



Additional Financing Appraisal Environmental and  
Social Review Summary  
Appraisal Stage  
**(AF ESRS Appraisal Stage)**

Date Prepared/Updated: 12/23/2020 | Report No: ESRSAFA078



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Borrower(s)	Implementing Agency(ies)
Benin	AFRICA WEST	Republic of Benin	National Council to Combat HIV/AIDS, Tuberculosis, Malaria and Epidemics
Project ID	Project Name		
P175441	AF Benin COVID-19 Preparedness and Response Project		
Parent Project ID (if any)	Parent Project Name		
P173839	BENIN COVID-19 PREPAREDNESS AND RESPONSE PROJECT		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	9/13/2020	1/6/2021

Proposed Development Objective

To prevent, detect and respond to COVID-19 and strengthen national systems for public health emergency preparedness in Benin.

Financing (in USD Million)	Amount
Current Financing	0.00
Proposed Additional Financing	0.00
Total Proposed Financing	0.00

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

Yes

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



The proposed AF comes from the Pandemic Emergency Financing Facility (PEF) which allocated a grant in the amount of US\$1,000,000 to the Government of Benin to support its response to the COVID-19 pandemic.

The parent project prepared under the US\$6.00 billion COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA) and approved by the Regional Vice Presidency on April 2, 2020 then by the Board of Executive Directors on April 27, 2020, became effective on May 29, 2020. 4. The PDO is to prevent, detect and respond to COVID-19 and strengthen national systems for public health emergency preparedness in Benin. Initially, three comprehensive components aiming at supporting the attainment of the PDO were defined as follows (i) Emergency COVID-19 Response, (ii) Supporting National Prevention and Preparedness, and (iii) Implementation Management and Monitoring and Evaluation. It has been supporting the implementation of the Benin COVID-19 Plan. The Plan's goal is to support: the strengthening of multi-sector national institutions and platforms for policy development and coordination of prevention, preparedness and response to the COVID-19 pandemic, using the One Health approach; national and sub-national prevention, preparedness and response platforms; and implementation management and monitoring and evaluation. In order to adapt to the dynamic nature of the pandemic and the on-ground priority activities assessment, during the course of the project implementation, the Benin government and the Bank agreed to proceed to the project restructuring to adjust the initial 3 components to 2 components as well as their related cost.

Progress towards achievement of the PDO and Implementation progress: The pace of project progress towards the achievement of the PDO and the overall implementation progress were rated satisfactory as per the first Implementation and Status Report (ISR), on June 30, 2020. Indeed, all the project's activities are being implemented as planned and the project has disbursed 97 percent (US\$10.08 million equivalent) of its total amount only three months after effectiveness. This disbursement ratio was achieved thanks to the almost complete implementation of the approved Work Plan and Budget encompassing the purchase of lab's equipment and consumables and emergency medical supplies including 50 ventilators, the procurement and the ongoing set up of the two prefabricated treatment centers in the southern and northern regions.

The proposed AF will be used to further bolster the Benin government's endeavor to counter the pandemic initiated under the parent project and help fill the financing gap of the Benin's new six-months plan. Indeed, even though Benin has bent the outbreak curve, the need to contain and control the infection to a lowest rate remains to avoid a potential second wave. No new activities will be added, this timely grant will be used to support the scale up of activities under the subcomponent 1.2 of the parent Project, which focuses on Case Management and Health System Strengthening, and aims at enhancing clinical care capacity of staff in treatment centers, including hospital infection control and prevention and guidelines and risk mitigation measures. To this end, the funds under AF will purchase the appropriate protective equipment and hygiene materials especially individual protective equipment and gowns for the treatment centers in need.

#### D. Environmental and Social Overview

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

The Additional Financing of Benin COVID-19 Emergency Response and System Preparedness Strengthening (P173839) will be implemented nationwide. It will contribute to the consolidation of COVID-19 preparedness, monitoring, surveillance and response in Benin. The parent project has been almost fully implemented and has reached a disbursement ratio of 97%. Thus, it has strengthened the Country testing capacity by procuring laboratories reagents, equipment and material contributing to establish 13 functioning laboratories; purchase medical emergency



equipment including 50 ventilators and has been setting up two equipped treatment centers. This AF aims at strengthening existing activities implemented by the parent project with a focus on the Emergency COVID-19 response, particularly activities related to Case Management and Health System Strengthening as per the gap of intervention and financing identified and agreed with the Government. The AF will not add new activities but rather reinforce the financing of the existing activities especially the procurement of personal protective equipment (PPE).

**D. 2. Borrower’s Institutional Capacity**

The Government of Benin has an acceptable legal and regulatory environmental and social framework, with a national agency called ABE( Agence Beninoise de l’Environnement) that oversees the approvals of environmental and social assessments and the monitoring and evaluation of such studies. This agency is not well staffed in terms of number of people, but its technical capacities for environmental and social risks management are considered acceptable. The Government has received capacity-building support through World Bank-financed projects on environmental and social risk management, including the requirements of the Environmental and Social Framework (ESF). However, capacity building is always required to enable this government’s body (ABE) to play its role more fully which are (i)the review and approval of environmental and social studies,(ii)the monitoring of the implementation of ESMPs and RAP; (iii) the evaluation of such studies.

The Ministry of health of Benin has implemented numerous World Bank funded projects such as REDISSE which PCU has demonstrated its capacity to screen, implement, monitor and report on environmental and social commitments as part of World Bank financed activities. The parent project has been implemented by staff of the Ministry of Health (MoH) – in the project coordination unit (PCU) of the Bank-funded Regional Disease Surveillance Systems Enhancement-Phase III (P161163 REDISSE-Phase III) that includes an environmental specialist and a social specialist on full-time basis. The capacity of the borrower to manage the project environmental and social risks is deemed acceptable based. For this additional financing, it required that the PCU includes an GBV specialist to manage project risks related to the SEA/SH issues. The PCU will hire an consultant with Gender including GBV profile.

The Environmental and Social Commitment Plan (ESCP) has included targeted support to build capacity of the PCU of REDISSE including training to deliver on the objectives of the COVID-19 response operation.

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

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

Substantial

**Environmental Risk Rating**

Substantial

This AF, as well as the parent Project, is expected to have positive impacts by improving COVID19 responses, surveillance, and containment mechanisms. However, its activities could also cause adverse environmental, health and safety risks due to the nature of the pathogen and reagents and other materials to be used in the project-supported healthcare facilities. The AF activities will generate medical health care waste, which can affect the health of local communities and Benin’s population if not well managed. Working with patients and materials infected with COVID19 can potentially expose health workers and medical staff to contamination, hence presenting health and safety issues. The AF will provide medical supplies for health facilities in charge of the disease management; PPE for health personnel involved in patient case management; procurement of goods and their distribution across health facilities within Benin.

Potential environmental risks and impacts include those related to the handling, storage, processing and disposal of COVID19-infected materials; operation of laboratories and medical facilities. To mitigate these risks and impacts, the Client has prepared through the parent project, an ESMF integrating a Medical Waste Management Plan. Its

Public Disclosure



implementation by the PCU, which has already an environment specialist and a social specialist providing technical assistance to the overall E&S aspects notably the effective fulfillment of the ESCP, is underway. To date, all the E&S measures have been carried out satisfactorily with regard to the E&S performance indicators recorded in the 4 essential activities of the parent project, namely the acquisition and installation of prefabricated buildings for the Epidemic Treatment Center (CTE) in Abomey Calavi, Acquisition and installation of prefabricated buildings for the CTE of Natitingou, rehabilitation of the treatment site of the former National Police School in Cotonou, the acquisition of laboratory inputs and equipment and 50 respirators. From May to October 2020, the percentage of eligible activities having been the subject of validated E&S screening was 100%, this involved screening the Covid-19 treatment site of the former national police school in Cotonou and sites of the CTE of Abomey Calavi and Natitingou. Three eligible activities were subject to an E&S Assessment. Four E&S monitoring missions were carried out and the non-conformities noted and dealt with were linked to the non-compliance with E&S clauses by the contracting companies in particular compliance with barrier measures, etc. External audits of E&S compliance were carried out with the support of the Beninese Environment Agency. The implementation plan for the corrective actions recommended for the compliance of each of the CTEs following the audits is in progress. No work-related accidents were recorded, nor were any complaints relating to OHS. Two training sessions on E&S safeguard measures were organized and 60 people were trained on the sustainable management of waste from healthcare activities. The complaints management mechanism deployed with the same devices as those of the REDISSE project recorded seven complaints which were all processed, closed and archived as and when according to the procedure. This experience of handling complaints in emergency situations prompted the organization of a training workshop for stakeholders on the PMM. Likewise, the MGP was also presented during a workshop specifically devoted to E&S management procedures. Hence, the borrower capacity to manage environmental impacts and risks acceptable at this stage is expected to be maintained. However, the ESMF will be updated in regards to the AF, validated, approved and disclosed in the country and on the Bank's website prior to approval. The previous SEP disclosed on April 10, 2020, will be updated as recommended by the ESCP. It is under review now and will be validated, approved and disclosed prior to approval.

**Social Risk Rating**

Substantial

The project social risk classification remains substantial. The main social risks in this additional financing are the same as in the parent project: (i) the limitation or inability of vulnerable groups to access health facilities and services or to properly observe the anticipation measures recommended to stay healthy; (ii) collateral impacts of medical isolation of individuals that might increase vulnerability for certain category of persons/groups (decrease in purchasing power, deterioration of family ties, social exclusion/stigma, SEA/HS, etc.) especially in rural areas; (iii) the handling of quarantining interventions (including dignified treatment of patients, attention of specific culturally accepted concerns mainly of vulnerable groups, SEA/SH, respect of the minimum accommodation and servicing requirements, etc.). Mitigation measures provided in the parent project's environmental and social instruments, approved prior to project approval will be set up and used to address also environmental and social issues for the AF expected activities. The updated ESCP and updated SEP approved in April are in English. These two documents have been updated in French and, the ESMF and the LMP have been developed as recommended. The PCU works on existing project that is under operational policies. Its capacity to implement ESF requirements is rated low. Therefore, trainings will be held and advised to build capacity of PIU mainly Social Specialist to ensure effective management of social risks of activities of the project.

The updated SEP will continue to guide the conduct of comprehensive and participatory stakeholder consultations and engagement activities' in observance of protection measures against COVID-19 transmission (national provisions and measures that are outlined in the World Bank's technical note on how to hold public consultations under such constraints - May, 2020). The project will continue to support a communication, mobilization, and community



engagement campaign to raise public awareness and knowledge on prevention and control of COVID-19 among the general population mainly vulnerable groups outlined in the approved SEP. In addition, strengthening the capacities of community structures in promoting COVID-19 prevention messages, coordinate and monitor all communication interventions and material development at national levels will continue to be done. The project will ensure that these activities are inclusive and culturally sensitive, making sure the vulnerable groups outlined above also benefit from the project. The project will continue to prioritize communication using key influencers such as religious leaders, public health agents, non-governmental organizations, based on the production of communication materials (TV, radio, social media and other web-based applications) using different languages and pictures, as necessary taking into account target audiences (people living near laboratories and health facilities centers, borders, people who are staying in quarantine centers, etc.). Based on the project's SEA/H risks assessed level, the PCU will include a gender/VBG specialist to provide support to manage project potential risks and impacts related to the SEA/HS .

## **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 remains relevant. The ESCP of the parent project (P173839) stated that ESMF needed to be finalized and disclosed 30 days after the effectiveness. The effectiveness was declared on May 29th, 2020. Before effectiveness, the PIU, which is the same implementing REDISSE III project and includes E&S specialists, started the update of the safeguards documents but until June 29th, 2020 no ESF instruments were finalized, approved nor disclosed due to the Covid-19 emergency situation which induced the restriction of displacements between cities in the country to collect data and consult stakeholders in the areas concerned by the implementation of the Covid-19 Preparedness and Response Project, notably setting up two treatment centers in the cities of Natitingou and Abomey Calavi . Due to the emergency nature of the pandemic and the surge of cases in the country and the delay in updating the safeguards documents, the Government decided to use the same safeguards instruments which comply with WHO guidelines and were approved under REDISSE III by the Bank. Following the monitoring of the Bank Specialists and considering the fact that the REDISSE is implemented under OPs and the Covid-19 project under ESF, it was asked to the PIU to carry out an Environmental and Social Audits for the two activities related to the setup of two treatment centers in prefabricated material that started on early august 2020 while pursuing the preparation of the ESF instruments of the Covid-19 as requested by the ESCP. The two audits reports were deemed acceptable by the Bank, and the action plans are currently being implemented on the field under the supervision of the ABEE, the entity which enforces the E&S compliance in Benin. The AF-ESCP will include the engagement of the government regarding the audit action plan timeline. Following the government request for additional financing to the Benin Covid-19 project (P175441) on May 21st, 2020 and regarding the requirements of fast track implementation of the PEF (Trust fund closing date, January 31st 2021), AF ESF required instruments are the updated instruments of the parent project which include AF activities that are not different from those in the parent project, namely the procurement of protective equipment. These documents were disclosed in the country on the November 17th, 2020 (<https://sante.gouv.bj/FINANCEMENT-ADDITIONNEL-PROJET-DE-PREPARATION-ET-DE-REPOSE-A-LA-COVID19-P175441>). In fact, this AF will keep overall positive E&S impacts of the parent project as it will contribute to epidemic/pandemic preparedness, monitoring, surveillance and response, specifically with regard to combating transmission of COVID-19. However, the substantial E&S risks and impacts will still need to be assessed and managed through a risk-based approach during implementation. The main risks identified during preparation include: (i) risks



associated with transportation and delivery of clinical supplies, (ii) environmental and community health related risks from inadequate storage, transportation and disposal of infectious medical waste; (iii) OHS issues related to the availability and supply of personal protective equipment (PPE) for healthcare workers and the logistical challenges in transporting PPE across the country in a timely manner; (iv) community health and safety risks given close social contact and limited sanitary and hygiene services (clean water, soap, disinfectants) and isolation/quarantine capabilities at health facilities across the country; (v) possible risks around social exclusion for access to health facilities and services, especially for the poorest and most marginalized who have a limited ability to pay, people and communities in remote rural areas living far from health facilities and for the elderly or those with underlying medical conditions who would be most at risk in the event of a pandemic outbreak; and (vi) risks for those receiving treatment for COVID-19 symptoms, including discrimination and GBV/SEA risks for patients in quarantine. To address these risks, the MoH first used the E&S REDISSE project instruments as mentioned earlier and then shifted to implement the updated ESMF which provides clear guidance regarding the treatment of medical waste and the preparation of sub-projects' ESMPs if and when required. In order to comply to the ESF, the ESMF of the AF is an update of the REDISSE ESMF and incorporates international protocols for community health and safety during a pandemic and measures to address GBV/SEA. The ESMF includes a commitment by the MoH to provide services and supplies based on the urgency of the need in line with the latest data related to the prevalence of the cases. The ESMF provides guidance to screen and identify the risks related to contracting and/or using private and/or public security forces to provide protection for healthcare workers and at isolation/quarantine sites. More specifically the ESMF includes measures to identify risks and potential E&S impacts and outline appropriate mitigation measures based largely on adopting WHO guidance, World Bank EHS Guidelines and other good international industry practices (GIIP). It includes also an ESMP for renovation and rehabilitation works; Infection Prevention and Control and Waste Management Plan (WMP) for all facilities including laboratories, medical centers and isolation centers. Key areas of E&S risks related to the health sector must be addressed and mitigated as discussed below:

**Medical Waste Management and Disposal:** Wastes that may be generated from labs, screening posts and treatment facilities 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 isolation centers, etc.) require special handling and awareness, as they may pose an infectious risk to healthcare workers in contact with the waste. Informal disposal may lead to contamination of soil and groundwater, but more importantly, to further spreading of the virus to nearby communities. Fortunately, Benin has solid waste management strategy and legislation to manage waste in the country. The REDISSE Phase III project is financing incinerators in the country in compliance with the WBG EHS Guidelines on Health Care Facilities and GIIP. In order to continue mitigating the risks associated with medical waste management and disposal, the Project will invest in the procurement of appropriate waste management infrastructure, PPE, incinerators, as well as training of medical, laboratory and waste management personnel to ensure compliance with the WMP, WHO guidance and GIIP. This will be documented in the WMP.

**Worker Health and Safety:** Workers in healthcare facilities are particularly vulnerable to contagions like COVID-19. 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 WMP will contain detailed procedures, based on WHO guidance, for protocols necessary for treating patients and handling medical waste as well as environmental health and safety guidelines for staff, including the necessary personal protective equipment (PPE). Proper disposal of sharps (see medical waste above), disinfectant protocols, and regular testing of healthcare workers will be included.

**Community Health and Safety:** All project activities ranging from the operation of laboratories to community engagement activities present a risk of transmission in the community. The operation of laboratories, health centers





(including isolation facilities) have a high potential of carrying micro-organisms that can infect the community at large if they are not properly managed and controlled. The project's ESMF outlines procedures for each project activity commensurate to the risk. The WMP being developed will contain detailed procedures, based on WHO guidance, for the operation of health facilities.

**Stakeholder Engagement Plan (and Grievance Mechanism):** establishes a structured approach for community outreach and two-way engagement with stakeholders, in appropriate languages, including the vulnerable and disadvantaged groups (poor, disabled, elderly, isolated communities), that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with public meetings as a result of COVID-19. The preliminary SEP prepared by the REDISSE III PIU for the parent project has been updated and disclosed as mentioned earlier as well as the Labor Management Procedures (LMP) which has been developed for PCU and contracted workers (i) to ensure proper working conditions, management of worker relationships and occupational health and safety, and (ii) to prevent sexual exploitation and abuse and sexual harassment. **Vulnerable Groups Access to Project Services and Facilities:** A key social risk related to this kind of an operation is that marginalized and vulnerable social groups are unable to access facilities and services designed to combat the disease, in a way that undermines the central objectives of the project. Real or perceived inequities also have the potential to lead to conflict and civil unrest.

**Gender-based Violence:** The project will include a large workforce of health care workers (direct, contract and community workers). Sexual Exploitation and Abuse (SEA)/ Sexual Harassment (SH) risks will be assessed and addressed during implementation through the ESMF, including screening and putting in the corresponding measures to prevent and mitigate the SEA/SH risks. It is expected that the project will hire a gender/GBV consultant to support the implementation of mitigation measures related to SEA/H.

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

The Stakeholder Engagement Plan (SEP) is an updated version of the preliminary SEP developed during the parent project preparation includes guidance on how to effectively engage citizens, develop culturally appropriate adaptations regarding behavior change, seek stakeholders' inputs regarding project activities and provide relevant information to all stakeholders. It also includes a strong and well-articulated communication strategy on COVID-19, which is part of project design, which will not only help with the implementation of the community mobilization and behavioral change objectives of the project, but also help minimize the circulation of false information regarding COVID-19, ensure equitable access to services, and counteract the isolation and uncertainty that comes with people in isolation/quarantine.

The draft of the updated SEP will be approved and disclosed in the country and on the World Bank's external web site prior to approval. The updated SEP outlines the main characteristics and interests of the relevant stakeholder groups, timing and methods of engagement throughout the project lifecycle as well as an outline for the establishment of a project Grievance Mechanism (GM). The SEP clarifies in more detail the roles and responsibilities of religious leaders, traditional chefs, local elected people and NGOs, including the organization of traditional healers as important stakeholders with specific roles to play in project implementation mainly in the implementation of the SEP. It includes a methodology to address the possible social implications of supporting strict physical distancing and isolation measures as a first step in slowing down the infection rate and to prevent overwhelming the already overstretched health system; prevention of social tensions, especially in the vicinity of quarantine facilities and isolation units over the spread of disease and waste management; conflicts that could result from the circulation of false





information/rumors; risks related to the use of security personnel to protect the construction of isolation facilities; and developing conditional measures to support affected households and vulnerable groups.

## **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**

This standard remains relevant. The AF project footprint is envisaged to be relatively small and may not likely entail large scale of skilled and unskilled labor influx. Many activities supported by the operation are conducted by healthcare and laboratory workers involved in the treatment of patients as well as the assessment of patient samples. The ESMF outlines OHS measures from WHO guidelines: procedures for monitoring entry into healthcare 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 face masks, gowns, gloves, hand-washing soap and sanitizers); and generally ensuring adequate OHS protections in accordance with the general and industry specific EHSs and consistent with the evolving international good practice in relation to COVID-19 protection.

Labor Management Procedures (LMP) provides guidance regarding the policies and procedures that will govern health care workers, project staff and other workers hired under the project, including the management of OHS and GBV/SEA/SH risks. It includes measures, which will be updated with the latest COVID-19 guidance as it becomes available. Per the requirements of ESS 2, the project will not employ children or forced labor. This AF will be required to meet the Standard's requirements for the employees' working terms and conditions, equality of opportunity and workers' associations. The LMP includes a labor grievance mechanism that will be established to address worker complaints.

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

The Standard remains relevant. Pollution prevention and management, specifically medical waste management is a particularly important activity under the Project. Medical waste, including chemicals, contaminated PPE and equipment, and lab testing kits from healthcare facilities will need to be safely stored, transported and disposed. Waste management in general is a big challenge in Benin due to limited authorized disposal sites, and contaminated medical waste is of special concern. The ESMF of the project includes Medical Waste Management procedures that integrate WHO COVID-19 guidance and other international good practices in order to prevent or minimize contamination from inadequate waste management and disposal. Wastes generated from labs, screening posts and treatment facilities to be supported by the COVID-19 readiness and response includes 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 isolation centers, etc.) that require special handling and awareness, as they may pose an infectious risk to healthcare workers in contact with the waste. Informal disposal may lead to contamination of soil and groundwater, but more importantly, to further spreading of the virus to nearby communities. Fortunately, Benin has solid waste management strategy and legislation to manage waste in the country. The REDISSE Phase III project is financing incinerators in the country. In order to continue mitigating the risks associated with medical waste management and disposal, the Project will invest in the procurement of appropriate



waste management infrastructure, PPE, incinerators, as well as training of medical, laboratory and waste management personnel to ensure compliance with the IPC&WMP, WHO guidance and GIIP as described the ESMF.

**ESS4 Community Health and Safety**

This standard remains relevant. In line with safety provisions in ESS2, it is equally important to ensure the safety of communities from infection with COVID-19. Community health and safety risks identified during preparation include: (i) environmental and community health related risks related to the inadequate storage, transportation and disposal of infectious medical waste; (ii) community health and safety risks given close social contact and limited sanitary and hygiene services (clean water, soap, disinfectants) and isolation/quarantine capabilities at healthcare facilities across the country (WHO guidelines); (iii) possible risks around social exclusion related to access to healthcare facilities and services, specially for the poorest and most marginalized who have a limited ability to pay, those living far from health facilities and for the elderly or those with underlying medical conditions who would be most at risk in the event of a pandemic; (iv) risks for those receiving treatment for COVID-19 symptoms, including discrimination and SEA/SH risks for patients in quarantine; (v) sociopolitical risks specifically related to the growth insecurity situation due to the armed groups from bordering countries; and (vi) low trust in the government which could lead to the rejection of public health interventions and information and violence against those providing services.

The project is not likely to employ military personnel for civil works, but if the situation changes, the project will undertake a Security Risk Assessment (SRA) to review the military’s rules of engagement with civilian authorities and identify the specific risks related to providing increased security at the various project sites. The project would then propose adequate mitigation measures, and strengthen existing measures, where necessary, to ensure that the use of the military in project activities will not result in adverse consequences to community health and safety, including in matters relating to GBV and SEA/SH. In case other project activities are supported or implemented by security forces personnel, it will be ensured that the security personnel follow a strict code of conduct and avoid any escalation of situation, taking into consideration the protocols included in the ESMF and SEP, and the guidance provided in the World Bank technical note, “USE OF MILITARY FORCES TO ASSIST IN COVID-19 OPERATIONS SUGGESTIONS ON HOW TO MITIGATE RISKS.

The project will continue to promote the avoidance of SEA/SH 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 adequate lighting in quarantine and isolation centers. The risks and mitigation measures are addressed in the ESMF, drawing on input from project stakeholders, as documented in the SEP.

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

Not applicable

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

Construction or rehabilitation activities anticipated in this project and all works will be conducted within existing facilities. Hence, impacts of the project on natural resources and biodiversity are considered unlikely and so this standard is not considered relevant.



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

Not applicable

**ESS8 Cultural Heritage**

Not applicable

**ESS9 Financial Intermediaries**

Not applicable

**C. Legal Operational Policies that Apply**

**OP 7.50 Projects on International Waterways**

No

**OP 7.60 Projects in Disputed Areas**

No

**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:**

Not applicable.

**IV. CONTACT POINTS**

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**Borrower/Client/Recipient**

Borrower: Republic of Benin

**Implementing Agency(ies)**

Public Disclosure



Implementing Agency: National Council to Combat HIV/AIDS, Tuberculosis, Malaria and Epidemics

#### V. FOR MORE INFORMATION CONTACT

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#### VI. APPROVAL

Task Team Leader(s):	Ibrahim Magazi, Zenab Konkobo Kouanda
Practice Manager (ENR/Social)	Maria Sarraf Cleared on 23-Dec-2020 at 09:34:45 GMT-05:00
Safeguards Advisor ESSA	Nathalie S. Munzberg (SAESSA) Concurred on 21-Jan-2021 at 15:26:6 GMT-05:00