



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 03/23/2020 | Report No: ESRSA00531



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Maldives	SOUTH ASIA	P173801	
Project Name	Maldives COVID-19 Emergency Response and Health Systems Preparedness Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/21/2020	3/26/2020
Borrower(s)	Implementing Agency(ies)		
Republic of Maldives	Ministry of Health (MOH)		

Proposed Development Objective(s)

The proposed project development objective is to respond to and mitigate the threat posed by COVID-19 and strengthen national systems for public health preparedness in the Maldives.

Financing (in USD Million)	Amount
Total Project Cost	7.30

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]

As of March 16, 2020, the Maldives has already reported 13 confirmed cases of the novel coronavirus COVID-19, mostly among tourists. Three people are hospitalized with another 20 people quarantined in Villivaru and 12 in isolation at Farukolhu. With a high population density in Male and tourists from all over the world, it is crucial to effectively prevent, control and respond to public health emergencies in a timely manner. The government has been proactive in its COVID-19 response and has increasingly been implementing travel restrictions. Measures have taken by the Government of the Maldives relating to the entry of passengers and crew with a travel history to Mainland China, Iran, the South Korean regions of North Gyeongsang Province and South Gyeongsang Province, Italy, Bangladesh, Spain, Ile-de-France and Grand Est Regions of France, Bavaria, North Rhine Westphalia and Baden-Wuerttemberg regions of Germany, to minimize the risk of spread of COVID-19 in the Maldives. Furthermore, travel



between inhabited islands and resorts have been banned, and hotel check-ins are not permitted in Greater Male (Vilingili, Male and Hulhumale). These measures are in place for two weeks and will be subject to review. A national public health emergency was declared on March 12, 2020. Most recently, some measures of social distancing have been put in place, including temporary park, school and cinema closures.

Maldives is very vulnerable to a more widespread outbreak with severe economic consequences due to its economic dependence on the tourism sector. Travel restrictions – imposed by outbound countries and Maldives as well—to contain the global outbreak are already having a broad impact on Maldives economy. In 2019, Maldives received 1.7 million tourists. Announced restrictions on tourists flows, as of March 15, account roughly for 40 percent of total arrivals. Real growth for the Maldives has been revised downwards to -4.7 percent for 2020 (from a forecast of 5.5 percent in January 2020). Furthermore, the decline in tourist arrivals is expected to sharply reduce revenue collection since most tax and non-tax revenue originate directly or indirectly from tourism (Airport Service Charge, Airport Development Fee, green tax, rent from resorts, tourism GST, business profit tax, import duties). Additional social distancing measures, while aimed at controlling the outbreak, are expected to further slowdown aggregate demand. The severity of the impact will depend on the speed at which the outbreak is contained across the globe and in Maldives, and the time it takes for tourism flows to return to normalcy.

The proposed project development objective is to respond to and mitigate the threat posed by COVID-19 and strengthen national systems for public health preparedness in the Maldives. The project will have 4 components: (1) Emergency Response for COVID-19 Prevention component to prevent the disease taking hold in the country for as long as is reasonably possible and slow the spread in the country; (2) Emergency Health System Capacity Strengthening for COVID-19 Case Management component to provide the best care possible for people who become ill, support hospitals to maintain essential services despite a surge in demand and ensure ongoing support for people ill in the community to minimize the overall impact of the disease on society, public services and on the economy; (3) Implementation Management and Monitoring and Evaluation component to support the strengthening of public structures for the coordination and management of the project as well as the monitoring and evaluation of prevention and preparedness, building capacity for clinical and public health research, and joint-learning across and within countries; and (4) Contingent Emergency Response Component: This zero-dollar component is being added to ensure additional flexibility in response to the current and any potential other emergency that might occur during the lifetime of this project.

The implementing unit will be the Regional and Atoll Health Service (RAHS) Division within the MOH. RAHS will have overall responsibility for project implementation and oversight of the project activities. The RAHS Division will be responsible for all procurements, trainings and capacity building activities supported by the project. In addition, for certain activities at the community level, the government may partner with Maldivian Red Crescent who have wider local presence to support implementation. A Project Management Unit (PMU) will be established within the Division to ensure effective and efficient implementation of these urgent activities. Composition of the PMU will include a Project Director, Project Coordinator/EOC Liaison, Procurement Specialist, Financial Management Specialist, Environmental Safeguards (biomedical waste management) Specialist, Social Safeguards Specialist and an M&E Specialist.

Given that MoH and its RAHS Division have no previous experience in Bank financed projects, an interim arrangement to support project implementation will be put in place. Staff will be seconded from three existing World Bank-financed project PMUs to quickly ensure sufficient capacity and experience implementing World Bank-financed



projects: (1) Public Financial Management Systems Strengthening project (P145317) in the Ministry of Finance for procurement and financial management support; (2) Enhancing Employability and Resilience of Youth project (MEERY) (P163818) for social safeguards support; and (3) Maldives Clean Environment project (P160739) for environmental safeguards support. Additional staff will need be recruited to support financial management, procurement, and social and environmental safeguards. The capacity of the PMU will be strengthened particularly to manage fiduciary and safeguards aspects of the project.

A Project Steering Committee will be established comprised of members of the Emergency Operations Centre (EOC: MoH/HPA/NDMA). It was specifically established for COVID-19 response on March 3, 2020. The EOC will ensure multi-sectoral coordination and emergency response oversight over the management of the COVID-19 response. As such, it will provide oversight and guidance for the implementation of project activities.

Procurement of medical supplies, including PPEs, will be preferably procured using the World Bank-UN procurement framework to mitigate risks of global supply chain shortages for COVID-19 supplies and resulting price gouging in the market. Procurement through the Standard Trading Organization (STO), the national procurement agency, may be considered for some cases that are not hindered by the current stock shortages.

The overall risk to achieving the PDO is High. This reflects high macroeconomic, institutional capacity and fiduciary risks combined with substantial technical design and environmental and social risks.

D. Environmental and Social Overview

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

This emergency operation has been prepared as a new stand-alone project which will be implemented throughout Maldives and will contribute to COVID-19 surveillance and response, together with systemic strengthening of the operations around emergency response. The specific locations where project sub-components will be implemented have not yet been identified but will be implemented in both urbanized areas in the Islands capital of Male, Hulumale and other location such as Atoll Capitals where health care facilities are available. The project will have a nationwide coverage and project sites will be located on any inhabited islands.

In terms of geography, Maldives is an island nation in the Indian Ocean oriented north-south off India's Lakshadweep Islands. It consists of 1,192 coral islands grouped in a double chain of 26 atolls, with total land area of approximately 300 Km², with islands varying in size from 0.5 km² to 5.0 km². The country's atolls encompass a territory spread over roughly 90,000 km², making it one of the world's most geographically dispersed countries. Over 200 of the 1,192 islands in the Maldives are inhabited by the country's population, with an average of 5-10 islands in each atoll being inhabited islands. Generally, inhabited islands have infrastructure such as housing, roads and other facilities built in. A significant number of uninhabited islands in each atoll have also been converted to resorts and tourism facilities, and some even house infrastructure such as industrial facilities and airports.

While the project will support the establishment of isolation units and quarantine facilities, the civil works associated are expected to be minor and limited to existing facilities and their footprints (e.g., hospitals or other existing spaces). However, should there be a need for major refurbishments and/ or construction of any new structures as well as for all activities that may be financed by the CERC, Environmental and Social Screening and Environmental and Social Management Plans (ESMPs) will be prepared based on the provisions of the Environmental and Social Management



Framework (ESMF). The typology of activities anticipated to be financed under the CERC would be determined by the nature of emergency/crisis. The CERC Operation Manuel and ESMF will present a positive list and negative list that will be applicable for CERC operations. For the positive list the ESMF will outline the required due diligence and standards to be maintained.

The ESMF for the project will be prepared prior to project effectiveness. Among other things, the ESMF and project activities will consider international protocols for infectious disease control and medical waste management. The Maldives has limited capacity for the overall solid waste management, except for an open dumpsite in Thilafushi (Male Atoll) and an incinerator in the Vandhoo Regional Waste Management facility, and none of these sites are equipped for environmentally sound management of health care waste. The country has limited capacity in terms of equipment such as autoclaves for management of Health Care Waste Management and will use the existing facilities under the operation, while in parallel augmenting the system via procurement of necessary equipment for HCWM. The project is not expected to impact natural habitats, indigenous peoples or cultural sites.

D. 2. Borrower's Institutional Capacity

The Government of Maldives (GoM) has a number of environmental policies, regulations and standards of specific relevance to environmental protection as well as on Solid Waste Management (SWM). The Environmental Impact Assessment (EIA) Regulations of 2007 have been the basis for carrying out EIA. The Environmental Protection Agency (EPA) has a sound technical capacity and track record of ensuring the adequacy of EIAs and their implementation. The Waste Management Regulation which became effective in February 2014, sets standards for the management of municipal, industrial and special waste (which includes hazardous waste), issuance of permissions in relation to waste management, transportation of waste, information sharing/reporting and penalizing for non-compliance. The Waste Management Department (WMD) of the Ministry of Environment (MoE) is mandated to ensure the proper implementation of the regulations.

Health service delivery by the Ministry of Health are provided by the Indira Gandhi Memorial Hospital (IGMH) and ADK Hospital, which are the only tertiary hospitals in the Maldives located in the capital island of Malé. Regional hospitals and atoll hospitals, located in atoll capitals provide curative services with major specialties including obstetric, medical and surgical for both routine and emergencies supported by laboratory and radiological investigations. Small scale health centers located on islands offer general medical services and preventive and health promotion services. At present, none of the health facilities in the Maldives have an exceptionally good waste management system. In many institutes, the collection and segregation are present, but comingling of waste can occur during final disposal. The country has endorsed the National Health-care Waste Management Policy in 2016, however implementation of the policy has been slow. There is currently no mechanism treat segregated health care waste as overall environmentally sound final disposal facilities have not been established fully anywhere in the Maldives, so there for health care waste is either autoclaved in the two larger tertiary hospitals mainly, prior to disposal, or in the smaller atoll hospitals and health centers burned with the use of small scale contained burners or open burned. Medical waste is administered and managed by the Health Protection Agency. The Maldives Environmental Protection Agency and Waste Management Department of the Ministry of Environment are responsible for regulation of the final disposal process in line with the guidance provided in the Waste Incineration Guidelines, 2016, in order to mitigate and avoid adverse environmental hazards.



The Employment Act 2008, Immigration Act 2007, Regulation on Employment of foreign workers in the Maldives 20011, Work Visa Regulation 2010, Regulation on the Safety Standards for Construction Work, and all the ILO’s eight core conventions on fundamental labor rights that Maldives has ratified, are the main regulations that govern labor and working conditions in the Maldives. These legislative and regulatory frameworks are relevant for the labor management procedures under the Project. Additionally, the Right to Information Act 2014, determines the right of the general public to access information produced, held or maintained by state institutions to enhance transparency and accountability to citizens.

The Ministry of Health has limited prior experience working on World Bank-financed projects. Therefore, capacity building and implementation support via existing and experienced project management units under other Bank-financed operations such as those supported by the Ministry of Environment (MoE), the Maldives Clean Environment Project and the ASPIRE Project, will be achieved via twinning and support arrangements. The project staff of these two PMUs have been trained and have long-term experience in the implementation of Bank safeguard policies for over a decade and are also apprised of the Bank’s ESF requirements. Follow-up capacity evaluation will be conducted during project implementation and additional E&S specialists will be recruited, trained and assigned for the proposed COVID-19 project. There is a need to enhance the capacity of the Ministry of Health Health Protection Agency, and health care facilities on HCWM in relation to the rapid response interventions identified in terms of the emergency operations.

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

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

The project will have positive environmental and social impacts, insofar as it should improve COVID-19 surveillance, monitoring and containment in the country. The environmental risks are considered Substantial because of the current uncertainty around project locations and specific activities, occupational health and safety and the issue of medical waste management. The main environmental risks are: (i) the occupational health and safety issues related to testing and handling of supplies and the possibility that they are not safely used by laboratory technicians and medical crews; and (ii) medical waste management and community health and safety issues related to the handling, transportation and disposal of health care waste and emissions, and waste generation due to small scale of construction works. 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 health care workers in contact with the waste. It is also important to ensure that sharps are properly disposed of.

Given that the Maldives has limited experience in managing highly infectious medical wastes such as COVID-19, the project will require that appropriate precautionary measures are planned and implemented. To mitigate the above-mentioned risks the Ministry of Health (MoH) will prepare an Environmental and Social Management Framework (ESMF) which will be in line with WHO standards on COVID-19 response. The ESMF will include a Health Care Waste

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Management Plan (HCWMP). As the Maldives has very limited capacity for the management and final disposal of solid waste, the HCWMP will include specific protocols and measures to ensure co-mingling of waste does not occur with municipal solid waste streams. In order to augment final disposal capacity for health care waste the Ministry of Environment in collaboration with the Ministry of Health has also commenced a rapid response to ensure that autoclaves are operational and additional units procured and other equipment such as PPE are adequately available for emergency response operations. This HCWMP will also specifically identify the requirements for training needs to promote the sound implementation of the HCWMP.

Procurement of goods (purchase of testing kits, medical equipment such as oxygen suppliers, etc.) and consultancy activities for public communications and outreach around COVID-19 can be initiated as soon as the project is approved as these activities have very limited potential to lead to major environmental and social risks and will be screened independently. However, the ESMF should be finalized before establishing the isolation units and quarantine facilities and/or undertaking construction activities at any scale (if included). In addition, any activities that have been screened for environmental and social risks will not be carried out without the ESMF being in place, if potential associated risks are identified.

Component 4 of the project will be a Contingent Emergency Response Component (CERC). The project ESMF will be updated as soon as the scope of contingency component becomes better defined during project implementation. In addition, a CERC operations Manual will be prepared during project implementation to govern the operation of the component, this document will be aligned with the ESMF at the time of preparation and include provisions to ensure environmental and social due diligence in line with the requirements of the ESF.

Social Risk Rating

Substantial

The social risks are also considered Substantial. The central social risk is that marginalized and vulnerable social groups (female headed households, foreign workers, elderly, people with disabilities, those in remote islands) 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, or GBV) especially in remote islands 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 MoH, 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. MoH 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 improved hygiene and social distancing. The updated SEP will also include a more elaborate Grievance Redress Mechanism for addressing any concerns and grievances raised.

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, monitoring and containment. However, the project could also cause significant 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. Multiple disadvantaged or other vulnerable groups stand to benefit, starting with the elderly and those with compromised immune systems due to pre-existing conditions. 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 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 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 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).

To mitigate these risks, the Ministry of Health (MoH) will prepare an Environmental and Social Management Framework (ESMF) and a Health Care Waste Management Plan (HCWMP). This will provide for the application of international best practices in COVID-19 diagnostic testing and handling of the medical supplies, disposing of the generated waste, and road safety. The ESMF will also have an exclusion list for project activities that may not be undertaken unless the appropriate OHS capacity and infrastructure is in place (e.g., BSL3 level) and will include specific measures to complement any WHO standards and protocols of relevance. Until the updated ESMF has been approved, the Project will apply the existing ESMF and the HCWMP in conjunction with WHO standards on COVID-19 response. International best practice is outlined in the WHO “Operational Planning Guidelines to Support Country Preparedness and Response”, which should be followed in updating the documents. 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).

Obvious social risks related to this kind of an operation is that marginalized and vulnerable social groups, including foreign workers employed in the resorts, as domestic workers and construction workers, are unable to access facilities and services designed to combat the disease, in a way that undermines the central objectives of the project. Further, social conflict arising out of spread of disease and inadequate waste management, especially amongst communities located around the isolation units and quarantine facilities; feelings of isolation due to social distancing for long periods of time; increase in vulnerability to SEA/SH and GBV related risks due to medical isolation of individuals; are risks associated with the project. To mitigate this risk MoH, 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 and according to the readiness of the ESMF.



Beyond this, project implementation needs also to ensure appropriate stakeholder engagement, proper awareness raising and timely information dissemination to (i) avoid conflicts resulting from false rumors; (ii) ensure equitable access to services for all who need it; and (iii) address issues resulting from people being kept in quarantine. The project can thereby rely on standards set out by WHO as well as international good practice to (1) facilitate noted appropriate stakeholder engagement and outreach towards a differentiated audience (concerned citizens, suspected cases and patients, relatives, health care workers, etc.); and (2) promote the proper 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).

ESS10 Stakeholder Engagement and Information Disclosure

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 addition to the project-specific ESMF to be prepared, in line with the provisions of the ESCP, the client will apply the preliminary Stakeholder Engagement Plan (SEP) prepared for the emergency project, to engage citizens as needed and for public information disclosure purposes. Within one month of project effectiveness, this SEP will be updated to include more information on the environmental and social risks of project activities and new modalities that take into account the need for improved hygiene and social distancing. The updated SEP will also include a more elaborate Grievance Redress Mechanism (GRM) for addressing any concerns and grievances raised.

The updated SEP will acknowledge the particular challenges with engaging marginalized and vulnerable social groups such as foreign workers, tourists and persons with disabilities, especially those present in remote or inaccessible islands, 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. 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 health care 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. Beyond this, project implementation will need to be underlain by a broad and well-articulated project communication strategy, which will not only help with the implementation of the community mobilization and behavioral change objectives of Component 1, 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.

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 Ministry of Health. 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 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 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.

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 project may outsource minor works to contractors. The envisaged works will thereby be of minor scale and thus pose limited risks, but workers need to have access to necessary PPE and hygienic facilities. Also, no large-scale labor influx is expected due to the same circumstance. 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 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 Ministry of Health

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 sharps, used in diagnosis and treatment. Each beneficiary medical facility/lab, following the requirements of the ESMF and the HCWMP to be updated for the Project, WHO COVID-19 guidance documents, the World Bank Group Environmental Health and Safety Guidelines for Waste Management Facilities and other best international practices, will prepare and follow the updated Health Care Waste Management Plan (HCWMP) to prevent or minimize such adverse impacts. As mentioned above, any activities that have been screened for environmental and social risks will not be carried out until an updated, consulted and disclosed ESMF is in place. The ESMF 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 US-Center for Disease Control (CDC) and WHO environmental infection control guidelines for medical facilities. While doing the refurbishment, small scale construction works, the ESS3 recommendations for resource efficiency measures will be taken into consideration.



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 COVID-19. 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 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 (e.g., seismic). The updated HCWMP therefore will describe:

- 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 guidelines)
- 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 work place back into their communities. The project will thereby follow the provisions outlined in the ESMF, HCWMP and 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.

Some project activities may give rise to the risk of Gender Based Violence (GBV), in particular Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) risks. The ESMF to be updated for this project will include a GBV risk assessment and preventive measures, will be prepared and implemented if found pertinent. The project will promote the avoidance of SEA 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 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 islands, without aggravating potential conflicts amongst neighboring communities and between different groups.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is currently considered Not Relevant. The project is not expected to support construction or rehabilitation works of any sizable extent. Should any such activities come to be included--for example, as part of the establishment of local isolation units or quarantine wings in hospitals--they will be undertaken in existing facilities and within established footprints. Activities that will result in the involuntary taking of land, relocation of households,



loss of assets or access to assets that leads to loss of income sources or other means of livelihoods, and interference with households' use of land and livelihoods, will not be considered under the project.

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 and so this standard is considered Not Relevant.

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

This ESS is Not Relevant for this project. There is no evidence suggesting the presence of Indigenous Peoples/Sub-Saharan Historically Underserved Traditional Local Communities in the Maldives.

ESS8 Cultural Heritage

Project activities are highly unlikely to involve risks or impacts on tangible or intangible cultural heritage. Even so, the Standard is considered Relevant. While cultural heritage resources are relatively well documented on the inhabited Maldivian islands, there is no adequate documentation of such on uninhabited islands. The ESMF will include due diligence procedures in line with ESS8 to screen for risks and impacts on cultural heritage and include chance find procedures.

ESS9 Financial Intermediaries

Given the nature of the project, this standard is Not Relevant as there will not be any financial intermediaries that will be involved

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B.3 Other Relevant Project Risks

At this stage, there are no other project-specific risks of relevance.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

The proposed project activities do not have any impacts on international waterways and therefore this policy is not triggered

OP 7.60 Projects in Disputed Areas No

There are no disputed areas in the Maldives therefore this policy is not triggered

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	
Assign formally via secondment Environmental and Social Specialists from existing bank project PMUs to provide implementation support in line with the ESCP to the MoH	03/2020
Prepare a project specific ESMF, that will be applicable to all project components including the CERC and provide the due diligence processes to be followed from environmental and social screening, to assessment and management plan preparation. The ESMF shall be prepared for the Project 15 days post negotiations and shall be updated within 30 days after the Effectiveness Date. Some activities will not be eligible for financing before the final ESMF is in place as defined in the ESCP.	04/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
The SEP will be updated within 30 days after the Effectiveness Date. The SEP will then be continuously updated during project implementation.	04/2020
ESS 2 Labor and Working Conditions	
Incorporate occupational health and safety measures, specifics on labor and working conditions, into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms.	05/2020
Establish worker’s GRM	05/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
A Health Care Waste Management Plan (HWMP) is to be prepared as part of ESMF 15 days from negotiations and updated as part of the ESMF 30 days from effectiveness.	04/2020
ESS 4 Community Health and Safety	
Relevant aspects of this standard will be incorporated in the ESMF as needed, including, inter alia, measures to: minimize the potential for community exposure to communicable diseases; ensure that individuals or groups who, because of their particul	04/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
ESS 8 Cultural Heritage	
The project ESMF will include chance find procedures as part of the due diligence measures.	04/2020

Public Disclosure



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:

The Borrowers Framework is not being considered for this operation.

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: Republic of Maldives

Implementing Agency(ies)

Implementing Agency: Ministry of Health (MOH)

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Rifat Afifa Hasan
Practice Manager (ENR/Social)	Kevin A Tomlinson Cleared on 20-Mar-2020 at 14:44:52 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 23-Mar-2020 at 23:54:24 EDT

Public Disclosure