centers, health workers. These are stakeholders who are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;

Other Interested Parties – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way. These include, concerned government staff (National and local);

Development Partners supporting the project; and Media; and

Vulnerable Groups – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

The project will establish a structured approach to engagement with stakeholders that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with COVID-19 throughout the project cycle. The approaches taken will thereby ensure that information is meaningful, timely, and accessible to all affected stakeholders, including usage of different languages, addressing cultural sensitivities, as well as challenges deriving from illiteracy or disabilities. In instances where there is a likelihood of more vulnerable groups in attendance, such as the elderly and those with compromised immune systems or related pre-existing



conditions, stakeholder engagement should minimize close contact. People affected by Project activities should be provided with accessible and inclusive means to raise concerns and grievances. The project will ensure that the vulnerable and marginalized groups including the refugees, IDPs and SSAHUTLC communities are consulted adequately and, in a manner, consistent with the World Bank ESF requirements.

The Project will undertake nationwide risk communication and community engagement campaigns to raise awareness of COVID-19 and other pre-existing health priorities. The Stakeholder Engagement Plan (SEP) describes the framework for these activities, following the guidance provided in WHO “Pillar 2: Risk communication and community engagement”. The SEP will be disclosed prior to appraisal in country and on the World Bank external website and that an updated version will be finalized one month after effectiveness.

The approaches taken will thereby ensure that information is meaningful, timely, and accessible to all affected stakeholders, including usage of different languages, addressing cultural sensitivities, as well as challenges deriving from illiteracy or disabilities. Due to the expected country-wide implementation of activities, the differences of areas and socioeconomic groups will equally be taken into consideration. This includes remote areas and areas of fragility, where there may be mistrust against government agencies. Community safety must be ensured, and all government agencies funded by this project will follow respective requirements on behavior.

It will be important that care management in quarantine and isolation centers is managed systematically, allowing patients to access information as well as patients’ relatives to get necessary information about the quarantined; if feasible by enabling two-way-communication.

The project will ensure the establishment of functional Grievance Redress Mechanism tailored to address GBV related grievances, including the establishment of a hotline. Grievances will be handled at locality level by the locality grievance Officers(committees) in charge of grievances and at state and federal level by state MoH and Federal MoH General Directors, including via a free dedicated hotline linked with a call centre to be established. The GRM will address each area of the feedback cycle: (i) uptake, (ii) sort and process, (iii) acknowledge and follow up, (iv) verify, investigate, and act, (v) monitor and evaluate, and (vi) provide feedback to the complainant as well as to project management and WB.

## **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**

Most activities supported by the project will be conducted by health- and laboratory workers, i.e. civil servants employed by the Government of Sudan. Activities encompass thereby treatment of patients as well as assessment of samples. 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 to be provided in the ESMF (including ESMP and ICMWP) noted under ESS1 as well as WHO guidelines. 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 PPE; ensuring adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap and sanitizer); and overall ensuring adequate OHS protections in accordance with general EHSs and industry specific EHSs 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.

Thereby, child labor is forbidden in accordance with ESS2 i.e. due to the hazardous work situation, for any person under the age of 18.

The project may outsource minor works to contractors. The envisaged works will thereby be of minor scale and thus pose limited risks. The workers will not work in contaminated areas. Also, no large-scale labor influx is expected due to the same circumstance. A Labor Management Procedures (LMP) proportional to the activities, risks and impacts will be prepared and annexed with the ESMF one month from project effectiveness. The LMP will provide an estimated number of workers; detailed information on the work terms and conditions; and procedure to address workers grievances. Differentiated provisions will be provided to the different workers under the project, i.e. civil servants, specific PIU staff and consultants, volunteers, and contracted staff (if any).

In line with ESS2, prohibited is the use of forced labor or conscripted labor in the project, both for construction and operation of health care facilities.

The project will also ensure a responsive grievance mechanism to allow workers to quickly inform management of labor issues, such as a lack of PPE.

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

Medical wastes and chemical wastes (including water, reagents, infected materials, etc.) from the labs, quarantine, and screening posts to be supported (drugs, supplies and medical equipment) can have significant impact on environment and human health. Wastes that may be generated from medical facilities/ labs could include liquid contaminated waste, chemicals and other hazardous materials, and other waste from labs and quarantine and isolation centers including of sharps, used in diagnosis and treatment. Each beneficiary medical facility/lab, following the requirements of the ESMF to be developed for the Project, WHO COVID-19 guidance documents, WBG EHSs and other best international practices, will prepare and follow an Infection Control and Medical Waste Management Plan (ICMWP) one month after effectiveness, to prevent or minimize such adverse impacts. The ESMF and site-specific instruments (ESMPs) will include guidance related to transportation and management of samples and medical goods or expired chemical products. Resources (water, air, etc.) used in quarantine facilities and labs will follow standards and measures in line with CDC and WHO environmental infection control guidelines for medical facilities.

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



In line with safety provisions in ESS2, it is equally important to ensure the safety of communities from infection with COVID19.

As noted above, medical wastes and general waste from the labs, health centers, and quarantine and isolation centers have a high potential of carrying micro-organisms that can infect the community at large if they are not properly disposed. There is a possibility for the infectious microorganism to be introduced into the environment if not well contained within the laboratory or due to accidents/ emergencies e.g. a fire response or natural phenomena event (e.g., seismic). The Infection Control and Waste Management Plan therefore describes:

- how Project activities will be carried out in a safe manner with (low) incidences of accidents and incidents in line with Good International Industry Practice (WHO guideline)
- measures in place to prevent or minimize the spread of infectious diseases.
- emergency preparedness measures.

Laboratories, quarantine and isolation centers, and screening posts, will thereby have to follow respective procedures with a focus on appropriate waste management of contaminated materials as well as protocols on the transport of samples and workers cleaning before leaving the workplace back into their communities. The project will thereby follow the provisions outlined in the ESMF, noted in ESS1.

The operation of quarantine and isolation centers needs to be implemented in a way that both, the wider public, as well as the quarantined patients are treated in line with international best practice as outlined in WHO guidelines referenced under ESS1. This includes the following requirements:

- Infrastructure: there is no universal guidance regarding the infrastructure for a quarantine facility, but space should be respected not to further enhance potential transmission and the living placement of those quarantined should be recorded for potential follow up in case of illness
- Accommodation and supplies: quarantined persons should be provided with adequate food and water, appropriate accommodation including sleeping arrangements and clothing, protection for baggage and other possessions, appropriate medical treatment, means of necessary communication if possible, in a language that they can understand and other appropriate assistance.
- Communication: establish appropriate communication channels to avoid panic and to provide appropriate health messaging so those quarantined can timely seek appropriate care when developing symptoms.
- Respect and Dignity: quarantined persons should be treated, with respect for their dignity, human rights and fundamental freedoms and minimize any discomfort or distress associated with such measures, including by treating all quarantined persons with courtesy and respect; taking into consideration the gender, sociocultural, ethnic or religious concerns of quarantined persons.

The project will ensure the avoidance of any form of Sexual Exploitation and Abuse 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 project will ensure that all workers involved in the quarantine facilities are adequately communicated on the WHO professional code of conduct and abide by it through out the project period.

The project will also ensure via the above noted provisions, including stakeholder engagement, that quarantine and isolation centers and screening posts are operated effectively throughout the country, including in remote and



border areas, without aggravating potential conflicts between different groups, including host communities and refugees/IDPs.

In case quarantine and isolation centers are to be protected by security personnel, it will be ensured that the security personnel follow strict rules of engagement and avoid any escalation of situation, taking into consideration the above noted needs of quarantined persons as well as the potential stress related to it. Further, the project will conduct an assessment on security risks and prepare a security management plan; GBV risk assessment and GBV action plan along with the ESMF one month into effectiveness. In addition, the project ESMF will include mitigation measures to manage the community health issues and safety requirements in line with World Bank Group Environment, Health and Safety Guidelines (EHSG)

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

The project will only finance minor rehabilitation works within existing facilities and thus at this point ESS5 in reference to permanent resettlement or land acquisition is not considered relevant.

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

No major construction or rehabilitation activities are expected in this project and all works will be conducted within existing facilities. Hence, likely impacts of the project on natural resources and biodiversity are low. However, if medical and chemical wastes are not properly disposed, they can have impacts on living natural resources. The procedures outlined in the Infection Control and Waste Management Plan will describe how these impacts will be avoided/minimized.

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

Due to the country-wide rollout of activities, it is likely that it will also affect people meeting the criteria of ESS7. The project will ensure respect of human rights, dignity, aspirations, identity, culture and livelihoods of SSAHUTLC and avoid adverse impacts on them or, when avoidance is not possible, minimize, mitigate or compensate for such impacts. To fully address the needs and interests of these groups, the project will conduct a Social Assessment and Social Management Plan along with the ESMF one month into effectiveness.

Further mitigation will be thorough the Stakeholder Engagement Plan and Project's communication and outreach strategy as outlined under ESS10: the project will ensure that such communities are appropriately informed and can share in the benefits of the project in an inclusive and culturally appropriate manner (i.e. prevention and treatment).

#### **ESS8 Cultural Heritage**

No major construction or rehabilitation activities are expected in this project and all works will be conducted within existing facilities. Hence, likely impacts of the project on cultural heritage are low.



**ESS9 Financial Intermediaries**

This standard is not relevant for the suggested project interventions

**B.3 Other Relevant Project Risks**

Security in Sudan continues to be volatile particularly in conflict affected areas. It will thus be important that communication outreach as well as operation of facilities and case management takes this into account. The communication and outreach strategy and the updated SEP (see ESS10) will describe respective measures, including engagement with communities as well as security personnel. Further, the project will conduct a security risk assessment and prepared Security management plan.

The PMU shall, in close coordination with other government agencies, monitor any worsening security situation. In such cases it will be important that the client informs the World Bank accordingly.

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**C. Legal Operational Policies that Apply**

<b>OP 7.50 Projects on International Waterways</b>	No
<b>OP 7.60 Projects in Disputed Areas</b>	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>	
ORGANIZATIONAL STRUCTURE: Ministry of Health shall establish a PMU with qualified staff and resources to support management of environmental and social risks and impacts of the Project including environmental and social risk management specialists. Environmental and social risk management specialists will be appointed from existing staff or hired as deemed necessary.	11/2020
ENVIRONMENTAL AND SOCIAL ASSESSMENT/MANAGEMENT PLANS AND INSTRUMENTS/ CONTRACTORS a. Assess the environmental and social risks and impacts of proposed Project activities, including to ensure that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project, in accordance with ESSs and the Environmental and Social Management Framework (ESMF).	11/2020

Public Disclosure



<p>b. Prepare, publicly consult, disclose, adopt, and implement Infection Control and Waste Management Plans, Environmental and Social Management Plans and/or other instruments, if required for the respective Project activities based on the screening and assessment process, in accordance with the ESSs, the ESMF, the EHSs and other relevant Good International Industry Practice (GIIP) including relevant WHO Guidelines related to COVID-19, in a manner acceptable to the Association.</p>	<p>11/2020</p>
<p>c. Prepare, publicly consult, disclose and implement a Social Assessment and Social Management Plan; a GBV risk Assessment and GBV mitigation plan; an assessment on Security and Security Management Plan; and Labor Management Procedure annex to ESMF</p>	<p>11/2020</p>
<p>d. 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.</p> <p>e. Update environmental and social management plans</p>	<p>11/2020</p>
<p>EXCLUSIONS: Exclude the following type of activities as ineligible for financing under the Project:</p> <ul style="list-style-type: none"> <li>• Laboratory activities that may require BSL3 lab facilities</li> <li>• Activities that may cause long term, permanent and/or irreversible (e.g. loss of major natural habitat) adverse impacts</li> <li>• Activities that have high probability of causing serious adverse effects to human health and/or the environment not related to treatment of COVID-19 case</li> </ul>	<p>10/2020</p>
<p>Exclusion</p> <p>Activities that may have adverse social impacts and may give rise to significant social conflict</p> <ul style="list-style-type: none"> <li>• Activities which would require Free Prior Informed Consent.</li> <li>• Activities that may affect lands or rights of undeserved people or other vulnerable minorities,</li> <li>• Activities that may involve permanent resettlement or land acquisition, adverse impacts on cultural heritage</li> <li>• All the other excluded activities set out in the ESMF of the Project.</li> </ul>	<p>11/2020</p>
<p><b>ESS 10 Stakeholder Engagement and Information Disclosure</b></p>	
<p>Prepare, update, disclose and adopt a Stakeholder Engagement Plan (SEP) consistent with ESS10, in a manner acceptable to the Association.</p> <p>The updated version of the SEP will include a risk communication and community engagement (RCCE) strategy.</p>	<p>11/2020</p>
<p>Accessible grievance arrangements shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10, in a manner acceptable to the Association.</p>	<p>11/2020</p>





<p>Training topics for personnel involved in Project implementation will among others include:</p> <ul style="list-style-type: none"> <li>• COVID-19 Infection Prevention and Control Recommendations</li> <li>• Laboratory biosafety guidance related to the COVID-19</li> <li>• Specimen collection and shipment</li> </ul>	11/2020
<p>Training on the following topics: Standard precautions for COVID-19 patients</p> <ul style="list-style-type: none"> <li>• Risk communication and community engagement</li> <li>• Grievance redress mechanisms</li> <li>• WHO on quarantine including case management</li> </ul>	11/2020
<b>ESS 2 Labor and Working Conditions</b>	
The Project shall be carried out in accordance with the applicable requirements of ESS2, in a manner acceptable to the Association, including through, inter alia, implementing adequate occupational health and safety measures	11/2020
Project setting out grievance arrangements for Project workers, and incorporating labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms.	11/2020
Prepare Labor Management Procedures (to be part of the ESMF)	11/2020
The Borrower shall ensure a non-discriminatory, decent work environment; including by ensuring that all health workers adhere to the WHO Code of Ethics and Professional conduct. And implement the Labor Management Procedure.	11/2020
The Borrower shall establish a grievance hotline and assignment of focal points within MoH to address work related grievances	11/2020
<b>ESS 3 Resource Efficiency and Pollution Prevention and Management</b>	
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	11/2020
The ESMF and site-specific instruments (ESMPs) will include guidance related to transportation and management of samples and medical goods or expired chemical products.	11/2020
Resources (water, air, etc.) used in quarantine facilities and labs will follow standards and measures in line with CDC and WHO environmental infection control guidelines for medical facilities	11/2020
<b>ESS 4 Community Health and Safety</b>	
The Borrower will put measures in place to prevent or minimize the spread of the infectious disease/COVID-19 to the community.	11/2020



The Borrower will implement emergency preparedness measures in case of laboratory accidents/emergencies.	
The Borrower will operate quarantine and isolation centers in line with WHO guidelines on “Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV.	11/2020
The Borrower will ensure the avoidance of any form of Sexual Exploitation and Abuse 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	11/2020
The Borrower will operate quarantine and isolation centers and screening posts in a conflict-sensitive manner, avoiding any aggravation of local communal conflicts, including between host communities and refugees/IDPs.	11/2020
The Borrower will ensure that any security personnel operating for quarantine and isolation centers and screening posts follow strict rules of engagement and avoid any escalation.	11/2020
Conduct security risk assessment and prepare a security management plan	11/2020
<b>ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement</b>	
Not applicable as no land acquisition, restriction on land use and involuntary resettlement is anticipated .	11/2020
<b>ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources</b>	
Relevant aspects of this standard shall be considered, as needed.	11/2020
<b>ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities</b>	
The Borrower will ensure that such communities are appropriately informed and share in the benefits of the project in an inclusive and culturally appropriate manner (i.e. prevention and treatment) with provisions included in the SEP	11/2020
In case SSAHUTLC communities would be addressed by quarantine provisions, site-specific approaches would be prepared to ensure adequate consideration of their specific cultural needs, to the satisfaction of the Bank.	11/2020
In case SSAHUTLC communities would be addressed by quarantine provisions, site-specific approaches would be prepared to ensure adequate consideration of their specific cultural needs, to the satisfaction of the Bank.	11/2020
<b>ESS 8 Cultural Heritage</b>	
Relevant aspects of this standard shall be considered, as needed such as for chance finds	11/2020

Public Disclosure



ESS 9 Financial Intermediaries

Not relevant based on the project design

**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:**

There are no areas where use of Borrower Framework is being considered.

**IV. CONTACT POINTS**

**World Bank**

Contact:	Moustafa Mohamed ElSayed Mohamed Abdalla	Title:	Senior Health Specialist
Telephone No:	5345+3012 / 002-02-24614403	Email:	mmabdalla@worldbank.org

**Borrower/Client/Recipient**

Borrower: Republic of Sudan

**Implementing Agency(ies)**

Implementing Agency: Federal Ministry of Health

**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):	Moustafa Mohamed ElSayed Mohamed Abdalla
Practice Manager (ENR/Social)	Iain G. Shuker Cleared on 24-Sep-2020 at 12:25:57 GMT-04:00
Safeguards Advisor ESSA	Peter Leonard (SAESSA) Concurred on 24-Sep-2020 at 14:06:8 GMT-04:00