Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 05/06/2020 | Report No: ESRSA00803
BASIC INFORMATION

A. Basic Project Data

<table>
<thead>
<tr>
<th>Country</th>
<th>Region</th>
<th>Project ID</th>
<th>Parent Project ID (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eswatini</td>
<td>AFRICA</td>
<td>P168564</td>
<td></td>
</tr>
</tbody>
</table>

Project Name: Health System Strengthening for Human Capital Development in Eswatini

Practice Area (Lead): Health, Nutrition & Population

Financing Instrument: Investment Project Financing

Estimated Appraisal Date: 4/30/2020
Estimated Board Date: 5/14/2020

Borrower(s): Kingdom of Eswatini
Implementing Agency(ies): Ministry of Health

Proposed Development Objective(s)
The project development objective is to improve the coverage and quality of key reproductive, maternal, neonatal, child and adolescent health (RMNCAH), nutrition and NCD services (hypertension and diabetes) in Eswatini.

<table>
<thead>
<tr>
<th>Financing (in USD Million)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Project Cost</td>
<td>20.00</td>
</tr>
</tbody>
</table>

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 1.1 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, nutrition and education services, and cross-sectoral synergies. Recognizing the importance of human capital as a contributor to economic growth, in March 2019, the Government joined the group
of early adopters of the Human Capital Project (HCP). Investments in health, together with education and social protection, and improved use of technology are strategic priorities for growth.

Sectoral Context. There are persistent and emerging challenges in the burden of disease that pose risks to Eswatini’s human capital formation. Eswatini has the highest HIV prevalence in the world, with more than a quarter of its reproductive age population living with HIV. There are also unacceptably high levels of maternal and child mortality and a surge in noncommunicable diseases (NCDs). Furthermore, one quarter of children in Eswatini are too short for their age (stunted). Despite improved access to antenatal care and deliveries attended by health personnel, the number of maternal and neonatal deaths remain high due to failure to provide high quality, responsive care to pregnant women and their babies in health facilities. Investing in the coverage and quality of maternal and child health and nutrition services and strengthening the continuum of care would reduce preventable and premature death of women, newborns and children and improve their quality of life. In addition, improved prioritization and financing of health-specific nutrition services would reduce the adverse impact of Eswatini’s triple burden of malnutrition (undernutrition, overnutrition, micronutrient deficiency) on human capital. Furthermore, despite the rapid growth of NCD prevalence in Eswatini, the health system has not responded adequately, resulting in a high number of avoidable morbidities and premature deaths, negatively impacting human capital. Integrating NCD services into primary care is required to significantly reduce avoidable morbidity and mortality in a more efficient manner.

While physical access to health facilities has improved in Eswatini, efficient delivery and utilization of quality health services remains a challenge and poor-quality care is now a bigger barrier to reducing mortality and morbidity than insufficient access. Key challenges include: 1) The current system is not aligned with population health needs and patient satisfaction is low. (2) The health system performance is hampered by outdated legislation, weak regulation and accountability and management structures. (3) Service delivery has been dominated by communicable disease programs, skewed to higher levels of care, and focus on access rather than service organization for quality and efficiency. (4) The health care workforce is not aligned with health service needs and modernization efforts due to institutional rigidities and capacity in Human Resources planning, training, and performance management. (5) The upgrade and scale-up of tools to improve service coverage, quality and efficiency requires further technical support and funding.

Stronger governance would help improve the quality of health care and generate better health and nutrition outcomes. The project will build on the results, institutional foundations, project management and implementation experience under the World Bank financed Health, HIV/AIDS and TB Project, completed in September 2018. The new project will support: (i) the MOH 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). Furthermore, the proposed project is complementary to the Eswatini COVID-19 Emergency Response Project (P173883) and is designed to deepen and extend its investment impact through focusing on medium-term structural changes and the modernization of the health sector. This operation offers a medium-term horizon to strengthen the health system’s foundations and its preparedness to respond to the population’s health needs, including through strengthened health facilities that can provide high-quality care to COVID-19 patients and those with chronic diseases that are particularly susceptible to severe coronavirus disease, digital platforms for real-time responsive data tracking and use, and governance and stewardship to efficiently and effectively manage the health response in such a dynamic environment.
Relationship to CPF. The proposed project is fully aligned with the adjusted Country Partnership Strategy (CPS FY19-20). The 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 and nutrition dimensions of the Human Capital Index.

To address key sector challenges and support the achievement of the PDO, the proposed project would be financed by an IBRD loan of US$20 million, using an Investment Project Financing (IPF) instrument, over a five-year period. The project will focus on strengthening the health system and ramping up investments in reproductive, maternal, neonatal, child and adolescent health (RMNCAH) services as well as nutrition and non-communicable diseases to address critical human capital challenges, including stunting and child and adult mortality, applying a life course approach. The project includes three components, as follows:

Component 1: Improve health service delivery to increase the coverage and quality of health services to build human capital. This component will improve health service delivery to integrate and scale up nutrition and NCD services in Primary Health Care and improve the quality of maternal, child and adolescent health services across the continuum of care. Under this component, the project will (i) build the capacity of health-care workers to deliver high-quality maternal, child and adolescent health, nutrition and NCD services in PHC and higher-level care for continuity; (ii) increase the availability of drugs, commodities, functioning equipment and client data to support the delivery of these services through supply chain strengthening and investments in a digital health system; and (iii) strengthen the capacity of facilities, programs and regions to monitor quality of care, provide supportive supervision and implement a Quality Management Approach to ensure that the above inputs are translated into effective and high-quality service delivery.

Component 2. Increase community demand for RMNCAH, nutrition and NCD services. In addition to supply side constraints, utilization of RMNCAH, nutrition and NCD services is also affected by demand side constraints, including insufficient knowledge on prevention and care seeking and cultural barriers. This component will strengthen the Community Health Volunteers (CHV) program, conduct targeted Social Behavior Change Communication (SBCC) and develop client-based digital applications to address social and behavioral bottlenecks and generate demand for quality and service delivery uptake of RMNACH, nutrition, and NCD services.

Component 3. Strengthen the MOH’s stewardship capacity to manage essential health and nutrition services and project activities. This component focuses on strengthening the stewardship capacity of the MOH to manage health and nutrition services and project activities. It will also support engaging with the Central Agencies and other line ministries that are critical for the implementation of the proposed sector strengthening and modernization to build human capital, supported by a Human Capital Liaison. Specifically, the project will provide technical assistance to support the drafting of updated regulations, policies and strategies including for the draft Health Bill, professional regulatory bodies, National Quality of Care Framework, public-private partnerships, nutrition, health care waste management (HCWM), including the capture or combustion of fugitive methane emissions and health financing. Technical assistance and training/coaching for the MOH will also be provided on leadership and management to support modernization and organizational transformation of the MOH; strategic HRH planning; health planning and financing (including budget planning and monitoring, strategic purchasing); service contract development, negotiation, management, and revision; service delivery organization; climate change and health, and monitoring and
evaluation. This will be complemented with twinning arrangements, particularly relevant during the first 12-18 months of project implementation. The gradual reforms supported under this component are instrumental for the success of the interventions proposed under Components 1 and 2; it situates the micro-level efforts as part of the broader reforms to sustain their impact.

To ensure effective and efficient project implementation, this component will also support the MOH with fiduciary aspects (financial management and procurement), project evaluation, and environmental and social standards. This 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, and compliance with environmental and social requirements and the Environmental and Social Commitment Plan (ESCP). This component will support the functions of the Project Implementation Unit, which will move toward integrated project management, as well as the relevant functions of the inter-ministerial technical committee and the inter-ministerial policy advisory group as they relate to the implementation of the project.

Component 4. Contingent Emergency Response (CERC). The 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 1.1 million. The country is characterized by mountainous terrain which influences its uneven population distribution, where the majority of the population is concentrated in valleys and plains. 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 and/or disinfected; hazardous emissions (e.g. Persistent Organic Pollutants) 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.

Under Component 1, the Project will support the construction of an Integrated Operations Centre as part of an existing Central Medical Stores. The Operations Centre will house the medical supply chain unit (managed by CMS), a medical equipment maintenance workshop (managed by Biomed) and a data warehouse for information technology (IT) support (managed by HMIS). The design of the Operations Centre will be prepared in a way to contribute to
climate co-benefits, including the use of energy efficient and sustainable technologies (e.g. solar panel, insulation, refrigeration system, LED lighting, etc.). Additionally, the Project will support the procurement of biomedical equipment and supplies for hygiene and sanitation to supplement COVID-19 healthcare readiness in hospitals and health facilities, including patient monitors, ICU beds, oxygen concentrators, waste skips, and disinfectant. These are complementary to procurement under the Eswatini COVID-19 Emergency Response Project (P173883) to ensure medium-term system strengthening, the availability of essential inputs for sustained health care delivery, and the impact of future epidemics is mitigated. Under Component 3, the project will therefore provide technical assistance to support the drafting of updated regulations, policies and strategies for the health care waste management (HCWM), including the capture or combustion of fugitive methane emissions. The Project will support the promulgation of the National HCWM Regulations, and the development of the HCWM Strategy, handling and disposal of electronic waste, among others.

D. 2. Borrower’s Institutional Capacity

The project will be implemented by the MOH with support of a PIU. To enhance coordination and ownership, the PIU will be housed within the MOH and integrated in the MOH’s operational and management structure. The primary functions of the PIU will be to coordinate effective implementation of the project and serve as the vehicle for capacity building and skills transfer to MOH staff in the various areas including Environmental and Social (E&S) Risk Management. The PIU will consist of at least seven full time MOH staff including 1 Environmental Specialist and 1 Social Specialist. To support the environmental and social development agendas in a sustainable manner, E&S will be integrated at the regional and community levels, using the existing platforms and cadres (e.g. Regional Health Inspectors, Community Health Volunteers, Social Accountability Monitoring Officers, etc.). For E&S, support by the two staff in the PIU is anticipated to be for the first 24 months of project implementation to accelerate implementation and provide sustainable knowledge transfer to MOH and Local Government staff.

For operational efficiency, the Project Implementation Unit’s (PIU) technical roles (fiduciary, M&E, environmental and social) are shared between this project and the project implementation team for the Eswatini COVID-19 Emergency Response Project (P173883). Sharing MOH staff and technical consultants will improve the strategic scope while reducing the overhead costs across the two projects. Tapping into technical surge capacity early on will accelerate effectiveness. The Coordinators for the two projects (P173883; P168564) will ensure that the project implementation responsibilities are organized in a way to harness operational benefits and reduce operating costs.

The EHD will collaborate closely with the Eswatini Environmental Authority (EEA) on HCWM. In addition, the MOH will collaborate with the Ministry of Public Works and Transport for certain maintenance requirements for the health facility buildings, and with the Ministry of Public Services and Ministry of Education to develop human resources and capacity.

Currently, there is no social counterpart to engage with. Therefore, the MOH must ensure the identifications of a social focal point person for the project. This person will be responsible for implementing the RPF/RAP, Labor Management Procedures (LMP), Stakeholder Engagement Plan (SEP), GBV/SEA related risk mitigation measures and oversight for the establishment and 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 (ESF).
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 the implementation and monitoring of social issues is considered weak. They will therefore need training in the Bank’s Environmental and Social Standards (ESSs). The EHD officers too 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 was 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 systems and procedures to comply with ESF requirements and this has been included in the ESCP.

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

A. Environmental and Social Risk Classification (ESRC)

Environmental Risk Rating

Environmental risk classification of the project is moderate. 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 will require: i) procurement of equipment, including electronic equipment; and ii) capacity building and training in the application of analytical computing skills, setting up and use of various computer-based and other management systems, and the use and maintenance of infrastructure and equipment. The environmental impacts associated with these activities will result from the generation and disposal of electronic waste (e-waste which is considered to have moderate environmental risk, and general waste (paper, packaging, redundant non-electronic equipment, food waste etc.) considered to have low risk.

The Operations Centre will be built on the premises of the existing Central Medical Stores site entailing very minor construction works. Support for hospital and health facility operations through the procurement and deployment of biomedical equipment and supplies for hygiene and sanitation is anticipated to result in risks and impacts related to the management and disposal of healthcare waste, occupational health and safety of health care workers; and community health and safety related to the operation of health facilities.

The operational support to hospitals and healthcare facilities through the procurement and deployment of this biomedical equipment will be implemented over a medium-term horizon to strengthen the health system. So while it may supplement COVID-19 healthcare readiness over the medium term, it will not be exclusive to COVID-19 treatment and will be for general healthcare services. As a result, attendant adverse risks and impacts related to infection control and transmission are not anticipated to substantiate incremental risks and at the Substantial level, as with the the Eswatini COVID-19 Emergency Response Project (P173883) which is being implemented in parallel but on a short-term implementation horizon.

The proposed technical assistance (Component 1) activities are anticipated to have generally positive environmental benefits related to HCWM and methane emissions control. Downstream Adverse risks and impact could be
anticipated related to implementation of HCWM and emissions control measures, as well as proposed public-private partnership measures. This risks and impacts would be expected to be consistent with activities directly supported under the project and are therefore moderate.

**Social Risk Rating**

Moderate

The social risk rating of the Project is considered to be moderate at this stage as the Project does not involve any significant social impacts that could harm communities and individuals. The project footprint is relatively small with limited and manageable adverse social impacts that can be mitigated with the application of appropriate mitigation measures. The likely social impacts include GBV/SEA, spread of HIV/AIDS, etc., that may result from the limited labor influx and workers coming together in one place during the construction of the operations center. Other impacts may include exclusion of the vulnerable from the project’s benefits. 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 its capacity on social risk management and stakeholder engagement, since currently the Ministry (through the Department of Environmental Health) has developed its expertise only in environmental risk monitoring.

**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 MOH has developed a robust Stakeholder Engagement Plan (SEP) (ESS10) including a Grievance Redress Mechanism (GRM) ensuring inclusion and non-discrimination of vulnerable groups. Furthermore, the project has prepared a Resettlement Policy Framework (RPF) as well as Labor Management Procedures (LMP) (ESS2), as part of the ESMF, integrating project workers’ GRM for the workforce to be contracted for the construction of the Operations Centre. 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 the National Medical Stores surrounding communities. Though, labor influx is limited, the Project ESMF includes clauses to avoid, minimize, manage and mitigate any Gender Based Violence (GBV) / Sexual Exploitation and Abuse (SEA) risks. In addition, GBV/SEA and HIV/AIDS risks will be monitored throughout the project cycle. Relevance of ESS4 will be assessed throughout the project cycle.

Construction of the Operations Centre presents moderate environmental risks and impacts resulting from construction activities such as excavation, leveling and back-filling. These would give rise to dust emissions, noise, construction traffic, occupational health and safety, and community health and safety all of which can be addressed through applying the principles of sustainable building designs and appropriate mitigation measures. An Environmental and Social Management Framework (ESMF) has been prepared to manage expected risks and impacts during project implementation. Subsequently, a site-specific ESMP will be prepared and implemented for the Operations Centre to manage any arising risks during construction and operations phases. The ESMF has incorporated measures relevant to the CERC component. The project will develop a National HCWM Strategy during implementation.
The Project under sub-component 1.2 will finance activities aimed at strengthening of the health system and health facilities through the procurement of biomedical equipment and supplies for hygiene and sanitation to supplement COVID-19 healthcare readiness in hospitals and health facilities. Key environmental and social risks and impacts will be related to the increase in the number of people accessing health facilities, which, will result in the following risks and impacts: (i) marginal increase in health care waste at the benefiting health facilities; (ii) occupational health and safety of health care workers; and (iii) community health and safety related to the operation of health care facilities. These impacts are not envisaged to be significant or irreversible. To mitigate against these risks, this project (P168564) will leverage the Eswatini COVID-19 Emergency Response Project (P173883) by adopting and implementing an Infection Control and Waste Management Plan (ICWMP) to be prepared under the project (P173883).

The technical assistance activities are anticipated to support the drafting of updated regulations, policies and strategies including for the draft Health Bill, professional regulatory bodies, National Quality of Care Framework, public-private partnerships, nutrition, health care waste management (HCWM), including the capture or combustion of fugitive methane emissions and health financing. The Terms of Reference for the technical assistance activities will be drafted so that the advice and other support provided is consistent with the relevant ESSs.

ESS10 Stakeholder Engagement and Information Disclosure

Stakeholder engagement is a principal tool for environmental and social risk management and successful implementation of the Project. A Stakeholder Engagement Plan (SEP) has been prepared. The SEP identifies all key existing and potential stakeholders, and will describe, among others, their level of influence and support to Project and in its planning and implementation. It describes means, timelines and frequency of communication with each stakeholder/stakeholder group, grievance mechanisms to be deployed, monitoring and reporting. Initial stakeholders and will engage in meaningful consultations (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, language 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 (development of the ESMP for construction of the Operations Center), the Client will maintain and disclose documentation of stakeholder engagements, which will describe the stakeholders consulted, summary of issues discussed and responses from the borrower.

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

ESS2 is relevant to this Project. The Project footprint is relatively small and not likely to engage a significant amount of labor. The majority of labor will be already existing workers in the health facilities with the exception of skilled
local contract workers who might be required for the construction of the Operations Centre. Labor camps are not anticipated. The MOH has developed an LMP as part of the ESMF 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 impacts such as GBV, sexual exploitation and communicable diseases for local communities cannot be ruled out. A GBV risk assessment was conducted and found to be moderate for this project, management and mitigation of GBV/SEA risks were integrated in both the stakeholder engagement and LMP. The site specific ESMP will include labor related clauses, GBV risk management measures and preventive health measures. Contractors’ contracts will include specific clauses prioritizing recruitment of unskilled local labor and take into account social and environmental mitigation measures (making reference to the ESMP and the WBG EHSGs). Any civil works contracts will include the EHSGs, GIIP, and industry standard Codes of Conduct that address OHS risks and include measures to prevent GBV/SEA. The LMP also includes guidance on the worker specific GRM (for direct and contract workers).

It is anticipated that activities under sub-component 1.2 will result in increased generation, handling and disposal of biomedical waste posing occupational health and safety risk to health care workers. The ESMF includes requirements for inclusion of OHS measures/plans as part of the sub-project specific ESMPs. The Occupational Health and Safety Measures will take into account and align with the Bank’s General Environment, Health and Safety Guidelines (EHSGs), the industry sector EHSGs for Health Care Facilities, other good international industry practice (GIIP) and the Infection Control and Waste Management Plan (ICWMP) to be prepared under the Eswatini COVID-19 Emergency Response Project (P173883).

ESS3 Resource Efficiency and Pollution Prevention and Management

ESS3 is relevant to this Project. The ESMF includes guidance with regards to waste management, water use, energy use, air quality, water quality, contamination of land and soil, and other risks associated with the construction and operation of the Operations Centre. The Project will adopt and implement the Infection Control and Waste Management Plan (ICWMP) to be prepared under the Eswatini COVID-19 Emergency Response Project (P173883) to mitigate and manage the risk of generation, handling and disposal of biomedical waste and e-waste. The design of the Operations Centre will be prepared in a way to contribute to climate co-benefits, including use of energy efficient and sustainable technologies (e.g. solar panel, insulation, refrigeration system, led lighting, etc.). The Terms of Reference for technical assistance related to HWCM and methane emissions control, as well as the development of the HCWM strategy will be consistent with the requirements of ESS3.

ESS4 Community Health and Safety

ESS4 is relevant to this Project. While the anticipated construction of the Operations Centre will have a small footprint, the MOH will consider the incremental risks of the public health and safety and potential exposure to operational accidents. It is anticipated that inadequacies in the management of health care waste might pose a risk to community health and safety. To mitigate this impact, ongoing monitoring of handling of health care waste streams will be in place during project implementation. This risk will be mitigated through the implementation of the Infection Control and Waste Management Plan (ICWMP) to be prepared under the Eswatini COVID-19 Emergency Response Project (P173883). As part of sub-project specific ESMP(s), the Project will evaluate site specific community risks and impacts to the affected communities during the project life-cycle and will establish preventive and mitigation measures. As there might be minimal construction works, labor influx is not anticipated, and the Project ESMF and its
embedded LMP includes 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. Construction of the Operations Centre may expose neighboring communities to noise and dust pollution, increased traffic and road accidents (if there are unusual movement of transport of materials). The ESMF (incorporating the Labor Management Procedures) will help in the management of these risks.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

ESS5 is relevant to this Project. The Project will involve the construction of an Operations Centre. This will be built on existing land owned by the Ministry of Health - Central Medical Stores and it is expected that there will be minimal and mostly temporary impacts (restricted land use and access). The site will be screened by the environmental and social specialists to ensure that negative impacts are minimized and that alternatives are considered. Should there be any restrictions or impacts on land and natural resource tenure and use, an RPF that has been prepared by this project as a precaution will provide guidance regarding resettlement principles, organizational arrangements and design criteria and the commitment to prepare a subsequent RAP where impacts cannot be avoided and this has been included in the ESCP. When negative impacts resulting from restrictions and land uses are unavoidable, potential PAPs will be consulted throughout the project cycle and shall be informed about their choices and rights. The RPF includes a grievance redress mechanism. The GRM considers existing community, traditional dispute settlement mechanisms and availability of judicial systems. The cost associated for financing compensation and resettlement assistance, if any, shall be covered by the GoKE.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

ESS6 is not relevant to this Project. The project activities will not affect any natural or critical habitats. The ESMF has a check list that will determine whether the establishment of the Operations Centre at the proposed Central Medical Stores site will not pose risks or impacts to any critical habitats or biodiversity. The Operations Centre will be confined to the existing Central Medical Store compound which is 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

ESS8 is relevant to this Project. The Operations Centre will be built within the confines of already existing site of the Central Medical Stores and its siting will be done in consultation with communities residing within the localities of the proposed site. It is therefore unlikely that tangible or intangible cultural heritage will be affected. Nevertheless, the ESMP for the Operations Centre 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

In terms of environmental and social sustainability, there is a substantial risk that appropriate budgets will not be allocated for environmental 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, are carried out properly and that Project activities comply with the ESSs. This is particularly important in regard to management of health care waste and e-waste. Further there is potential for exclusion of vulnerable groups like the youth, the disabled, etc., from accessing project benefits, i.e. the health services provided under this project. If CERC is triggered due to risks associated with Coronavirus and potential use of security forces to ensure rule of law and order in the quarantine centers, funded by the WB, the project will ensure that such forces will act in a manner consistent with international standards.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways

The proposed interventions (rehabilitation of already existing waste water management / sanitation facilities) are small-scale and will not have an impact on international waterways.

OP 7.60 Projects in Disputed Areas

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

<table>
<thead>
<tr>
<th>DELIVERABLES against MEASURES AND ACTIONS IDENTIFIED</th>
<th>TIMELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESS 1 Assessment and Management of Environmental and Social Risks and Impacts</td>
<td>10/2020</td>
</tr>
<tr>
<td>Implementation of the Environmental and Social Management Framework (ESMF) and preparation and implementation of the site specific Environmental and Social Management Plan (ESMP) for the Operations Centre. Preparation of the Terms of Reference for the technical assistance activities with relevant requirements of the ESSs</td>
<td></td>
</tr>
<tr>
<td>ESS 10 Stakeholder Engagement and Information Disclosure</td>
<td></td>
</tr>
<tr>
<td>ESS 2 Labor and Working Conditions</td>
<td></td>
</tr>
<tr>
<td>------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Implementation of the project Labor Management Procedures (LMP) for the construction of the Operations Centre.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ESS 3 Resource Efficiency and Pollution Prevention and Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation of the Health Care Waste Care Management (HCWM) Strategy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ESS 4 Community Health and Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered by the Environment and Social Management Framework (ESMF).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation of the Resettlement Policy Framework (RPF) and preparation and implementation of resettlement action plans (RAPs) where applicable.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not relevant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not relevant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ESS 8 Cultural Heritage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provisions for Chance Find procedures is part of the ESMF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ESS 9 Financial Intermediaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not relevant</td>
</tr>
</tbody>
</table>

### 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:**  
The project will not use Borrower Framework in whole or in part.
IV. CONTACT POINTS

World Bank
Contact: Edit V. Velenyi
Title: Senior Economist
Telephone No: +1-202-458-4319
Email: evelenyi@worldbank.org

Borrower/Client/Recipient
Borrower: Kingdom of Eswatini

Implementing Agency(ies)
Implementing Agency: Ministry of Health

V. FOR MORE INFORMATION CONTACT

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: http://www.worldbank.org/projects

VI. APPROVAL

Task Team Leader(s): Edit V. Velenyi
Practice Manager (ENR/Social): Africa Eshogba Olojoba Cleared on 06-May-2020 at 17:51:2 EDT