



# Appraisal Environmental and Social Review Summary

## Appraisal Stage

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

Date Prepared/Updated: 03/24/2020 | Report No: ESRSA00588



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Project ID	Parent Project ID (if any)
Ghana	AFRICA	P173788	
Project Name	Ghana COVID-19 Emergency Preparedness and Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/25/2020	3/20/2020
Borrower(s)	Implementing Agency(ies)		
Republic of Ghana	Ghana Health Services, 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 in Ghana

Financing (in USD Million)	Amount
<b>Total Project Cost</b>	<b>35.00</b>

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

No

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

Under the COVID-19 Fast Track Facility, this Project is the health sector operations to respond to urgent preparedness and response needs related to the COVID-19 outbreak. The project will address both short-term rapid response to COVID-19 and national health systems strengthening.

**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 Ghana and will contribute to COVID-19 surveillance and response. The Project is national in outlook and specific locations where project Component 3. Case detection, containment and treatment will be implemented have not yet been identified but will be implemented in urban as well as rural areas.

Ghana's 2020 population is estimated at 31,072,940 people at mid-year according to UN data. Ghana has a young age structure, with approximately 57% of the population under the age of 25. Its total fertility rate fell significantly during the 1980s and 1990s but has stalled at around four children per woman for the last few years. Fertility remains higher in the northern region than the Greater Accra region. On average, desired fertility remained stable for several years; urban dwellers want fewer children than rural residents. Increased life expectancy, due to better health care, nutrition, and hygiene, and reduced fertility have increased Ghana's share of elderly persons; Ghana's proportion of persons aged 60+ is among the highest in Sub-Saharan Africa.

The management of medical waste in Ghana has been an area of growing concern. Due to population growth and expansion of medical services, there have been an increase in the generation of hazardous waste in health facilities. The effect of this has been the exposure of healthcare workers, patients and nearby communities to toxic substances which pose threats to their health and the environment. In 1992, the health care waste generation rate was estimated at 1.2kg/bed/day. Ghana Health Service estimates that the country generates approximately 31.2 tons of healthcare waste per day and 136,656 tons annually. Based on an assumption that 25% of the waste is hazardous or infectious in nature, this amounts to the generation of 34,260 tons of hazardous waste on a yearly basis.

COVID-19 Preparedness and Response activities such as the construction, maintenance and operation of various facilities such as laboratories (equipment, reagents /chemicals) as well as quarantine and isolation centers can have environmental and social impacts, but these are time bound, manageable and reversible based on application of widely available and tested best international practice. Such activities will be implemented in urban as well as remote areas (including border areas and areas of potential communal conflicts); above all in the latter quality control will be essential.

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

The Bank has prior experience working with the Ministry of Health (MoH) and the Ghana Health Service and its decentralized levels of service delivery under the Maternal Child Health and Nutrition Implementation Project (MCHNP; P 145792). Under the MCHNP, the Bank supports the government for strengthening surveillance system and case management capacity through the establishment of the centers for disease control and capacity building for Emergency Operations Center (EOCs) and health professionals. Despite this experience, the expanded scope of the Environment and Social Framework (ESF) requires targeted training, monitoring and technical assistance to support the effective implementation of the project. In addition to this, the Ministry will be required to appoint two (2) dedicated environmental and social safeguard (E&S) officers in the PIU to ensure adequate risk identification, management and reporting.

Further, the country has limited experience in handling social concerns around COVID-19 as well as related measures, including quarantine. The Project will provide funding to address some of these shortcomings and it will be important that the Project sources international expertise to achieve international best practices on these matters in line with WHO guidelines. The government will update, during project implementation, the existing ESMF prepared for the GARID Project by adding to it WHO standards on COVID-19 response. It will also outline the processes which will be



followed to ensure compliance with the ESF. Facilities to be supported by the Project will apply international best practices in COVID-19 diagnostic testing and other COVID-19 response activities. This will also include further identification of capacity gaps and detailed measures to address any gaps identified.

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

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

Substantial

#### Environmental Risk Rating

Substantial

The Environmental Risk Rating is Substantial. The main environmental risks are: (i) 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 healthcare waste. 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.

#### Social Risk Rating

Substantial

The Social Risk Rating is Substantial. The main social risks are: (i) (i) vulnerable groups not being about to access services, or (ii) issues, including discrimination or sexual exploitation or abuse, resulting from people being kept in quarantine. (iii) There are OHS related risks to health and laboratory workers, i.e. civil servants employed by the Government of Ghana. Activities include 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. (iv) if there is labor influx for the construction of health facilities, there could be related risks of GBV, sexual exploitation and use of child labor from the neighbouring communities.

The project can thereby rely on standards set out by WHO as well as the Africa CDC to (1) facilitate noted 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 (COVID-19 prevention and treatment) as well as avoidance of potential rumors and social conflicts; as well as (2) appropriate handling of quarantining interventions (including dignified treatment of patients; appropriate handling of the specific concerns of vulnerable groups, including cultural needs and Prevention of Sexual Exploitation and (SEA) ; as well as minimum accommodation and servicing requirements).

Since the project also includes construction and rehabilitation of facilities such as laboratories and quarantine centers, it also creates labor related risks involved in construction activity as well as issues of migrant labor, labor camps and risks of GBV for health care workers and communities where the construction will happen. Since the project may entail construction, there would be risk of land acquisition and impacts on people or any squatters if government land proposed to be used.



## 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 will improve capacity for surveillance, monitoring and containment of COVID-19. However, the project could also cause environment, health and safety risks due to the dangerous nature of the pathogen (COVID-19) and reagents and equipment to be used in the project-supported activities. These include risks associated with transportation and delivery of clinical supplies as well as laboratory- or health care facilities associated infections if occupational health and safety standards and specific infection-control strategies, guidelines and requirements as suggested by WHO and CDC are not in place and implemented, leading to illness and death among laboratory workers and communities. Health care facilities which will treat COVID 19 exposed patients and laboratories which will use COVID-19 diagnostic testing will generate biological waste, chemical waste, and other hazardous byproducts and represent pathways for exposure to the virus. Hence, laboratories or clinical facilities supported by the project will increase exposure to COVID-19 that can have the potential to cause serious illness or potentially lethal harm to patients, suppliers, laboratory staff and to the community that may be in contact with the virus. Therefore, effective administrative and infectious-controlling and engineering controls should be put in place to minimize these risks.

Environmentally and socially sound capacity building, training, case detection, containment and treatment of COVID-19 will require adequate provisions for minimization of occupational health and safety risks, proper management of hazardous waste and sharps, use of appropriate disinfectants. Appropriate chemical and infectious substance handling and transportation procedures is required. 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 in a containment laboratory with inward directional airflow (BSL-3 level).

To mitigate these risks, the government will update the ESMF for the GARID Project which will include a Health Care Waste Management Plan (HCWMP) and an Environmental and Social Management Plan. The HCWMP should describe all the practices for handling, storing, treating, and disposing of hazardous and non-hazardous waste, as well as types of worker training required. The plan will also include training of staff to be aware of all hazards they might encounter. This will provide for the application of international best practices in COVID-19 diagnostic testing and handling the medical supplies, disposing of the generated waste, and road safety. The ESMP will detail the environmental and social management procedures, processes and mitigation and monitoring measures required for the establishment and operations of the infectious disease centers and facilities. The updated ESMF will 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).

Until the updated ESMF is approved, the Project will apply the existing ESMF and HCWMP from GARID 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).

One obvious type of social risk related to this kind of an operation is that marginalized and vulnerable social groups including women and disabled population is unable to access facilities and services designed to combat the disease, in a way that undermines the central objectives of 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. If there is any construction under the project and private land is acquired or purchased, the project will follow the RPF prepared under GARID, which will be appropriately updated to include activities under the Ghana Emergency COVID response project.

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 (i) facilitate noted appropriate stakeholder engagement and outreach towards a differentiated audience (concerned citizens, suspected cases and patients, relatives, health care workers, etc.); and (ii) 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).

In addition to the ESMF, the client will implement RPF and the activities set out in the ESCP. It will also implement the SEP and LMP in the proposed timeline.

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

The project will establish a structured approach to engage with stakeholders that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with COVID-19. In instances where there is a likelihood of more vulnerable groups in attendance, such women, 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.

To ensure this approach, the project has included a component on “Risk communication and Community Engagement” (RCCE), including behavioral and sociocultural risk factors assessment, production of RCCE strategy and training documents, production of communication materials, media and community engagement, and documentation. The prepared Stakeholder Engagement Plan (SEP) describes the framework for these activities, following the guidance provided by WHO “Pillar 2: Risk communication and community engagement”. The SEP will be updated and re-disclosed after the preparation of the RCCE.

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 countrywide implementation of activities, the differences in areas and socioeconomic groups will equally be taken into consideration during the rollout of the RCCE.

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 also ensure the establishment of a Grievance Redress Mechanism, including strengthening of the existing GRM under MCHNP available and the establishment of a dedicated hotline.

## **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 Ghana. 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 the ESMF (including HCWMP) 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 PPEs; ensuring adequate supplies of PPEs (particularly face mask, gowns, gloves, hand washing soap and sanitizer); and overall ensuring adequate OHS protections in accordance with 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 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. There could be some SEA and GBV risks associated with labor.

In line with ESS2 as well as the Ghanaian law, use of forced or child labor is prohibited both for construction and operation of health care facilities. The project will also ensure a basic, responsive grievance mechanism to allow workers to quickly inform management of labor issues, such as a lack of PPEs or any other grievances they may to MoH. To manage labor related risks, project will prepare Labor Management Procedures based on WB ESF.

### **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 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 and the HCWMP to be updated for the Project, WHO COVID-19 guidance documents, and other best international practices, will prepare and follow the updated Health Care Waste Management Plan (HCWMP) to prevent or minimize such adverse impacts. The updated 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.

#### **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 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).b
- 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.

Secondly, 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.

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 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.

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

Temporary closures, reduced access, or disruption will follow principles of voluntary negotiations. It will be ensured that the public lands to be used for construction and rehabilitation of the facilities are encumbrance free. In case permanent land acquisition would be necessary, resettlement action plans would be developed based on Bank's ESF principles prior to commencement of any land acquisition. The RPF prepared under GARID will be updated to include activities under this project and in case there is any private land acquisition or purchase, principles outlined under RPF will be followed.

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

Minor construction or rehabilitation activities may be anticipated 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 not considered relevant.

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

This standard is not considered relevant. The preliminary assessment suggests that there are no distinct social and cultural groups in the project area who exhibit characteristics akin to the criteria for indigenous or traditionally under-served communities as spelled out in the ESS7.

#### **ESS8 Cultural Heritage**

This standard is currently considered Not Relevant as the project is not expected to support major construction or rehabilitation activities that would involve the movement of earth (thereby potentially having an impact on tangible cultural heritage), or other activities that could have an impact on intangible cultural heritage. In the unlikely event of major construction or the movement of earth in connection with any project activities that have not yet been identified, a chance finds procedure will be prepared and integrated into the ESMF for the project.

#### **ESS9 Financial Intermediaries**

This standard is Not Relevant for the suggested project interventions, as no financial intermediaries will be used.



**C. Legal Operational Policies that Apply**

**OP 7.50 Projects on International Waterways** No

**OP 7.60 Projects in Disputed Areas** No

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

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
<b>ESS 1 Assessment and Management of Environmental and Social Risks and Impacts</b>	
Update ESMF of GARID Project including ESMP	04/2020
<b>ESS 10 Stakeholder Engagement and Information Disclosure</b>	
The SEP has been developed and will be disclosed.	04/2020
<b>ESS 2 Labor and Working Conditions</b>	
Develop LMP	04/2020
<b>ESS 3 Resource Efficiency and Pollution Prevention and Management</b>	
HWMP as part of updated ESMF	04/2020
<b>ESS 4 Community Health and Safety</b>	
Prepare ESMF/ESMP/LMP	04/2020
<b>ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement</b>	
Update RPF and Prepare RAPs if there is land acquisition	04/2020
<b>ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources</b>	
<b>ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities</b>	
<b>ESS 8 Cultural Heritage</b>	
<b>ESS 9 Financial Intermediaries</b>	

Public Disclosure

**B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts**

**Is this project being prepared for use of Borrower Framework?** In Whole



**Areas where “Use of Borrower Framework” is being considered:**

None

**IV. CONTACT POINTS**

**World Bank**

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**Borrower/Client/Recipient**

Borrower: Republic of Ghana

**Implementing Agency(ies)**

Implementing Agency: Ghana Health Services

Implementing Agency: Ministry of Health

**V. FOR MORE INFORMATION CONTACT**

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**VI. APPROVAL**

Task Team Leader(s): Anthony Theophilus Seddoh

Safeguards Advisor ESSA Nina Chee (SAESSA) Concurred on 24-Mar-2020 at 13:24:56 EDT