



# Appraisal Environmental and Social Review Summary

## Appraisal Stage

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

Date Prepared/Updated: 04/15/2020 | Report No: ESRSA00721



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Project ID	Parent Project ID (if any)
Myanmar	EAST ASIA AND PACIFIC	P173902	
Project Name	Myanmar COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/9/2020	4/23/2020
Borrower(s)	Implementing Agency(ies)		
Ministry of Planning, Finance, and Industry	Ministry of Health and Sports		

Proposed Development Objective(s)

To respond to the threat posed by COVID-19 and strengthen national systems for public health emergency preparedness in Myanmar.

Financing (in USD Million)	Amount
<b>Total Project Cost</b>	<b>50.00</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]**

In support of the Myanmar Health Sector Contingency Plan: Outbreak Response to COVID-19 and Other Emerging Respiratory Diseases, the project aims to strengthen the readiness of hospitals and the national systems in preventing and reducing the threat posed by community transmission of COVID-19 in Myanmar by providing Intensive Care Unit equipment and related goods (Component 1), and providing technical assistance to clinical care capacity and community engagement (Component 2).

Project scope and design are aligned with the COVID-19 Strategic Preparedness and Response Program (SPRP). The envisaged interventions would address immediate needs in the COVID-19 response, and contribute to foundations of



the health systems preparedness for public health emergencies. It complements other IDA-financed health operation in Myanmar, namely the Essential Health Services Access Project (EHSAP) and its Additional Financing (AF) that are focused on medium to longer term health systems outcomes. In addition to improving readiness of the primary health care facilities to deliver the essential package of health services, the AF will help to further cement infection prevention and control (IPC) and health care waste management (HCWM) practices, institutionalize mechanisms that facilitate better coordination and collaboration between government and NGOs, Ethnic Health Providers (EHPs), and Civil Society Organizations, expand supply chain logistics management system, strengthen community engagement and outreach through health volunteers and scale up use of Information and Community Technology (ICT).

#### D. Environmental and Social Overview

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

The Project is national in scope although it will focus primarily on activities to provide equipment at specific hospitals (corresponding to the Goods category of the global covid MPA), along with capacity building and community engagement activities throughout the country (corresponding to the Technical Assistance category of the global covid MPA). The project includes hospitals in all states and regions where Intensive Care Unit (ICU) staff are deployed. The Project will cover 8 Central level hospitals and 43 Region and State level hospitals, across all 17 Regions and States, with implementation rolled out in a phased manner, starting with the most at-risk areas, such as densely populated areas and areas with frequent travel and migration.

The Project will not include greenfield hospital construction or other large civil works and will mainly focus on procurement of goods and equipment for ICU in existing hospitals. There may be minor expansion and refurbishment of existing hospital wings in order to upgrade rooms to ICU level of care. Some, but not all, hospitals will include quarantine areas. The project would not support hospitals where ICU cannot function due to size and staffing constraints. The Project will not provide testing or surveillance services for coronavirus infections.

Under Component 1, a comprehensive list of 51 participating hospitals has already been compiled. Hospitals include relatively larger facilities in major cities ranging from 500 to 2000 hospital beds as well as smaller facilities of 200 beds. Larger hospitals typically have 10 ICU beds and smaller hospitals typically have 6 ICU beds. Due to the size and level of sophistication of participating hospitals, project activities will be located in urban settings. Costs to re-equip the ICU facilities are estimated at between \$670,000 for each of the 6 ICU bed facilities and \$900,000 for each of the 10 ICU bed facilities. Preliminary lists of equipment needs have been proposed and include a range of ICU equipment and supplies such as ventilators, beds, ICU furniture (tables, cabinets), oxygen plant, liquid oxygen sets, among miscellaneous supplies and monitoring devices. At this time the Project does not anticipate purchasing coronavirus testing kits, laboratory chemicals or pharmaceutical supplies.

Two of the participating hospitals are located in Rakhine state (Sittwe and Kyaukphyu General Hospitals in Rakhine), but are not located in the active conflict affected areas.

The Project will focus on those locations/hospitals which will lead in the treatment of the most serious COVID-19 cases. Patients will be sent to hospitals on a referral basis using the procedures and criteria established by the Ministry of Health. Under Component 2 the project will support the review and updating of referral procedures to take into account the needs of COVID-19 patients. By design, the review of referral services will consider equity, severity of case risks, and non-exclusion based on social status. This will include referral services for patients to the



Government hospitals from territory controlled by ethnic armed organizations (EAO). Component 2 will also address capacity building needs of the medical service providers and supporting staff through provision of training related to COVID-19 emergency preparedness, infection control and medical waste management. Government is currently proposing to cover all costs of COVID-19 treatment for all patients. Component 2 will also include activities to promote broad community information dissemination and outreach to affected individuals and communities using the Information, Communication, and Technology (ICT) platform previously established at Ministry of Health and Sport (MOHS).

Salient social characteristics include the on-going conflict and recently internally displaced populations in Rakhine, Shan and Kachin states (in addition to those populations already displaced by previous conflicts across the country) along with the existence of ethnic groups and ethnic armed organizations in Rakhine, Shan, Kayin, Kachin, Sagaing and Tainintharyi. Furthermore, high levels of poverty and limited access to basic health care characterizes rural areas in all states and regions, especially in the more remote and harder to reach communities. These challenges are compounded during the rainy season, when remote rural areas become even less accessible, and intersect with the exclusion and mistrust of government experienced by many ethnic communities across the country.

Salient environmental characteristics include uneven and evolving medical waste management systems. Myanmar has established a basic legal and institutional framework for environmental and social risk management related to medical waste. MOHS is responsible for implementing the legal framework on the management and proper disposal of medical waste generated in the public and private health service sectors and has been developing Health Care Waste Management Guideline (HCWM), Standard Operating Procedures for HCWM for Health Care Facilities, and training modules. In 2011, MOHS promulgated the Hospital Management Manual, which includes basic guidance for hospital waste management. In addition, in 2016 MOHS developed and approved Hospital Infection Control Guidelines at national level. These national guidelines have integrated health care waste management as a stand-alone chapter. Recently, MOHS has issued simplified COVID-specific HCWM guidelines, which provide a shorter and easier reference for the health staff. National legislation on the management of hazardous wastes including other categories of hazardous wastes, such as pesticides and certain industrial wastes is still under development by Ministry of Natural Resources and Environmental Conservation.

The MOHS development of the regulatory framework for medical waste management notwithstanding, the implementation of this frameworks is lacking due to financial, physical and human resources constraints at the health facility level. Access, communication and understanding among primary care level health staff related to relevant guidelines and their consistent implementation still requires substantial capacity building support and improvement.

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

Upon the declaration of the COVID-19 global pandemic, Myanmar mobilized to form the National-Level Central Committee on Prevention, Control and Treatment of Coronavirus Disease 2019 (COVID-19), led by State Counselor. The primary objective of this Cabinet-level Committee is to spearhead the national response effort and coordinate within the public sector to control and manage an outbreak of COVID-19 in Myanmar.

The main implementing entity for the Project is MOHS, coordinated through its Department of Medical Services. Environmental and occupational health issues are overseen by the MOHS Occupational and Environmental Health Department (OEHD). The institutional arrangements are based on experience and lessons learned from ongoing IDA-financed Essential Health Services Access Project (EHSAP) (P149960) and in alignment with the arrangements under



the proposed Additional Financing of the EHSAP. The Project will not have a dedicated Project Implementing Unit (PIU) per se. Instead, the MOH will designate a project management team reporting to the Director of Medical Services. The management team will include designated specialist staff from the Ministry. The project implementation will be guided by Project Operations Manual (POM), which will build heavily on the updated POM developed for the Additional Financing for EHSAP given the similarity in institutional, fiduciary and implementation arrangements.

The Government of Myanmar has experience in managing environmental and social risks associated with World Bank projects. However, that experience is primarily with the Bank’s safeguard policies rather than the new Environment and Social Framework (ESF). MOHS will be the implementing agency for the project. MOHS has developed experience with implementing World Bank-financed project requirements regarding safeguard policies. Under the ongoing the EHSAP MOHS has been implementing an Environmental Management Plan (EMP) including (i) application of specific Environmental Code of Practices (ECOPs) to address potential adverse environmental impacts linked to planned renovation and refurbishment works, and (ii) deployment of Medical Waste Management Plan (MWMP) to address solid and liquid wastes that will be generated by the Health Care Facilities. Safeguards performance rating of Bank operation MOHS implements has been moderately satisfactory.

Furthermore, with the support of the EHSAP, MOHS developed Referral Guidelines for healthcare waste management and finalized training modules on the HCWMP. A project Disbursement Linked Indicator provides financial support to Township hospitals and primary healthcare facilities based on achievement of service delivery results including healthcare waste management and infection prevention and control. On social risk management, ESHAP has been also implementing the Community Engagement Planning Framework (CEPF), developed guidelines on community engagement and trained township health departments in integrating community engagement into planning process. These guidelines ensure the service planning process is meaningfully accessible to ethnic groups in a culturally appropriate manner and in the appropriate language.

The MOHS Department of Public Health (DPH) and Department of Medical Services which are responsible for safeguards implementation under ESHAP will also be responsible for ESF implementation under the COVID-19 project with support on environmental and occupational risk management from the Occupational and Environmental Health Department (OEHD). MOHS will appoint a designated ESF focal point within the Project Management Unit (PMU) and receive ESF training and support by the World Bank E&S specialists.

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

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

Substantial

#### Environmental Risk Rating

Substantial

The environmental risk classification is considered Substantial. While the project’s primary goal is to reduce the health impact of the coronavirus through the procurement of ICU equipment and development of improved preparedness measures, the risk classification is based on potential concerns related to capacity to manage health care waste; occupational health and safety; and the contextual concerns over the severity of the outbreak and ability to safely operate overloaded medical and waste facilities. While the procurement of ICU equipment, per se, does not have significant environmental implications, the operation of those ICU Project hospitals are likely to generate large



volumes of hazardous and non-hazardous medical wastes such as contaminated PPE; pharmaceuticals; food waste; used or obsolete medical equipment, etc.

An important risk concern relates to the Occupational Health and Safety (OHS) for front-line medical staff treating COVID-19 patients and health care providers involved with testing or other screening and evaluations. Similarly, communities surrounding facilities supported by the project may be exposed to the increased spread of coronavirus and resulting disease, due to poor implementation of protections for health care providers.

**Social Risk Rating**

Substantial

Key social risks and impacts include the possible exclusion of vulnerable groups including ethnic groups residing in remote areas where there is limited access to health services, and others residing in locations that are affected by conflict (including internally displaced persons), or under the control of ethnic armed organizations. Other vulnerable groups such as the elderly and those with underlying medical conditions, returning migrants, prisoners and rural residents with only limited access to primary care are also at risk being excluded from the services supported by the project. While the project will not finance activities associated with institutionalized quarantine, it is further important to consider the needs of, and right to, dignified treatment of patients who will be isolated and treated in the facilities to be supported under this operation. This will include paying specific attention to the concerns of vulnerable groups, the prevention of sexual exploitation and abuse and sexual harassment, along with minimum accommodation and servicing requirements.

As designed, the project will not require land acquisition or involve involuntary resettlement as any refurbishment that will be financed will take place within the footprint of publicly owned facilities that are already in place.

Measures will be introduced in the project’s Stakeholder Engagement Plan (SEP), Environmental and Social Management Framework (ESMF) which includes a Health Care Waste Management Plan (HCWMP) and Labor Management Procedures (LMP); the latter will include measures to ensure protections for workers exposed to unsafe working conditions or hazardous materials. An Environmental and Social Commitment Plan (ESCP) and a Stakeholder Engagement Plan (SEP) have been prepared and disclosed through the website of MOHS: [www.mohs.gov.mm](http://www.mohs.gov.mm). As per the ESMP, the ESMF will be finalized within 30 days of project effectiveness. Updated versions of the SEP, ESMP and the final ESMF will be disclosed on the same website and on the WBG website during project implementation.

Public Disclosure

**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:***

This Standard is relevant for the Project.

The MOHS will assess and manage environmental risks and impacts associated with proposed Project activities through the preparation of an integrated Environmental and Social Management Framework (ESMF). In keeping with core principles of the World Bank’s ESF, the ESMF (and other associated documentation) will be prepared in a



manner which is proportionate to the significance of the potential risks and impacts, and which utilizes a mitigation hierarchy approach.

The Ministry will undertake basic risk screening during project implementation to identify specific risks and impacts that will need to be addressed by each hospital during implementation based on the core principles, technical standards and procedures described in the ESMF. To the extent feasible the ESMF will build on existing national approaches to E&S issues, the application of relevant WHO standards specific to COVID-19, and other recognized Good International Industry Practices (GIIP).

Where relevant and feasible, the MOHS will require each hospital to adopt and apply guidelines developed for previous lending operations related to medical waste management. Under the ongoing EHSAP, MOHS developed Medical Waste Management Guidelines (March 2019). These guidelines will be reviewed and updated, as needed, to include additional COVID-19 specific protocols and procedures that WHO has developed. Each hospital under the project will adopt waste management procedures for their facility in a manner consistent with the Ministry guidelines as documented in the ESMF.

The ESMF will include procedures for screening for social and environmental risks along with relevant mitigation measures. The ESMF and LMP described under ESS 2 will define Employer/Employee Codes of Conduct to help minimize some of such risks.

The ESMF will also include procedures for ensure inclusive access to project activities for all target beneficiaries regardless of ethnicity, gender, citizenship, age disability or mobility through the development of referral protocols, allowing Covid-19 patients requiring hospitalization, including those living in EAO controlled territories and those living in IDP camps, proper transfer to designated hospitals. IDPs are a particularly vulnerable population, being accommodated in overcrowded facilities, which alongside IDP camps, including churches, monasteries, and other communal buildings. The project will support the establishment of referral pathways through supporting MOHS to engage with relevant stakeholders providing services to IDPs (e.g. UN agencies, NGOs, CSOs). The focus will be on identifying and agreeing among these stakeholders specific referral arrangements for IDPs appropriate to the specific contexts where they are located. Furthermore, communication activities under component 2 will be adapted to reflect these varying contexts.

The MOH will develop the required E&S documents working in close collaboration with national technical specialists as well as World Bank staff to ensure the documents meet the requirements of each standard. Draft versions of the SEP and Environmental and Social Commitment Plan (ESCP) will be prepared by approval and the completion of final versions of E&S documents (ESMF; LMP; HCWMP) will be completed by the Borrower with extensive Bank assistance within 30 days of project effectiveness or prior to the commencement of project activities involving E&S risks (whichever is the earliest date).

There is no involvement of the military or other security forces in the COVID-19 response in Myanmar envisaged.

This operation is being processed as an emergency response using condensed procedures under the Fast Track COVID-19 Facility.





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

This standard is relevant for the project.

In keeping with the requirements of ESS10, the MOHS will establish a structured approach to engagement with stakeholders that is based upon meaningful consultation and disclosure of appropriate information, taking into account the specific challenges and limitations associated with community consultations in areas affected by COVID-19. The Borrower has developed a draft SEP and disclosed publicly on the MOHS website [www.mohs.gov.mm](http://www.mohs.gov.mm) and will complete a final SEP within 30 days of project effectiveness. In addition, under Component 2 the MOHS will develop guidelines and provide training on effective methods for stakeholder engagement and information disclosure and outreach as part of project design.

The final SEP will be updated to incorporate the WHO guidance (WHO Guidance - Risk Communication and Community Engagement) to ensure provision of 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 (even though this project will not support any quarantine facilities). The revised SEP will also need to detail how the GRM will be operationalized including provisions allowing anonymous grievances to be raised and addressed and how any complaints of gender-based violence will be handled, as well as detailed contact numbers and addresses. Through consultation with ethnic groups and their representative and specifically Ethnic Health Providers, this revised SEP will also reflect a strategy specific to engagement with ethnic groups, including patient referral protocols. The SEP will also build on other relevant WHO guidance on preventing and addressing social stigma associated with COVID-19 (to reduce social stigma and discriminatory behaviors against people of certain ethnic backgrounds as well as anyone perceived to have been in contact with the virus).

Project specific stakeholder engagement and consultation procedures will be designed in a way to minimize the use of group consultation methods involving close contact of individuals where such gatherings could lead to increased exposure to the coronavirus. People affected by Project activities will be provided with accessible and inclusive means to access project specific information and raise concerns and grievances through a Grievance Redress Mechanism that will be detailed in the final updated SEP.

### **B.2. Specific Risks and Impacts**

**A brief description of the potential environmental and social risks and impacts relevant to the Project.**

#### **ESS2 Labor and Working Conditions**

Project workers will include direct workers (primarily MOHS), contracted workers (for minor construction and installation works and consultancy services). The Government, via the ESCP, commits to the preparation of LMP as part of the ESMF which (i) responds to the specific health and safety issues posed by COVID-19, and (ii) protects workers' rights as set out in ESS2. The LMP will distinguish between the different types of workers as identified under ESS2 and identifies specific protections for each type/category.





Component 2 would reinforce the clinical care capacity and reinforce infection prevention and control for not only medical staff (e.g., doctors, nurses) but also for other support staff at the hospitals (e.g., nurse aids, ambulance drivers, cleaners, clinic-social workers, pharmacists, etc.) who will be working in close proximity to the patients and their contacts. Therefore, the project will ensure the application of OHS measures as outlined in WHO guidelines which will be included as part of the LMP. This will include procedures for entry into health care facilities, including minimizing visitors and undertaking strict checks before entering; procedures for protection of workers in relation to infection control precautions; provision of immediate 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 for all onsite healthcare workers and staff (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. The project will integrate the latest guidance provided by WHO as it develops experience addressing COVID-19 globally.

The project may include contractors for minor civil works. The physical civil works are expected to be minor and therefore the associated risk is expected to be limited, but the contractors will have to be prepared and all workers will have access to necessary Personal Protective Equipment (PPE) and handwashing stations and will be bound by the Code of Conduct captured in the ESMF. No large-scale labor influx is expected due to the situation and nature of the works.

As part of the LMP a worker grievance mechanism will be put in place to ensure a basic, responsive grievance mechanism to allow workers and other volunteers to quickly inform management of labor issues, such as a lack of PPE and unreasonable actions overtime via the national, provincial, district and village authorities.

The LMP will include specific measures to ensure that the Project will:

- Not employ any person under the age of 18.
- Prohibit the use child or forced labor for any project activity.
- Establish strict security procedures to control entry into COVID-19 health care facilities, including minimizing visitors.
- Adopt procedures and protocols for protection of workers in relation to infection control precautions and include these in the labor management procedures and in contracts.
- Provide immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and PPE.
- Develop a responsive grievance mechanism to allow workers to quickly inform management of labor issues, such as a lack of PPE and unreasonable request for overtime work.
- Ensure adequate supplies of PPE (particularly facemask, gowns, gloves, hand soap and sanitizer) are available.
- Ensure 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.
- Establish monitoring and oversight mechanisms to ensure the project mandates such requirements for all project workers and employers.



A final LMP will be prepared within 30 days of project effectiveness or prior to commencement of any project activities involving Environmental and Social (E&S) risks (whichever is earlier);

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

The Borrower has developed HCWMP guidance and training documents for the ongoing health sector project in Myanmar. These existing guidelines will be reviewed and, where relevant, previously agreed measures will be upgraded and adapted to address specific requirements for the COVID-19 operation which may not have been included in the existing documentation. In addition, the MOH will ensure that any plans or protocols to address these risks will be consistent with guidance provided by WHO Guidelines for medical waste management and infection control or other agreed Good International Industry Practice (GIIP).

The refurbishment and upgrading of hospital facilities to address COVID-19 cases will lead to the generation of hazardous and non-hazardous medical wastes which could expose workers and the community at large to health risks. Medical waste from COVID-19 facilities will likely include; chemicals and equipment from laboratories and testing facilities; contaminated PPE; pharmaceutical wastes; contaminated food wastes and cleaning supplies; sharps and other used medical instruments. In addition, waste stream from project hospitals providing COVID-19 care could include waste water and liquid wastes discharged into the existing waste water management systems; inadequate treatment of effluent may lead to pollution of recipient water bodies.

The project may also induce disposal of old medical equipment and/or supplies from refurbishment of health care facilities. Project supported rehabilitation activities will be required to dispose of such waste in a technically sound manner (depending on the type of equipment etc.) especially avoiding the ad hoc disposal of such equipment at sites which would expose individuals and communities to increased risks.

To address the solid waste and wastewater management needs the Borrower will require each hospital to develop and adopt a Health Care Waste Management Plan (HCWMP) based on existing guidance and Standard Operating Procedures (September 2019) procedures developed for the ongoing IDA health sector project and documented in the ESMF, and in line with WHO COVID-19 guidance documents and WBG EHS Guidelines. The HCWMP will define key principles, procedures and protocols to be followed by participating project hospitals or other health centers, as it relates to waste and wastewater directly related to treatment of COVID-19 patients.

The HCWMP will describe the types of wastes to be generated and their potential health and safety risks; methods for collection, storing, transporting, destruction or disposal. As relevant, each participating hospital or health facility will follow all requirements of the HCWMP and the corresponding Standard Operating Procedures (September 2019). In some cases, individual facilities may prefer to adopt site-specific plans based on existing procedures, where such procedures can be shown to be consistent with HCWMP guidance.

At this time, it is not known whether the disposal of such wastes poses significant adverse risks to soil, water bodies, natural habitats, or specific communities since specific procedures or sites for treatment and disposal of wastes have not been identified. The HCWMP will include specific planning criteria to ensure that waste disposal sites and disposal



methods from participating health facilities avoid or minimize such impacts, and that adjacent communities to waste disposal sites are adequately aware of safety risks and how to mitigate them. See also ESS4.

The project is not considered to be a major consumer of energy, water or other natural resources and its risks for GHG emissions are not considered significant.

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

The principle risk to community health and safety relates to the increased risks of the increased spread of coronavirus and resulting disease. As mentioned under ESS3, the project itself could exacerbate this risk through poorly implemented waste management procedures at participating hospitals and health facilities as well as by poorly implemented protections for health care providers which could contract the disease and contribute to further spread in the community.

The measures to manage these risks will be documented in the ESMF.

Under Component 2 of the project, the MOHS will design and implement emergency preparedness plans including communications and information campaigns for the entire project area. The emergency preparedness plan will address to potential risks such as earthquakes, tsunamis, floods, windstorms, and fires. For life and fire safety, appropriate firefighting equipment and preparedness plans will be put in place at all project's funded facilities, and required training and orientations will be organized in coordination with the responsible firefighting department.

The project does not currently plan to utilize security forces or to finance quarantine facilities.

A risk assessment for gender-based violence, as well as preventative measures will also be included in the ESMF. 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. In addition, each participating hospital will need to ensure that ICU and/or isolation units in treatment facilities have adopted procedures to limit access to these areas and prevent unauthorized individuals (such as family visitors, the media or the general public) from entering high risk zones.

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

The project will not include any activities which require land acquisition, involuntary resettlement or economic displacement. Any refurbishment of hospitals or health centers will be within the existing footprint of the buildings. Any project activities involving land acquisition or resettlement will be excluded from the project.

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



The project does not involve any new greenfield construction, major rehabilitation or expansion of existing facilities which could affect natural habitats. However, the disposal of some hospital wastes could potentially lead to damage to natural habitats if not carried out at appropriately designated sites.

The ESMF will formulate screening criteria for site selection of any waste disposal sites and will exclude any site which could lead to the degradation of natural habitats. The PIU, using the ESMF, will assess waste disposal plans to ensure that such objectives are met. Any waste disposal site which would adversely affect natural habitats would not be used under the project.

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

The standard is considered relevant since there are communities in the project area who would be considered as indigenous peoples under the definition in the standard.

While there are ethnic minority communities present in Myanmar, which meet the criteria of ESS7, the project will not develop a stand-alone Indigenous Peoples Planning Framework (IPPF) or Indigenous Peoples Plan (IPP), as the measures necessary to ensure meaningful engagement with these communities can be addressed in the SEP, while measure to ensure culturally appropriate access are already considered under Component 2. Furthermore, Free, Prior and Informed Consent (FPIC) is not required under the project as there will be no (a) adverse impacts on land and natural resources subject to traditional ownership or under customary use or occupation; (b) relocation of members of ethnic minority groups required or (c) significant impacts to cultural heritage that is material to the identity and/or cultural, ceremonial or spiritual aspects of the affected people.

Given that the spread of coronavirus will potentially affect all citizens of Myanmar, the proposed approach is to integrate specific information disclosure, outreach, consultation measures and initiatives within the overall SEP and ESMF measures. Under Component 2, the review of referral practices will include consideration of the potential impacts on ethnic minority communities and how their needs are addressed through referral services. The design of these instruments will ensure that, where the Project activities gives rise to benefits and opportunities, indigenous communities benefit from these in an accessible, culturally appropriate and inclusive manner. The referral protocols will include practical measures required to organize and implement the transferal of patients with serious COVID-19 conditions from EAO controlled territory to the nearest suitable hospital.

To the extent relevant, other project E&S documents such as the ESMF and SEP will include measures to address any specific needs that are unique to individuals from indigenous communities seeking medical services from participating project facilities. Individuals and communities who belong to such groups may be considered as disadvantaged or vulnerable to the spread of COVID-19 and may be unable to fully participate in the project benefits due to distance from health centers, understanding of the problem, language or other cultural barriers to participation.

Under Component 2, it is understood that health messages need to be made available in the languages of all communities, especially in areas where ethnic languages are primarily spoken. MOHS has already produced information, education and communication materials in 20 major ethnic languages in text, audio and audiovisual



formats. To make this information available to even wider audiences, particularly those with limited literacy, the project will support dissemination of audio/audiovisual materials in ethnic languages across platforms and mobiles used by healthcare workers (MOHS, EHPs and private providers) as well as community members themselves.

**ESS8 Cultural Heritage**

It is not likely that any project activity would adversely affect cultural heritage as defined under the policy. Any such activities will be excluded from project eligibility.

Site selection criteria and screening of waste disposal sites will be defined in the HCWMP and to ensure that no waste disposal will be carried out which affects sites of cultural heritage.

**ESS9 Financial Intermediaries**

This standard is not relevant as the project design does not involve the use of financial intermediaries.

**B.3 Other Relevant Project Risks**

Under a scenario of rapid growth in case load, hospitals could be overwhelmed with patients before new equipment, preparedness and planning procedures are in place. Also, in two locations, project will be implemented in Rakhine, in the area of active armed conflict.

**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>	
REGULAR REPORTING: Prepare and submit to the Association regular monitoring reports on the environmental, social, health and safety (ESHS) performance of the Project, including but not limited to, stakeholder engagement activities and grievances log.	07/2020

Public Disclosure



<p>ORGANIZATIONAL STRUCTURE: The Ministry of Health and Sports (MOHS) shall establish and maintain a Project Management Team with qualified staff and resources, including a lead technical specialist for Environment safeguards and one for Social safeguards to support management of ESHS risks and impacts of the Project including the requirements of the Environmental and Social Management Framework (ESMF), along with the LMP, HCWMP, and SOP to be included in the ESMF, and the SEP</p>	06/2020
<p>Each participating hospital shall designate a lead technical specialist responsible for oversight and implementation of medical waste management at their facility.</p>	06/2020
<p>ENVIRONMENTAL AND SOCIAL ASSESSMENT/MANAGEMENT PLANS AND INSTRUMENTS/ CONTRACTORS</p> <p>a. Assess the environmental and social risks and impacts of proposed Project activities, in accordance with the Environmental and Social Management Framework (ESMF) to be prepared, disclosed and adopted for the Project, including to ensure that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project.</p>	06/2020
<p>b. Prepare, disclose, adopt, and implement any environmental and social management plans or other instruments required for the respective Project activities based on the assessment process, in accordance with the ESSs, the ESMF, the EHSs, and other relevant Good International Industry Practice (GIIP) including the WHO guidelines on various aspects of COVID-19 infection control and stakeholder communications, in a manner acceptable to the Bank.</p>	06/2020
<p>c. Incorporate the relevant aspects of this ESCP, including, inter alia, any environmental and social management plans or other instruments, ESS2 requirements, and any other required ESHS measures, into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. Thereafter ensure that the contractors and supervising firms comply with the ESHS specifications of their respective contracts.</p>	06/2020
<p>d. The Recipient is committed to provide equitable and inclusive access to Project activities regardless of ethnicity, gender, citizenship, age, disability or mobility. To achieve this, the Recipient will jointly develop and implement referral guidelines/protocol for patients from IDP camps and/or EAO-controlled areas in close cooperation with respective EHP in those areas.</p>	06/2020
<p>Exclude the following type of activities for financing under the Project:</p> <ul style="list-style-type: none"> <li>•Any activity requiring land acquisition, land use restriction or involuntary resettlement as defined under ESS5 or adverse impacts on cultural heritage under ESS8.</li> <li>•Any activity which would lead to adverse impacts on natural habitats.</li> <li>•Any activity requiring FPIC under ESS7.</li> <li>• Activities that may have high adverse social impacts</li> <li>• All the other excluded activities will be set out in the ESMF of the Project.</li> </ul>	06/2020
<p>CAPACITY SUPPORT (TRAINING) A capacity assessment will be undertaken, and which will inform the development of the training and capacity building plans, including training of health workers from the</p>	12/2022



MOHS, private sector and EHPs, with regards to: (i) clinical management; (ii) infection prevention and control (IPC); (iii) health care waste management (HCWM); (iv) referral guidelines; (v) biosafety; and (vi) diagnosis and testing (vii) patient referral protocol to referral hospital	
<b>ESS 10 Stakeholder Engagement and Information Disclosure</b>	
STAKEHOLDER ENGAGEMENT PLAN: Prepare, disclose, adopt, and implement a Stakeholder Engagement Plan (SEP) consistent with ESS10, in a manner acceptable to the Association.	06/2020
GRIEVANCE MECHANISM: Accessible grievance arrangements shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10, in a manner acceptable to the Association.	06/2020
<b>ESS 2 Labor and Working Conditions</b>	
LMP prepared as part of the ESMF within 30 days of project effectiveness and before implementation of any on ground activity and assessment to be conducted before the carrying out of the relevant Project activities.	06/2020
<b>ESS 3 Resource Efficiency and Pollution Prevention and Management</b>	
Borrower will develop and apply a revised Health Care Waste Management Plan acceptable to the Association which will be executed as needed throughout the project implementation.	06/2020
<b>ESS 4 Community Health and Safety</b>	
Start implementation through the application of ESMF measures to minimize the potential for community exposure to communicable diseases and other project risks.	06/2020
<b>ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement</b>	
<b>ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources</b>	
<b>ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities</b>	
Project will not develop a stand-alone Indigenous Peoples Planning Framework (IPPF) or Indigenous Peoples Plan (IPP), as the measures necessary to ensure meaningful engagement with these communities will be addressed in the SEP	06/2020
<b>ESS 8 Cultural Heritage</b>	





The ESMF / HCWMP will include screening and site selection criteria to ensure disposal of medical waste does not lead to any adverse impacts on natural habitats.	06/2020
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:**

Use of Borrower Framework is not being considered.

**IV. CONTACT POINTS**

**World Bank**

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**Borrower/Client/Recipient**

Borrower: Ministry of Planning, Finance, and Industry

**Implementing Agency(ies)**

Implementing Agency: Ministry of Health and Sports

**V. FOR MORE INFORMATION CONTACT**

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**VI. APPROVAL**

Task Team Leader(s): Hnin Hnin Pyne, Nang Mo Kham

Public Disclosure



Practice Manager (ENR/Social)

Valerie Hickey Cleared on 15-Apr-2020 at 09:47:23 EDT

Safeguards Advisor ESSA

Nina Chee (SAESSA) Concurred on 15-Apr-2020 at 11:43:13 EDT