Concept Environmental and Social Review Summary
Concept Stage
(ESRS Concept Stage)

Date Prepared/Updated: 11/11/2019 | Report No: ESRSC00912

BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Eswatini	AFRICA	P168564	
Project Name	Eswatini Health System Strengthening Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	1/14/2020	3/31/2020
Borrower(s)	Implementing Agency(ies)		
Ministry of Finance	Ministry of Health		

Proposed Development Objective(s)

The project development objective is to improve the quality and efficiency of health services delivery, with a focus on maternal and child health and non-communicable diseases.

Financing (in USD Million)	Amount
Total Project Cost	20.00

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

No

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

Country Context. The Kingdom of Eswatini is a landlocked, small open economy in Southern Africa, with a land area of 17,364 km2 and a population of 1.34 million. Although classified as a lower middle-income country, high rural poverty rates, regional variations in poverty, and income inequality challenge Eswatini's economic and human development potential. Despite its middle-income status, the Human Capital Index (HCI) – a composite measure of survival of under-five children, educational attainment, and adult survival rate and stunting – is low. A child born today in Eswatini would be 41% as productive as s/he could be under complete health and education. To meet the vision for human development, about a 15-percentage point increase is required from Eswatini's current HCI score, calling for improvements, including in health and nutrition. In response to this, the new Government has committed to a 'turnaround strategy' to attain macrofiscal stabilization and growth.

Sectoral Context. Eswatini's health outcomes are not commensurate with its spending on health (US$233 per capita in 2015) and its middle-income status. This mismatch is related to i) the delayed response to the unfolding epidemiological transition resulting in misalignment between population health needs and health services; ii) health system challenges that hamper the effective and efficient delivery of health care, arising from a disproportionate focus on inputs and not enough on the production of high-quality services and health outcomes; and iii) inability of the health system to respond to patient expectations, signaled by frequent reports of drug shortages, waiting times, etc. in health facilities. Eswatini also faces a heavy dual burden of disease. Despite progress, the HIV and TB co-epidemic and a persistently high maternal and neonatal mortality are unmet Millennium Development Goals and remain to be tackled, now compounded by an increasing pressure from non-communicable diseases (NCDs).

Eswatini's health system has benefited from significant investment in infrastructure (brick and mortar) and in programs. Yet, due to lack of commensurate investment in system organization and modernization, it has not been able to reach its potential in efficiency, quality and responsiveness to address population health needs because of challenges in three main areas: (i) Weak Sector Governance and Management; (ii) Misalignment of Budget and Results; and (iii) Service Delivery Challenges. To meet the ambition of the National Health Sector Strategic Plan 2019-20123 (NHSSP III) under rising budget pressures, and to take the health system to the next level, the Ministry of Health (MOH) will need to undertake strategic service delivery reorganization and purchasing reform to improve care quality, productivity and to reduce wastage. The proposed operation comes at a critical time, when the turnaround strategy for the sector is developed and implemented. The MOH has identified the priority areas for the project based on their contribution to Vision 2022 and the Eswatini Strategic Road Map (2019-30).

The project will build on the results, institutional foundations, project management and implementation experience, and partnership that was developed with the MOH under the Eswatini Health, HIV/AIDS and TB Project, completed in September 2018. The new Project will support: (i) the MOH in deepening implementation of UHC and re-profiling the health system to respond to the changing health and health service delivery needs of the country; (ii) the MOH in meeting the strategic objective of the NHSSP III - "to build an efficient, equitable, client-centered health system for accelerated attainment of the highest standard of health for all people in Eswatini." and (iii) Eswatini's human capital agenda, its progress toward the stated sectoral objectives of the Vision 2022 and the related Eswatini Strategic Road Map (2019-2030).

Relationship to CPF. The proposed project is fully aligned with the adjusted Country Partnership Strategy (CPS FY19-20). The proposed project will contribute to Pillar II (Strengthening State Capabilities) of the CPS, primarily through Objective 2 (Improved Social Services Delivery). In response to the Government's request to become an early adopter of the Human Capital Project (HCP), the project will support Eswatini's progress in human capital formation, with focus on the health dimensions of the Human Capital Index.

Project Summary. To attain the PDO, the project will support the following system strengthening interventions: (i) modernizing the service delivery model; (ii) introducing a purchasing function and improving payment methods to boost effectiveness and efficiency of service delivery; (iii) improve sector governance, management and performance, including through investing in tools and digital platforms; and (iv) i mproving the quality of health service delivery (professional, patient-oriented, and equitable). Through these interventions, the project will prepare the MOH to test and scale a new service delivery model, output-based financing approaches, and a digital healthsystem.

The proposed project is an IPF of a total of US$20 million, covering all four regions of the Kingdom. To attain the PDO, the project will include three technical components. The fourth component is a Contingent Emergency Response Component (CERC).

Component 1. Strengthening Facilities to Deliver Quality Health Services (US$ 14.5 million). Because investments in infrastructure without organizational changes are not enough to change patient-level outcomes, the thrust of this component is the facility-level application of an improved service model (hub and spoke), including operational procedures, investing in training the workforce, and technology. Specifically, the two subcomponents (Component 1 A. Health Service Reorganization and Improving the Quality of Service Delivery, US$ 6.5 million; and Component 1 B. Investing in Digital Platforms and Processes of Care to Improve Quality and Efficiency, US$ 8 million) will focus on (i) supporting the facility and regional levels to implement a new service delivery model and an accompanying contracting solution; (ii) improving the quality of service delivery, measured through maternal and neonatal health (MNH) and NCD tracers; and (iii) investing in digital platforms and environmental health (facility-level sanitation and HCWM), including facility-level capital investments and process modernization to improve service quality and efficiency.

Component 2. Strengthening Sector Governance and Performance (US$ 4.0 million). Transforming the sector so that it delivers high-quality services efficiently and equitably requires changes in sector governance and management, an environment that permits improved financing of health services, and the design and reorganization of service delivery. This is a pivotal component, without which the impact of facility-level investments (Component 1) will not be effective and sustainable. This component targets the MOH to strengthen its stewardship function, policy-making and regulatory capacity, purchasing capacity, and will support engaging with the Central Agencies and other line ministries that are critical for the implementation of the proposed sector strengthening and modernization. Component 2 will focus on: (i) supporting policy-making in agreed target areas (e.g. promulgation of National HCWM Regulations) and the development of a comprehensive regulatory framework; (ii) the development of a health financing strategy; (iii) redesigning the service delivery architecture applying a hub and spoke model; (iv) supporting the development of an HRH strategy to unleash the potential of an improved health workforce; (v) develop a Health Care Waste Management Strategy; and (vi) strengthening the institutions and data science capacity for evaluation.

Component 3. Project Management and Evaluation (US$ 1.5 million). To ensure effective and efficient implementation, the proposed project will support the MOH with fiduciary aspects (financial management and procurement), project evaluation, and environmental and social safeguards. This component will ensure the timely management of procurement of goods and services, financial reporting and audits, consistent and quality data flows for the Results Framework and operational research purposes, compliance with E&S requirements and the ESCP.

Component 4. Contingent Emergency Response (CERC) (US$ 0). This CERC is included under the project in accordance with Bank Policy: Investment Project Financing (paragraphs 12-13), for situations of urgent need of assistance. This will allow for rapid reallocation of project proceeds in the event of a future natural or man-made disaster or crisis.

D. Environmental and Social Overview

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

The Project will be implemented nationwide throughout the Kingdom of Eswatini, which is a landlocked, small open economy country located in Southern Africa, with a land area of 17,364 km2 and a population of 1.34 million. About 78% of the population live in rural areas, and the overall population growth rate is 1.8%. The country has four administrative regions: Hhohho (25.3% of total population), Manzini (39.4%), Shiselweni (15.1%) and Lubombo (20.3%).

The current healthcare waste management systems in health facilities in Eswatini are not standardized, and the implementation and monitoring of safe management has been weak. Shortcomings include waste not being segregated, treated and disposed of correctly leading to unsafe and environmental risky conditions; infectious waste being disposed of without being treated/disinfected; hazardous emissions are being emitted by low temperature combustion and are threatening the health of the operator, health workers, public and the environment; there are no responsible persons designated for the management of waste in healthcare facilities; in rural areas general waste is not collected from the premises of the health facilities; training related to safe healthcare waste management is insufficient and not institutionalized; Health Care Waste Management Regulations are not in place; a designated budget for the management of healthcare waste is not available; and a standardized monitoring and evaluation structure for the management of health care waste is missing. In addition, inspections of health care facilities in the country undertaken by the Environmental Health Department of the Ministry of Health in 2018 revealed that a number of health facilities had malfunctioning or non-functioning septic tanks which were posing potential risks to human health as well as the natural environment.

The Project will support the promulgation of the National HCWM Regulations, and the development of the HCWM Strategy, as well as standard operating procedures addressing the transportation of bio-hazardous waste, the operation of incinerators, handling and disposal of electronic waste, emergency response, among others. The project includes a technical feasibility study and economic cost analysis and preliminary design on the optimal option(s) for treatment and disposal of infectious waste and expired pharmaceuticals at a centralized location that would serve all health facilities in the country. The study will also recommend monitoring measures, identify service providers, develop measures to build national capacity for managing health care waste and establish costs for setting up the centralized treatment and disposal facility. In addition, TA support will include the preparation of an Environmental and Social Management Framework (ESMF) and Resettlement Policy Framework (RPF) prior to Appraisal to assess the risks and impacts of the recommended option(s) for the centralized HCW treatment and disposal facility.

The sanitation related activities under Component 2 will (i) provide TA to carry out a technical assessment of the status of sanitation systems at Mankayane Government Hospital, Dvokolwako Health Center, Mkhuzweni Health Center, Sithobeleni Health Center, Matsanjeni Health Center and Good Shepherd Hospital, and will recommend and design suitable sanitation options for each health facility; (ii) provide TA to prepare the ESMF and RPF prior to Appraisal for the recommended sanitation designs; and (iii) based on the recommended sanitation proposal for each selected health facility, procure contractors to rehabilitate existing sanitation facilities in each of the six health centres and establish temporary waste storage facilities in health centers across the country. Generally, environmental and social impacts are moderate and will be mitigated through the application of the instruments to be prepared.

D. 2. Borrower’s Institutional Capacity

The Ministry of Health (MOH) will serve as the project implementing unit. The MOH will be supported by the Environmental Health Department (EHD) in the MOH. At the national level the MOH will designate focal persons to coordinate (i) HCWM and (ii) social issues who will be embedded in the Project Implementation Unit (PIU). At hospital facility level, each institution will designate a responsible officer to implement and monitor the proper management of environment, social, health and safety activities/ interventions (including HCWM and sanitation) and coordinate the same at health centers and community clinics. At regional level, the MOH will designate a Sanitation and Hygiene Coordination Officer to direct implementation of the sanitation related activities of the Project.

The EHD will collaborate closely with the Eswatini Environmental Authority (EEA) on HCWM. Other government entities that the MOH will collaborate with are the municipal and local authorities, for example to ensure the collection of solid waste from the health facilities. Depending on the outcome of the proposed TA support for the assessment of options for the treatment and disposal of HCWM, the municipal authorities in Mbabane, Manzini or any other municipality may need to be involved in the identification, site selection and/or management of the selected option(s). The MOH will collaborate with the Ministry of Public Works and Transport for certain maintenance requirements for the health facility buildings and sanitation systems/septic tanks, and with the Ministry of Public Services and Ministry of Education to develop human resources and capacity. In addition, the MOH EHD will also have to collaborate with the Eswatini Water Services in the largest urban centers of the country.

Given the expanded scope of the Environmental and Social Framework (ESF) and the client's unfamiliarity with the ESF, overall the Borrower's institutional capacity to oversee, implement and monitor social issues is considered weak. Currently, there is no social risk management counterpart to engage with. Therefore, the MOH must ensure that a social focal person is assigned to the project. This focal person will be responsible for implementing the Resettlement Policy Framework and its subsequent site specific RAPs (RPF/RAP) where applicable, Labor Management Procedures (LMP), Stakeholder Engagement Plan (SEP), and GBV/SEA risk mitigation measures and the operation of the Grievance Redress Mechanism (GRM).

EHD is currently staffed with officers that have experience in implementing World Bank projects under the Bank's safeguards policies. However, they have no experience in applying the Environmental and Social Framework, and they will therefore need training in the Bank's Environmental and Social Standards (ESSs). The EHD officers will require training to be able to implement the ESCP; similarly, the facility management will also have to be sensitized to appreciate the need for complying with the ESCP, and supporting actions proposed for preventing or mitigating any adverse environmental, social and health and safety occurrences.

Prior to appraisal, an assessment will be carried out to determine if there are any actions needed to strengthen borrower´s capacity in order that they are able to adequately implement the Project in line with the ESF objectives. The Bank will provide client capacity building for environmental and social management system and procedures to comply with ESF requirements under component 3.

II. SCREENING OF POTENTIAL ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC) — Moderate

Environmental Risk Rating Moderate

Environmental impacts associated with Project activities and interventions involving support to improving sector governance and performance, health financing, service delivery, supply chain management, infrastructure and equipment maintenance, and health management information systems are expected to result from the generation and disposal of electronic waste (e-waste) which is considered to have moderate environmental risk, and general waste considered to have low risk. The promulgation of the National Health Care Waste Management Regulations, as well as the development of the Health Care Waste Management Strategy and standard operating procedures will have low risk. The TA to support a technical feasibility study and economic cost analysis to explore optimal options for treatment and disposal of infectious waste and expired pharmaceuticals at a centralized location will seek to improve management of environmental risks associated with provision of health care. Financing of construction of the centralized facility is not anticipated at this stage. However, if this changes during project implementation, then the risk classification of the project will be reassessed.

For the sanitation interventions proposed under the Project, the potential environmental and social risks resulting from the rehabilitation of existing sanitation systems/septic tanks are expected to be low to moderate, and confined to the six health facility sites.

Waste skips for general waste will be placed at existing health facilities to facilitate collection by the local municipalities/councils, while storage facilities for health care waste at clinics will be built on clinic sites entailing very minor construction works. These activities are expected to have low to moderate risks and impacts. In addition, the potential environmental risks resulting from the rehabilitation of existing sanitation systems/septic tanks are expected to be low to moderate and confined to the footprint of the existing health facility sites.

Social Risk Rating Moderate

The social risk rating of the Project is considered to be moderate at this stage as the Project is not anticipated to cause significant social impacts that could harm communities and individuals as well as their livelihoods. The project footprint is relatively small with limited amount of labor and construction activities (waste water treatment and disposal facilities) will be undertaken in land already owned by benefiting institutions as project beneficiaries (e.g. clinics, hospital, etc). However, for the centralized treatment and disposal facility, key social concerns include possible land acquisition/ restricted land use or access to land, labor and working conditions (including minimal labor influx, gender based violence and sexual exploitation), community health and safety (including workers' community interactions, movement of chemicals, health waste). The likely potential impacts associated with the Project activities can be managed and mitigated with the application of appropriate mitigation measures. The ESMF, RPF, LMP and SEP to be prepared for these components of the project will assess potential social risks and impacts and guide the preparation of appropriate mitigation measures/instruments. Further, the MOH will need to strengthen citizen engagement and beneficiary feedback mechanisms that will ensure inclusion and active participation from vulnerable groups as well as contribute to the functioning of the Grievance Redress Mechanisms. In addition, the current low capacity for social risk management including a counterpart to engage with needs to be addressed.

B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

The TA will support a study to identify viable and appropriate options for centralized treatment and disposal of health care waste (including hazardous waste such as e-waste) based on the volumes and types of wastes generated by the health facilities, establish costs, assess practicalities, propose modalities for monitoring, identify available service providers, and establish national capacity to deal with HCW and expired medical drugs. The technical feasibility will include preliminary designs. A Project Environmental and Social Management Framework (ESMF) will be prepared to assess the benefits and disadvantages of the recommended option(s) in terms of environmental and social risks and impacts, and propose avoidance, mitigation and management measures for the centralized facility. The ESMF will be guided by the Bank's ESF, WB EHS Guidelines (EHSGs) on Health Care Facilities and additional resources on good international industry practice (GIIP) found in these Guidelines. An ESIA is expected to be carried out when detailed designs are prepared for the recommended option. This may or may not be funded through the project, depending on availability of funds.

For the sanitation interventions proposed under the Project, the main risks are associated with construction activities such as excavation, repair, leveling and back-filling. These would give rise to dust emissions, noise, site hazards (such as open pits), construction traffic, occupational health and safety and community health and safety. During operation the main risks could include, for example, back-flow into the septic tanks particularly during heavy rains, blockages in the sewer pipes, contaminated overflow, all of which can be addressed through having proper sanitation system designs and maintenance. Given that environmental and social risks associated with the Project and sub-projects cannot be determined at this stage of the project cycle, the Environmental and Social Management Framework (ESMF) will cover the sanitation related activities as well. The ESMF will set out principles, rules and guidelines and procedures to assess and manage expected environmental and social risks and impacts during project implementation. Subsequently, site-specific ESMPs will be prepared and implemented for each health facility to manage any arising risks during construction and operation. The ESMF will also incorporate measures relevant to the CERC component.
In addition, a Strategic Environmental and Social Assessment (SESA) will be prepared during project implementation to guide the development of the National HCWM Strategy to be supported under the Project.

The MOH will develop a robust Stakeholder Engagement Plan (SEP) including a Grievance Redress Mechanism (GRM) ensuring inclusion and non-discrimination of vulnerable groups. Furthermore, given that the details and scope of civil works (rehabilitation of existing sanitation systems/septic tank) for the six selected health centers and the design options for the centralized facility are not yet known and will be elaborated during project implementation, the client will thus prepare a Resettlement Policy Framework (RPF) for the entire project during project preparation in the event that land acquisition becomes necessary in the project implementation phase. The RPF will set out principles, rules and guidelines and procedures to assess and manage expected social risks and impacts during project implementation. The RPF will guide the preparation of a RAP(s).

Labor Management Procedures (LMP) integrating project workers' GRM for rehabilitation of septic tanks and waste skips, will be developed. The project will have limited and manageable impacts on community health and safety and sector specific EHS Guidelines will be followed. Community health and safety awareness will be undertaken in these

health facilities and surrounding communities. Although labor influx is not anticipated, the Project ESMF as well as the LMP will include clauses to avoid, minimize, manage and mitigate any Gender Based Violence (GBV) / Sexual Exploitation and Abuse (SEA) risks. Additionally, GBV/SEA, HIV risks will be monitored throughout the project cycle. Relevance of ESS4 will further be assessed throughout the project cycle. ESS5 is relevant and its applicability shall be determined by screening exercise(s) for potential social risks and impacts for each facility.

Areas where "Use of Borrower Framework" is being considered:

Reliance on Borrower's framework will not be relevant to the project.

ESS10 Stakeholder Engagement and Information Disclosure

Stakeholder engagement is a principal tool for environmental and social risk management and successful implementation of the Project. An inclusive draft Stakeholder Engagement Plan (SEP) will be prepared by MOH (including a Grievance Redress Mechanism (GRM) ensuring inclusion and non-discrimination of vulnerable groups). The SEP will be submitted to the Bank for concurrence. The SEP shall identify all key existing and potential stakeholders, and will describe, among others, their level of interest, influence and support to the Project and in its planning and implementation. It will describe means, timelines and frequency of communication with each stakeholder/stakeholder group, grievance mechanisms to be deployed, monitoring and reporting. The MOH shall prepare and disclose the SEP prior to Project Appraisal. The Project will ensure meaningful consultations with various stakeholders (including health workers, Project affected communities, women and youth groups, NGOs, patients, line ministries, community-based groups and Disabled People's Organizations (DPOs) and other vulnerable and disadvantaged members of the communities) throughout the Project life cycle. The MOH will provide stakeholders with accessible and inclusive GRM to raise issues and grievances, that will allow MOH to receive, respond to, facilitate resolution of concerns and manage grievances. The MOH will ensure that all stakeholder consultations are accessible and inclusive (in format and location), and that these consultations will be appropriate for the local context. The MOH will subsequently provide stakeholders with timely, relevant and understandable information in a culturally appropriate format. As part of the environmental and social assessment the MOH will maintain and disclose documentation of stakeholder engagements, which will describe the stakeholders consulted, summary of issues discussed and their responses.

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

The Project footprint is relatively small and not likely to engage a significant amount of labor. The majority of labor will comprise the already existing health workers in health facilities with the exception of skilled and unskilled local contract workers who might be required for the rehabilitation of the sanitation systems at the six selected health facilities. Labor camps are not anticipated as the Project is likely to involve limited civil works and the workers are

expected to be residing in their homes in the relevant project location. The MOH will develop a Labor Management Procedure (LMP) which will illustrate types of workers to be engaged and their management in line with ESS2 and national labor laws and regulations. Even though labor influx is not anticipated, social risks such as GBV, sexual exploitation and abuse within the project workforce cannot be ruled out. A GBV risk assessment will be conducted in line with World Bank's approach for addressing GBV risks (initial screening to be done prior to appraisal). Additional assessments can be done during implementation as needed and management and mitigation of GBV/SEA risks will be integrated in the Project ESMF. The LMP is also integrating worker specific GRM (for direct and contract workers) will be disclosed prior to appraisal. Contractors' contracts will include specific clauses of prioritizing recruitment of unskilled local labor and take into account social and environmental mitigation measures. Any civil works contracts will include the EHSGs, GIIP, and industry standard Codes of Conduct that address OHS risks and measures to prevent GBV/SEA.

ESS3 Resource Efficiency and Pollution Prevention and Management

The ESMF will include guidance with regards to waste management, air quality, water quality, contamination of land and soil, and other risks associated with the construction and operation of the centralized facility. As part of the TA, standard operating procedures will be prepared to address the treatment and disposal of health care waste, and management of emissions, effluents and leachates, and recommend how these will be applied and monitored.

Currently the status of the sanitation systems at the selected health care facilities is poor due to overflowing soak pits, leaks or inadequate holding capacity. This is posing pollution risks to nearby water sources and soils in adjacent land, and consequently also poses potential health risks to communities who may use those water sources or plant food crops on the contaminated soil. The proposed sanitation interventions at the selected health care facilities seek to address these issues. Site-specific ESMPs and standard operating procedures will be prepared to guide the operation and maintenance of the new sanitation systems during implementation. Placing of waste skips and construction of health care waste storage facilities at clinics will be managed through implementation of standard operating procedures.

ESS4 Community Health and Safety

While the anticipated construction works (rehabilitation of waste water facilities, sanitation) has small footprint, the MOH will consider the incremental risks of the public health and safety and potential exposure to operational accidents. As there might be minimal construction works, labor influx is not anticipated, and the Project ESMF will include clauses to avoid, minimize, manage and mitigate any SEA and GBV risks. Additionally, Gender Based Violence (GBV) / Sexual Exploitation and Abuse (SEA) risk will be monitored throughout the project cycle. Should there be any rehabilitation of waste management and sanitation facilities, these may expose neighboring communities to noise and dust pollution, increased traffic and road accidents (if there are unusual movement of transport of materials) as well as impacts on community workers. The ESMF (incorporating the Labor Management Procedures) prepared prior to Appraisal will help in the management of these risks.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

The Project will involve the rehabilitation of sanitation systems at selected health care facilities (HCFs). These will be built on existing land owned by the HCFs or the municipalities and it is expected that there may be minimal and mostly temporary impacts (restricted land use and access). Such sites will be screened by the environmental and social specialists to ensure that negative impacts are minimized and that alternatives are considered. However, given that at this stage of the project, the design, type and, scale of the centralized waste treatment disposal facility (the construction of which will not be financed under the project) is not yet determined and other details related to the scope of civil works (rehabilitation of existing sanitation systems/septic tank) for the six selected health centers and the design options for the centralized facility are not yet known and will be elaborated during project implementation, a Resettlement Policy Framework (RPF) will be prepared, for the entire Project prior to appraisal to spell out the overall principles and objectives of ESS5, and provide guidance on how to manage land acquisition or potential restriction of access. The project is not expected to displace people or their assets. The RPF will therefore, guide the necessary steps for screening and preparing RAP(s) where and if required. The commitment to prepare subsequent RAP(s) where impacts cannot be avoided will be included in the ESCP. When negative impacts resulting from restrictions and land uses are unavoidable, potential project affected persons (PAPs) will be consulted throughout the project cycle and shall be informed about their choices and rights. The RPF will include a grievance redress mechanism (GRM). The GRM will consider existing community, traditional dispute settlement mechanisms and availability of judicial systems.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

The Project activities per se will not affect any natural or critical habitats. The ESMF to be prepared for the centralized health care facility (the construction of which will not be financed under this project) and sanitation component will determine whether the establishment of the facility(ies) at the proposed site(s) will pose risks to any critical habitats or biodiversity, and the assessment will propose appropriate measures to address any such risks. Waste skips, health care waste storage facilities and the rehabilitation of sanitation systems will be confined to the existing health care facility compounds which are located in altered environments that do not contain any natural habitats.

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

There are no identified vulnerable or marginalized groups with identities and aspirations that are distinct from mainstream groups as defined under the ESF's Indigenous Peoples/Sub-Saharan Historically Under-served Traditional Local Communities standard in the project area of influence. Therefore, this Standard is not currently relevant to the project.

ESS8 Cultural Heritage

The rehabilitation of sanitation facilities will take place within the confines of already existing health centers. However, the centralized facility (the construction of which will not be financed under the project) will take place in the municipalities, and its siting will be done in consultation with communities residing within the localities of the proposed site(s). It is therefore unlikely that tangible or intangible cultural heritage will be affected. Nevertheless, the

Project ESMF will identify measures to address risks and impacts on cultural heritage and develop a chance finds procedure – if applicable – to be implemented during installation/construction of infrastructure. Nonetheless, all construction contracts will incorporate a "chance find" clause which will require contractors to stop works if any cultural properties are encountered during construction.

ESS9 Financial Intermediaries

The standard is not relevant as the project will not involve financial intermediaries.

B.3 Other Relevant Project Risks

The political and governance risk is substantial, given the complex decision-making process affecting eSwatini borrowing from international entities such as the World Bank Group.

In terms of environmental and social sustainability, there is a substantial risk that appropriate budgets will not be allocated for environmental and social risk management, and that dedicated and appropriately trained personnel are not assigned to ensure that maintenance of the facilities and monitoring of environmental and social issues and occupational health and safety, and community health and safety, is carried out properly and that Project activities comply with the ESS. This is particularly important in regard to management of health care waste. Currently, the MOH has not identified a social officer responsible for social risk management.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways	No
OP 7.60 Projects in Disputed Areas	No

III. WORLD BANK ENVIRONMENTAL AND SOCIAL DUE DILIGENCE

A. Is a common approach being considered? No

Financing Partners

The World Bank is the sole financier of the project and there are no other financial partners involved in the project.

B. Proposed Measures, Actions and Timing (Borrower's commitments)

Actions to be completed prior to Bank Board Approval:

Actions to be completed prior to Appraisal:

- Preparation of Terms of Reference (TORs) for the TA for the technical assessment of Options for HCW Treatment and Disposal at a central health care waste treatment and disposal facility

- Preparation of TORs for the TA for the technical assessment study to identify sanitation options at the six selected health facilities
- Preparation, consultation and disclosure of Environmental and Social Management Framework (ESMF)
- Preparation, consultation and disclosure of RPF
- Preparation and disclosure of the Labor Management Procedures (LMP)
- Preparation and disclosure of Environmental and Social Commitment Plan (ESCP)
- Preparation, consultation and disclosure of the Stakeholder Engagement Plan (SEP) including a Project wide grievance redress mechanism
- Designation of personnel resources responsible for ensuring compliance with applicable ESSs and national regulations

Possible issues to be addressed in the Borrower Environmental and Social Commitment Plan (ESCP):

- Reporting procedures to the Bank and Eswatini Environment Authority (EEA)
- Preparation of SESA to guide development of the Health Care Waste Management Strategy
- Preparation of SOPs for environmental and social management, including for:
  - OHS procedures (for contractors and HCF staff) and associated training
  - Emergency preparedness and response procedures (for contractors, HCF staff and Project communities) and associated training
  - Management of waste and hazardous materials
  - Traffic and road safety;
  - Accident and incident reporting (based on the WB's ESRIT)
- Third party monitoring by Eswatini Environmental Authority and Municipal Councils where applicable
- Restructuring to designate personnel resources to ensure compliance with ESS and national regulations;
- Implementation and update of the Stakeholder Engagement Plan
- Preparation and implementation of Labor Management Plan and GRM for project workers
- Measures to prevent GBV and SEA risks during project implementation, including GBV Action Plan, if the GBV impact assessment indicates the need;
- Preparation of RAP, if required
- Preparation of a chance finds procedure in the event cultural properties are found during construction works
- Strengthening capacity within the MOH and key stakeholders.
- Preparation, consultation and disclosure of Environmental and Social Impact Assessment for centralized health care waste treatment and disposal facility (contingent on agreement on TA options assessment and availability of project funds)
- Preparation and implementation of site specific ESIA(s) and ESMP(s)
- Institutional capacity assessment is undertaken and implemented prior project effectiveness, particularly to the relevant E&S staff

C. Timing

Tentative target date for preparing the Appraisal Stage ESRS 29-Nov-2019

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: Ministry of Finance

Implementing Agency(ies)

Implementing Agency: Ministry of Health

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Edit V. Velenyi
Practice Manager (ENR/Social)	Africa Eshogba Olojoba Recommended on 05-Nov-2019 at 12:44:0 EST
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