

Lao PDR COVID-19 EMERGENCY RESPONSE PROJECT

EXECUTIVE SUMMARY

I. Introduction

1. This document summarizes the environmental and social risk and mitigation measure proposed as per an Environmental and Social Management Framework of the Lao PDR COVID-19 Emergency Response Project (P173817). The summary has been presented and discussed at the national and provincial stakeholders through individual online consultation (WhatsApp and Phone Call). The ESMF is prepared in an emergency and travel restriction condition, therefore, only Environmental and Social Commitment Plan (ESCP) and Stakeholder Engagement Plan (SEP) were consulted during the week of April 20. The ESMF will be further consulted during project activity implementation and comments and suggestions received during consultation will be consolidated to improve and finalize the ESMF as well as other instruments defined under the World Bank Environmental and Social Framework (ESF).
2. Lao PDR shares borders with the five countries (i.e. Thailand, Myanmar, China, Vietnam, and Cambodia) which affected with the on-going outbreaks of coronavirus (COVID-19). There were 19 confirmed cases of COVID-19 infected in Lao PDR during the time of this ESMF is prepared. The Government of Lao PDR (GOL) through the Ministry of Public Health (MOH) is implementing a project with World Bank (WB) financing (about US\$18million equivalent during 2020 to 2022), called the Laos COVID-19 Response Project (LCRP or the Project). The Project was approved by the WB Board on 06 April 2020 and is effective on 07 April 2020. MOH is responsible for implementation of the ESMF.
3. The ESMF is developed to support the environment and social (E&S) due diligence for activities to be financed by the Project. The ESMF aims to guide the implementing agencies (IA) of the Project to identify possible E&S risk and develop and implement mitigation measures during Project implementation, including the relevant subproject-specific plans that could be developed in compliance with the WB's Environmental and Social Standards (ESSs) of the ESF. Specifically, the ESMF (a) assess the potential E&S risks and impacts induce from proposed Project activities (both positive or negative), and propose mitigation measures which will effectively address these risks/impacts; (b) establish clear procedures for the E&S planning, review, approval, and implementation of activities/subprojects, technical assistance (TA), and other activities to be financed under the Project; (c) describe specific mechanisms for public consultation and disclosure of E&S documents as well as redress of possible grievances; and (d) specify roles and responsibilities of agencies responsible for implementation of the proposed E&S measures including identification of priority training, capacity building, technical assistance, and ESMF budget.
4. More details on specific forms and technical guidelines for (i) the E&S screening for non-eligible activities, confirming the ESS relevancy for the activities (Annex II) and (ii) the template for environmental and social management plan (ESMP) and general potential E&S risks and mitigations (Annex III), an infection control and waste management plan (ICWMP) template (Annex IV), a labor management procedures (LMP, Annex V), generic Environment Code of Practice (ECOP) and the Social Code of Conduct (SCOC) also provided (Annex VI)

and national and international resource list for COVID-19 Guidance also provided (Annex VII).

II. Project Description

5. The Project development objective is to respond to the COVID-19 outbreak and strengthen national systems for public health emergency in Lao PDR. The Project will provide supports throughout the country and is expecting to benefit overall population in Lao PDR, particularly, those who are at risk to COVID-19 affected.
6. Project has the following components:
 - *Component 1. Emergency COVID-19 Response [US\$12.83 million]:* This component supports preparedness and emergency response activities to address immediate gaps for COVID-19 response in Lao PDR, focusing on the following areas: (i) response coordination; (ii) infection prevention and control; (iii) case detection, confirmation, and contact tracing; (iv) case management; and (v) risk communication and community engagement. Goods, works and services to be financed by this component include: (i) Personal Protective Equipment (PPE), (ii) medical equipment, (iii) laboratory equipment and consumables, (iv) minor civil works, supplies and other commodities for infection prevention and control including improvements in safe water and sanitation and in medical waste management and disposal systems, and (v) establishment of hotlines to reach communities on COVID-19 information and respond to enquiries from the public and health care providers.
 - *Component 2. Strengthening System for Emergency Response [US\$3.67 million]:* This component strengthens the capacity of the health system to respond to public health emergencies by supporting clinical response, laboratory, isolation and case management capacity of health facilities at central and provincial levels, including supporting medical supplies, furniture, virtual conference facilities and network installation to manage COVID-19 cases. The activities include (a) minor civil works and retrofitting of isolation rooms and treatment centers in the existing health facilities; (b) training and capacity building of medical lab technicians on molecular diagnostics and health personnel on treatment guidelines and hospital infection control interventions; and (c) strengthening the national health information system for enhanced surveillance capacity.
 - *Component 3. Project Management and Monitoring and Evaluation [US\$1.5 million]:* This component finances activities related to project management and monitoring, including the project management unit, project monitoring and evaluation, and ensuring effective implementation of ESMF.

III. Policy, Legal and Regulatory Framework

7. *The national policy, legal, and institutional setting in relation with health sector and COVID-19 specific are* identified are as follows:
 - *GOL policy on COVID-19 are:* (a) guideline on prevention of the transmission and infection of COVID-19 at international airport, land border, and transportation stations; (b) guideline on prevention of the transmission and infection of COVID-19 at suspected

- to be infected area or temporary quarantine center; (c) guideline on prevention of the transmission and infection of COVID-19 at public place (hotel, guesthouse, offices, schools, and others); and (d) On 29 March 2020, the Prime Minister issue an Order on Reinforcement Measures on Containment, prevention and full response to the COVID-19 pandemic (No. 06/PM, Vientiane Capital). **TO BE ADDED BY MOH if any.**
- *Health care sector are:* the updated Law on Health Care (LOHC) in 2014 (No. 58/NA, dated 24 December 2014). Some regulations issued by MOH for implementation of health care specific issue include but not limited to the (a) Sharp Waste Management Guidelines, issued by the Director General of the Department of Planning and Coordination (DPC/MOH), dated 10 October 2019, (b) Law on Preventive Vaccination (immunization) approved by the National Assembly on 09 August 2018, (c) Law on Prevention and Control of Communicable Disease, approved by the National Assembly on 19 December 2017, (d) Law on Health Care, approved by the National Assembly on 22 January 2015.
 - *Labor management sector are:* the 2016 Labor Law applies to all employers, registered and unregistered employees, Lao employees working for foreign organizations, and foreign employees working within the Lao PDR.
 - *International conventions:* Lao PDR is also a member of the Basel Convention, the Stockholm Convention, and the Minamata Convention on Mercury.
8. ***WB's Environmental and Social Standards (ESS) Relevant to the Project.*** The E&S risk is classified as 'Substantial' for the Project. Six of the ten Environmental and Social Standards (ESSs) of the WB's ESF have been screened as relevant, include (1) ESS1: Assessment and Management of Environmental and Social Risks and Impacts, (2) ESS2: Labor and Working Conditions, (3) ESS3: Resource Efficiency and Pollution Prevention and Management, (4) ESS4: Community Health and Safety, (5) ESS7: Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities, and (6) ESS10: Stakeholder Engagement and Information Disclosure. A screening form and a list of ineligible activities are provided in [Annex II](#) of the ESMF. WB guidelines which as developed based on good practices established [per](#) WHO standard on the preparation of E&S instruments.

IV. Environmental and Social Setting

9. **Environmental Setting.** Lao PDR is mountainous, rich in biodiversity, low population density, and facing rapid development in urban areas, natural disasters mainly (due to floods, droughts, a caterpillar infestation) which mainly affected the agricultural sectoral. General conditions of water, soil, and air quality which is consider good. However, waste management capacity is very limited and becoming and issues due to economic development and increasing of population and urbanization. There are no policies or regulations, either at the national or city level, in support of waste-to-resource approaches or the principles of Reduce, Reuse, Recycle (3R).
10. *The medical waste considered as an urban waste and MOH is responsible for handling it including collection and storage.* According to a decree No. 1706 /MOH, 2/7/2004, waste generated in health care facilities needs to be separated into three types include infectious, sharp and general waste. There are assistance on various disinfection facilities to various

healthcare facilities, however, it is considered inadequate and the system needs to be assessed and strengthened, especially, at the provinces for treatment of healthcare waste generated as resulted from COVID-19 outbreak. Recent assessment suggested that the existing healthcare waste incinerator design, which is described in the MOH’s Agreement No 480/MH dated 14/2/2014 on community hospital standard, no longer meets modern emission standards and that hospital/medical waste incineration is the 2nd largest source of emission of dioxins and furans to the air in Lao PDR.

11. **Social Setting.** Lao PDR is home to multi-ethnic population of 7.1 million with about two thirds of them living in rural and remote areas without, or limited access to education, social services, particularly health facilities. The coverage and quality of health services is a persistent problem, disproportionately affecting vulnerable groups of people partially elderly people, women, children particularly those malnourished, the poor and those with underlying health conditions. This poses a big challenge in terms of COVID-19 response.

V. Potential Environment and Social Risks and Mitigation

12. As mentioned above, under Components 1 and 2, the Project will finance goods and services, technical assistance, and minor physical civil works and retrofitting of isolation rooms and treatment centers in the existing healthcare facilities (HCF). The potential environmental and social risks and mitigation measures as required under ESS2, ESS3, ESS4, ESS7, and ESS10 is provided in Table 5.1 (in the main document) and it shows below to summarize the key E&S risks and mitigation measures proposed for project activities.

Project activities	Risk and Impacts	Mitigation Measures
(1) Small renovation civil works to improve healthcare	<ul style="list-style-type: none"> • The design of HCFs including laboratory, quarantine, isolation and treatment centers does not meet technical requirements, increasing risk of spreading COVID-19 to those are working and close to attending in healthcare facilities 	<ul style="list-style-type: none"> • MOH ¹ will plan and implement all required measures as part of the ESMP and ensure <u>effective management of contractor</u> ² (see more details in Annexes III and VI)

¹ The implementing agencies (IA) of MOH is the Project Coordination Office (PCO) of the Department of Planning and Cooperation and the technical departments of MOH and related departments at national and provincial levels including hospitals.

² To ensure effective mitigation of potential impacts during construction, PCO and the responsible IAs will also update the generic ECOP and include it in bidding and contract documents (BD/CD) and closely supervise the contractor performance. The ECOP will also address social issues related to workers behavior and community health and safety.

<p>facilities (HCF) under Components 1 and 2</p>	<ul style="list-style-type: none"> • Dust, noise and vibration generated from rehabilitation or minor civil works; Solid waste generated from rehabilitation or minor civil works; Asbestos containing materials (ACM) generated from renovation or minor civil works; • Safety risks during works, health staff, patients and their relatives; Close working and poor living conditions in labor camps may create conditions for the easy transmission of COVID-19 and the infection of large numbers of people; Employment of workers; Workers do not receive the care needed if infected with COVID-19. 	<ul style="list-style-type: none"> • Contractors will be required to comply with the ECOP and any site-specific mitigation as required in <u>the ECOP and SCOC</u> (see Annex VI).
<p>(2) Operations of existing and new HCFs and other emergency response (ER) services to be implemented under C1 and C2</p>	<ul style="list-style-type: none"> • Increase hazardous waste generated and chemicals in the hospitals and health care centers may pose safety risks to health personnel and workers. • Medical waste generated during the provision of COVID-19 diagnosis, care and treatment services is contaminated with COVID-19 virus; Improper collection, transport, treatment and disposal of infectious waste can become a vector for the spread of the virus. • Poor sanitation and improper management of wastewater related to COVID-19 diagnosis and treatment services transmit diseases to communities and pollute environment. • Improper collection of samples and testing for COVID19 and appropriate laboratory biosafety could result in spread of disease to medical workers or laboratory workers, or population during the transport of potentially affected samples. • Weak compliance with the precaution measures for infection prevention and control in isolation and treatment of infected cases spreads COVID-19 infections in healthcare facilities. • Some vulnerable groups (especially the poor, elderly or those with pre-existing medical conditions and religious minority groups), who may be severely affected by COVID-19, lack additional support to access diagnosis and excluded from the quarantine, isolation, treatment services. • There is possible social discrimination/ stigmatization against some vulnerable groups (the poor, the elderly, 	<ul style="list-style-type: none"> • MOH will further extend and implement the LMP for contract workers (see Annex V) • MOH, especially all hospitals and laboratories, will plan and implement mitigation measures identified as part of ESMP (Annex III) taking into account the IPCP. • When the vulnerable ethnic groups³ are present in the subproject area, preparation of EGEP will be required. • Particular attention will be given to address the mitigation measures identified in <u>the ESMP (Annex III)</u>.

³ In Lao PDR, the vulnerable ethnic groups are belong to the Mon-Khmer, Hmong-Iu or Iew Mien and Chino-Tibet ethnic family groups

	<p>those with preexisting conditions, and religious minority groups) in the delivery of identification and diagnosis services.</p> <ul style="list-style-type: none"> • Specific social risks and mitigation identified (see Annex III) are: (1) Health risk of staff/worker during operations. There is a risk that lack of hygiene measures, poor sanitation protocols or non-well set isolation and/or treatment centers in health facilities may expose health care workers and hospital staff, including cleaners, and other patients or hospital visitors, or other workers, to COVID-19; (2) Community health and safety: due to inappropriate management (transport of haz waste/samples, etc.); (3) Social exclusion of vulnerable peoples for the services; (4) Social stigma; (5) Indirect Impacts to vulnerable groups; (6) Ethnic Groups and remote communities; (7) Stakeholder Engagement and Grievance Redress; (8) Additional Gender impacts; (9) Labor rights, gender and child labor; and (10) Gender-Based Violence (GBV) and/or Violence to Children (VAC). 	
<p>(3) Procurement of goods under the Project</p>	<ul style="list-style-type: none"> • Surfaces of imported materials may be contaminated and handling during transportation may result in COVID-19 spreading; Incorrect standard or quality of PPE leads to spread of infection to healthcare workers and cleaners; Inadequate handwashing facilities are provided for handling; Alcohol-based hand rubs may not be as affective at controlling infection as hand washing with soap and water. • A non-transparent and poorly managed distribution system and practice could worsen the current shortage situation, affecting the maximum and efficient use of resources. The disadvantaged and vulnerable population groups, and IP communities could face disproportionate difficulties in accessing the available resources, exposing them to greater risks. • There is possible social discrimination/ stigmatization against some vulnerable groups (the poor, the elderly, those with preexisting conditions, and religious minority groups) in the delivery of identification and diagnosis services. Given scarce resources available, some vulnerable groups (the poor, the elderly, those with preexisting conditions, and religious minority groups) may be excluded from the quarantine, isolation, treatment services. 	<ul style="list-style-type: none"> • MOH will plan and implement mitigation measures identified in <u>the ESMP (Annex III)</u>.

	<ul style="list-style-type: none"> • Wastes from vaccination programs or treatment are not properly dealt with and lead to further infection. • Hazardous materials used and generated during the provision of COVID-19 diagnosis, care and treatment services. Hazardous chemicals in the hospitals and health care centers are limited to small volumes of laboratory reagents, chemicals, solvents, medicinal gases etc. 	<ul style="list-style-type: none"> • MOH will plan and implement mitigation measures identified in the ESMP (Annex III)
<p>(4) TA & Capacity Building under the Project</p>	<ul style="list-style-type: none"> • Information, advice, guidance and training are not updated regularly as more becomes known about how the virus responds to treatment and is transmitted; • Provision of support to the disadvantaged vulnerable groups is not included in the technical assistance and capacity building program 	<ul style="list-style-type: none"> • MOH will plan and implement mitigation measures identified in the ESMP (<u>Annex III</u>).

VI. Procedures to Address Environment and Social Issues

13. ESMF procedures comprises 5 steps: (1) E&S screening and ESMF process; (2) preparation of E&S instruments and plans including consultation and information disclosure (ESMP, etc.); (3) Review, WB clearance, and GOL approval as needed of the E&S documents; (4) Information disclosure of E&S documents; and (5) Implementation and M&R. The Project will not finance any activity that is considered by the WB as “High” E&S risk especially those expected to cause significant loss or degradation of critical natural habitats; adversely affect forest and forest health or sites with physical cultural resources; and/or create adverse impacts on involuntary taking of land, relocation of households, loss of assets or access to assets that leads to loss of income sources or other means of livelihoods, and interference with households’ use of land and livelihoods.
14. Detail guidelines and/or procedures on the E&S screening, development of ESMP and other tools including ECOP and SCOC, ICWMP, LMP, and list of resources are provided in Annexes.
15. Ministry of Health (MOH) with the support of the World Bank will develop and implement the mentioned ESF instruments. All related documents as part of ESMF will still be consulted and revised as resulted from the future development and consultation.

VII. Consultation and Stakeholder Engagement

16. A Stakeholder Engagement Plan (SEP) has been prepared for the Project to promote inclusiveness of concerned stakeholders and their inputs in project design and implementation. The SEP defines a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle and also outlines a communication strategy with the project stakeholders, and offers mechanisms for them to raise concerns, provide feedback, or complaints about the project. Key affected stakeholders include those identified in Box 1 while the interested parties are identified in Box 2.

an ongoing process of Component 1 of the Project: Emergency Response, as hotlines providing COVID-19 information will be set up. These consultations will be made, as outlined in the SEP, with project affected/interested stakeholders as needed, using various commonly used means of communication as appropriate and consistent with ongoing restrictions, including using WhatsApp/Facebook, phone calls and, wherever and whenever permitted face-to-face consultations. It is important that stakeholders are consulted to get their feedback and suggestions on project implementation. Results will be reported back to the stakeholders and specific follow-up activities will follow-up through an appropriate means.

19. Grievance Redress Mechanism (GRM). This is in place building on the existing country system to receive and resolve complaints and grievances in a timely and effective manner that satisfies all parties involved. Grievances can be submitted if someone believes the Project is having an adverse impact on the community, the environment, or on their quality of life. Stakeholders may also submit comments and suggestions to strengthen project design and implementation. Grievances will also be handled at each municipal/provincial referral hospitals and from the village up to national levels through the existing Village Mediation Unit or Committee and existing fiduciary structures/agencies from district to national level). A dedicated hotline will be established with focal points assigned to PCO to handle, monitor and report on the status of grievances received and addressed. The existing *WB's corporate Grievance Redress Service (GRS)* will also be accessible to complainant through the WB website: <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service> while www.inspectionpanel.org provides information on how to submit complaints to the World Bank Inspection Panel.

VIII. Institutional Arrangements, Responsibilities and Capacity Building

20. Implementation and oversight. The ESMF implementation is consistent with the implementation arrangement of the Project, and main responsibility of key agencies/entities are as follows:

- *The Project Coordination Office of DPC (PCO)* (through Component 3) is responsible for the Project E&S coordination, providing technical support, and facilitating timely and effective implementation of this ESMF including monitoring and reporting to the WB. PCO will assign at least 2 qualified staff (E&S staff) or individual consultants to be responsible for these functions including those relates to consultation, information disclosure, and monitoring of GRM. TORs of the consultants will be prepared and submitted to WB for clearance before mobilization. The PCO receives policy guidance and report directly to the EOC⁴ of GOL and will work closely with the technical departments of MOH, the provincial and district health offices (PHO/DHO), Central and Provincial Hospitals, and other entities such as media, border crossing management authorities, and concerned local authorities (including PONRE/DONRE) to be involved in the implementation of the Project.

⁴ The EOC led by Minister of Health and composed of representatives from concerned departments, has been activated since January 2020 with a mandate to providing strategic advice and overseeing the implementation of measures in combating COVID-19. The EOC directly reports to the government taskforce committee and responsible for facilitating overall coordination among the government agencies and development partners.

- *The Department of Communicable Disease and Control (DCDC)* will be responsible for implementation of the E&S activities related to Component 1 (Emergency COVID-19 response) while *the Department of Health Care and Rehabilitation (DHCR)* will be responsible for implementation of the E&S activities related to Component 2 (Health System Strengthening). DCDC and DHCR will work closely with Department of Hygiene and Health Promotion (DHHP), Food and Drug Department (FDD), Medical Product and Supply Center (MPSC), and other departments as assigned by EOC and/or MOH.
21. **M&R.** PCO will also be responsible for M&R on the implementation of the ESMF and other E&S activities to MOH and GOL as well as to the WB. The agencies responsible for implementation of the Project activities will prepare and submit their E&S implementation and quarterly M&R to PCO. Specific forms and submission date can be discussed and agreed between PCO and the implementing agencies.
22. **Training and Technical Assistance.** During Project implementation, E&S training and TA will be provided to the implementing agencies both at the central and local levels. Key staff of PCO, the implementing agencies, and the provincial health offices will be trained on the concept of ESF and ESSs and the preparation and implementation of the ESMF, ESMP, SEP, LMP, ESCOP/COC, and/or EGEP (as needed).
23. **ESMF Implementation Budget.** The ESMF implementation budget comprises of (a) cost for revision of E&S documents (ESMP, ESCOP/COC, SEPs, LMPs) of the activities/subprojects including consultation with the stakeholders (b) cost for implementation of the ESMP (ICWMP and IPCP) through a consultant services; (c) cost for supervision, monitoring, and training workshops on E&S issues, including supervision of works and monitoring of ESMP, and ESCOP/COC/SEPs/LMPs (if requested by WB); (d) cost for hiring of qualified national (individual or firm) consultants to assist PCO and the implementing agencies to coordinate and implement the ESMF including training and preparation of reports; and (e) cost for implementation of ESCOP and COC for GBV ad VAC and site specific measures. Cost for these activities (except those for (e)) will be provided under the Project Component 3 as the ESMF implementation budget (about \$250K). Cost for (e) will be included as part of the contract for civil works.