



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 03/24/2020 | Report No: ESRSA00555



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Djibouti	MIDDLE EAST AND NORTH AFRICA	P173807	
Project Name	Djibouti COVID-19 Response		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/25/2020	3/27/2020
Borrower(s)	Implementing Agency(ies)		
Ministry of Finance	Ministry of Health		

Proposed Development Objective(s)

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

Financing (in USD Million)	Amount
Total Project Cost	5.00

B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?

No

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

The project includes four components.

1. Emergency COVID-19 Response: to slow down and limit as much as possible the spread of COVID-19 in the country. This will be achieved through providing immediate support to enhance case detection, confirmation, recording and reporting, as well as contact tracing and risk assessment and mitigation.
2. Strengthening Overall Healthcare Services and Clinical Capacity to Respond to COVID-19: to strengthen essential healthcare service delivery to be able to provide the best care possible for people who become ill despite a surge in demand. The component will support the strengthening of selected health facilities and establishment and equipping of quarantine and treatment centers, so that they can manage COVID-19 cases.



3. Implementation Management and Monitoring and Evaluation: to finance necessary human resources and running costs for the Project.

4. Contingent Emergency Response Component (CERC) - in the event of an Eligible Crisis or Emergency, the project will contribute to providing immediate and effective response to said crisis or emergency.

D. Environmental and Social Overview

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

Most of the activities will take place in Djibouti-ville and its surroundings (i.e. Balbala and Arta). Some of the materials will be used to equip Bouffard Hospital, which is currently unused and has been converted to a quarantine site. Another quarantine site is to be set at Arta Hospital. Additional sites for isolation and treatment are also under discussion. However, communication and stakeholder engagement, as well as training of health personnel are expected to take place across the country.

Djibouti's proximity to multiple fragile states (Yemen and Somalia), its role as a major port hub for the region and place of transit for migrants greatly exacerbate its vulnerability to epidemics. Moreover, Djibouti has limited health services and capacity, high poverty rates and is the host of a significant refugee population that further exacerbate its vulnerability to a COVID-19 epidemic.

D. 2. Borrower's Institutional Capacity

The Epidemic Management Committee (Comité de gestion de l'épidémie, CGE) was established by the Ministry of Health (MOH) and consists of representatives from several Ministries such as Commerce, Social Affairs, Telecommunications, Interior, Transport, Defense, and Muslim Affairs, Cultures and WAQFS Assets. The CGE will coordinate multisectoral actions against COVID-19, meet weekly and report daily to the chair, the Minister of Health. The CGE will also act as the steering committee for the project.

Under the CGE, a Project Management Unit (PMU) will handle the day-to-day implementation of activities and will report to the CGE on the status of the epidemic. The PMU will be headed by the Secretary General of the MOH and will be composed of technical and fiduciary specialists. Fiduciary specialists who have experience with World Bank-funded projects will be part of the PMU. The Environment and Social capacity gaps will be assessed during implementation and gaps filled as required. A safeguards focal point will also be identified within the MOH to ensure that proposed activities are implemented in compliance with the national and the World Bank's Environmental and Social Framework. Both the Ministry of Finance and the MOH are committed to making this PMU institutionalized and sustained as part of the MOH.

The MOH has overall limited capacity in implementing E&S instruments, although they have become more familiar with World Bank requirements through the implementation of two ongoing operations. In this perspective is strongly recommended that the capacity of the E&S Focal Point be strengthened through the recruitment of E&S consultants with experience and skills to advise on key E&S challenges related to the proposed COVID-19 project. Until the PMU is in place, the PMU of the Towards Zero Stunting in Djibouti (P164164) will be responsible for the preparation and implementation of the Environmental and Social Management Framework (ESMF) and Stakeholder Engagement Plan (SEP) for the proposed project.



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 will mainly be associated with the operation of the labs, the quarantine and isolation centers, and the adequate implementation of the Infection Control and Waste Management Plan (ICWMP) to be prepared by the client. Since Djibouti has limited experience in managing medical waste in general (only one incinerator in the country is working), and no experience in managing highly infectious medical wastes such as COVID-19, the project can be judged to have adverse environmental risks and impacts proportionate to the project activities and will require that appropriate precautionary measures are planned and implemented. WHO has reported that 20% of total healthcare waste would be infectious waste, and 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 microorganisms that can infect people who are exposed to it, as well as the community at large if it is not properly disposed of. 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 (wastewater; 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 they may pose an infectious risk to healthcare workers in contact or handle the waste.

There is 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. In sum, the medical wastes from COVID-19 could cause serious environmental and social risk, if they are not properly handled, treated or disposed. Given the environmental risks involved and the limited capacity of the MoH to deal with those risks, the Environmental Risk Classification is “Substantial”.

Social Risk Rating

Substantial

The main risk of the project relates to the exclusion of or insufficient attention to vulnerable groups to access information, treatment and services. Among the vulnerable are households below poverty levels, individuals at higher risk of hospitalization as a result of exposure to COVID-19, as well as refugees and asylum-seekers. The main challenge, therefore, is to make sure the procured items needed to prevent, detect and clinically manage COVID-19, are distributed in a transparent manner, ensuring equity and reaching the affected population. Another main social risk relates to the health and safety of health care providers and the community with regards to the various dimensions of project activities. Other potential social risk relates to the practices associated with medical isolation, such as mistreatment of patients and communities regarding quarantine, and the inadequate communication around the prevention and control effort of the disease.



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

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

The project will have positive environmental and social impacts as it should improve COVID-19 surveillance, case management, monitoring and containment. However, the project could also cause adverse environmental, health and safety risks due to the dangerous nature of the pathogen 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 (OHS) standards as suggested by WHO and the American Center for Disease Control (CDC) 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. The laboratories to be supported by the project will process COVID-19 and will therefore have the potential to cause serious illness or potentially lethal harm to the laboratory staff and to the community, so effective administrative and containment controls will be put in place so minimize these risks.

Environmentally and socially sound health facilities management will require adequate provisions for minimization of OHS 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 procedures, 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).

A key social risk is the exclusion of or insufficient attention to vulnerable groups or individuals. These include households below poverty level (41% according to the World Bank/IMF), who generally can't afford medical services and tend to be illiterate (52% of Djiboutian over 15 years old), and can have limited access to medium of communication (cellphone, radio, internet); groups and individuals who are at higher risk of getting very sick from COVID-19 and requiring emergency care, such as the elderly (over 65 years old), individuals with underlying medical conditions, such as heart and lung disease, individual suffering from diabetes (6.5% of the population in 2016 according to the WHO) or who are immunocompromised; and refugees and asylum-seekers both registered (29,294 according to the UNHCR) and unregistered. While this risk remains, the government of Djibouti is committed to provide detection and treatment services to all potential COVID-19 patients. Moreover, these services will be delivered free of charge to ensure financial constraints are not an impediment to contain the epidemic. Other important social risk relates to the health and safety of health care providers and their subsidiaries (laboratory staff and suppliers) and the community residents who could potentially be exposed to the virus through the implementation of the project activities. with regards to the various dimensions of project activities (ex. transportation of patients, treatment protocols, contact with infectious waste). Another potential social risk relates to the practices associated with medical isolation, such as mistreatment of affected communities to enforce quarantine, poor communication to patients and relatives. Finally, inadequate communication surrounding the



disease and control efforts, could lead to inappropriate behavior such as the use of the wrong medication, the stigmatization of patients or panic behavior such as hoarding.

To mitigate the environmental and social risks, the MOH will prepare an ESMF. The ESMF will have an exclusion list for project activities that may not be financed, as well as specifications to exclude activities that cannot be conducted unless the appropriate OHS capacity and infrastructure is in place. Additionally, the ESMF will include mitigation plans such as an Infection Control and Waste Management Plan (ICWMP) and Labor Management Procedures (LMP). The ESMF will be prepared following the relevant WHO technical guidance on COVID-19. Moreover, environmental and social screening tools, checklist and management plans will also be included to manage This would also include minor civil works and retrofitting of isolation rooms in such facilities and treatment centers, as well as warehouses. A Stakeholder Engagement Plan (SEP) that follows the technical guidance on risk communication and community engagement will be implemented to promote safe behaviors and minimize disinformation. Finally, the ESMF will include guidance to minimize the risk of exclusion and ensure adequate attention on the most vulnerable groups.

The project is being processed as an emergency operation in accordance with paragraph 12 of Policy and Procedure Framework. As such the preparation of the ESMF, has been deferred until 1 month after project effectiveness. Site specific impacts are expected to be very limited, where they do occur, mitigation measures for site-specific impacts will be managed through the implementation of required environmental and social risk management documents when needed.

ESS10 Stakeholder Engagement and Information Disclosure

Djibouti's COVID-19 Preparedness and Responsiveness Plan already includes a Stakeholder Engagement and Communication Component. The implementation of this component will be described in the SEP associated with this project. The SEP will also include additional information and activities to comply with the requirements of ESS10 as well as the WHO technical guidance on COVID-19 risk communication and community engagement. Given that the project has been prepared under emergency procedures, the full-fledged SEP has still to be prepared by MOH. However, a preliminary SEP has been disclosed on the World Bank and MOH websites.

Key project stakeholders include affected parties that may be subject to direct impact from the project (the MOH, COVID19 patients, individuals under COVID19 quarantine, relatives of COVID19 patients, public health workers, private health service providers, neighboring communities to laboratories, quarantine centers, and screening posts, workers at construction sites of laboratories, quarantine centers and screening posts). Other interested parties (the public at large, the media, representatives of the Ministry of Interior, Transport, Social Affairs, Telecommunication, Waqf, regional and local government, village chiefs, imams, container port, airline and border control staff, furloughed employees and affected business owners, multilateral development banks, bilateral donors and the WHO. Vulnerable stakeholders include households below poverty level, the illiterate, individuals who are at higher risk of getting very sick from Covid19 refugees and asylum-seekers both registered and unregistered, pregnant women.

Once approved, the project will establish a structured approach to stakeholder engagement and public outreach that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with combating COVID-19. In line with the provisions of the ESCP, the client will apply the preliminary SEP



prepared for the emergency project, to engage stakeholders as needed and for public information disclosure purposes. Within one month of project effectiveness, the Borrower will update and disclose the SEP on MOH website. It will include messaging on the need for improved hygiene, social distancing, equitable access to detection and treatment services, tamp down on false rumors about COVID-19, and counteract the isolation and uncertainty that comes from people being kept in quarantine. The updated SEP will also include a more elaborate Grievance Redress Mechanism for addressing any concerns and grievances raised. Finally, the updated SEP will include more information on the environmental and social risks of project activities

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

The project will involve the use of a range of workers including: Direct workers who will be engaged directly by MOH undertake technical assistance, training and capacity building Contracted workers who may be hired to support implementation including training and capacity building, communications, testing procedures etc.

Primary supply workers who will work for companies involved in the provision of chemicals, reagents etc. At this stage the number of workers required in each group is unclear, furthermore community workers will not be involved in the Project.

Most activities supported by the project will be conducted by health and laboratory workers, both civil servants employed by the MOH as well as private health service providers. All health workers will have to follow OHS protocols to prevent exposure to the disease developed by the WHO. 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). Health staff with underlying medical conditions that are deemed high risk of COVID-19 complications will be limited to task that avoid exposure to COVID-19 patient and contaminated material. This protocol will be annexed to the ESMF.

While staff working for the MOH are likely to be subject to existing policies and procedures, LMP to private health care workers, contractors, service providers and suppliers under the project will be developed. These will be developed to ensure compliance with ESS2 and in accordance with General Environmental, Health and Safety Guidelines (EHSGs). The use of child labor will be forbidden in accordance with ESS2, i.e. due to the hazardous work situation, for any person under the age of 18. The use of forced labor or conscripted labor and sexual harassment will be strictly prohibited under the project, both for construction and the 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 via the MOH.

ESS3 Resource Efficiency and Pollution Prevention and Management



Medical wastes and chemical wastes (including wastewater, reagents, infected materials, etc.) from the labs, quarantine, and screening posts to be supported (drugs, supplies and medical equipment) can have significant impact on the 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 updated for the Project, WHO COVID-19 guidance documents, and other best international practices, will prepare and follow an Infection Control and Medical Waste Management Plan (ICMWP) to prevent or minimize such adverse impacts. The ESMF and site-specific instruments (ESMPs) (for any healthcare facilities construction/rehabilitation) will include guidance related to transportation and management of samples and medical goods or expired chemical products as well as sustainable ways to use environmental resources (water, air, other relevant solutions/reagents) as recommended in healthcare infections control practices in line with CDC and WHO environmental infection control guidelines for medical facilities.

As part of its efforts to dispose safely of Infectious Health Care Waste, the MOH plan to procure a second incinerator to increase the country's current capacity to eliminate infectious waste (IHCW). During project implementation, care will be taken to select an incinerator which technical specificities are adapted to the country context and include emission-reduction features. Each medical facility, isolation unit or lab needs to implement an IHCW Management Plan in line with the requirements of the ESMF. This will provide guidelines for the application of international best practices in COVID-19 diagnostic testing and safe handling, transportation, storage of COVID-19 treatment and testing materials. It will also clearly outline the implementation arrangement to be put in place for environmental and social risk management; training programs focused on COVID-19 laboratory biosafety as well as compliance monitoring and reporting requirements.

ESS4 Community Health and Safety

Labor influx is not expected as the activities and civil works under the project are minor. The project's risks associated with gender-based violence are deemed to be low. However, in line with safety provisions in ESS2, it is equally important to ensure the safety and well-being of the communities from infection with COVID-19. This could result from exposure through project activity, inadequate treatment of quarantine communities, and poor communication practices.

Medical waste has a high potential of carrying micro-organisms that can infect the community at large if they are not properly disposed of. 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, such as seismic activity). Exposure of the community to infectious medical wastes and general waste from the labs, health centers, and quarantine and isolation centers will be mitigated through the Infection Control and Waste Management Plan. During project implementation, care will be taken to select an incinerator which technical specificities are adapted to the country context and include emission-reduction features, and a system of triage will be implemented according to best practices.

The isolation centers will have to be operated 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.



These measures will be described in the ESMF. The project will actively promote sound community health and safety practices in the management of COVID-19 through training the MoH on WHO guidelines for identification, prevention and control of COVID-19. If there is a need to deploy security personnel, this would be done in compliance with the requirements of ESS4 and an indicative procedure for this will be provided in the ESMF.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

ESS5 is not currently relevant. The project is not expected to involve any land acquisition or repurposing of land. The project is not expected to finance new construction. However, the project may finance renovations or rehabilitation of healthcare or quarantine facilities. To the extent possible, these works will be conducted in existing facilities and within established footprints. The ESMF will include a due diligence checklist as an annex to properly document the nature of the civil works, existing use of land, property and facility. In the unlikely event of permanent land acquisition in connection with any project activities that have not yet been identified (for example, as a result of use of the unallocated funding in the CERC Component 6), the checklist will identify the relevancy of ESS5 and if applicable, the necessary E&S instruments, satisfactory to the Bank, will be prepared and disclosed prior to commencement of the land acquisition or civil works.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

No construction activities are expected in this project that could affect protected areas, flora or fauna. Hence, likely impacts of the project on natural resources and biodiversity are low. However, if supplies transportation or medical and chemical wastes generated are not properly disposed of, they can have impact on living natural resources. The procedures to be established in the infection control and waste management will describe how these impacts will be minimized.

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

ESS7 is not currently relevant as there are no traditional communities meeting the criteria of this standard.

ESS8 Cultural Heritage

ESS8 is not currently relevant. The project is not expected to support any construction or rehabilitation activities outside of the current footprint of existing facilities that could have an impact on tangible or intangible cultural heritage.

ESS9 Financial Intermediaries

ESS9 is not currently relevant. There are no financial intermediaries involved in the project.



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
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
Health and safety specialist hired or appointed before the Effective Date of the Project. PIU should be maintained throughout Project implementation.	04/2020
The ESMF and associated plans (ICWMP and LMP) to be prepared one month after the Effective Date. Assessment (as needed after screening) shall be conducted before the carrying out of the respective Project activity and Plans or instruments will be prepared before the carrying out of the relevant Project activities.	06/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
Prepare, disclose, adopt, and implement a Stakeholder Engagement Plan (SEP) within 30 days after the Effectiveness Date. The SEP will then be continuously updated during project implementation, as needed.	06/2020
ESS 2 Labor and Working Conditions	
Labor Management Plan. 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.	06/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Relevant aspects of this standard shall be considered, as needed, in the ESMF, including, inter alia, measures to: manage health care wastes, and other types of hazardous and non-hazardous wastes.	06/2020
ESS 4 Community Health and Safety	
Relevant aspects of this standard shall be considered, as needed, in the ESMF, including, inter alia, measures to: minimize the potential for community exposure to communicable diseases.	06/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	

Public Disclosure



ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

ESS 8 Cultural Heritage

ESS 9 Financial Intermediaries

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 the use of the Borrower Framework is being considered; the project will apply the ESF.

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: Ministry of Finance

Implementing Agency(ies)

Implementing Agency: Ministry of Health

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Elizabeth Mziray
Practice Manager (ENR/Social)	Kevin A Tomlinson Cleared on 21-Mar-2020 at 13:31:35 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 24-Mar-2020 at 20:20:52 EDT

Public Disclosure