Concept Environmental and Social Review Summary

Concept Stage

(ESRS Concept Stage)

Date Prepared/Updated: 03/10/2023 | Report No: ESRSC03392

BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Moldova	EUROPE AND CENTRAL ASIA	P180306	
Project Name	Modernization and Improvement of Rehabilitation Services Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	6/19/2023	11/9/2023
Borrower(s)	Implementing Agency(ies)		
Republic of Moldova	Ministry of Health		

Proposed Development Objective

The PDO is to improve the quality and accessibility of rehabilitation services and strengthen primary care services for preventing and managing cardiovascular diseases.

Financing (in USD Million)	Amount
Total Project Cost	40.00

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]

The Moldovan health system is centralized, with the National Health Insurance Company (Compania Nationala de Asigurari in Medicina, CNAM) serving as the single purchaser of publicly financed health services since 2004. CNAM covers 86 percent of the population with a package of emergency, primary, and inpatient services without payment at the point of access. In 2021, primary health care (PHC) accounted for approximately 25 percent of CNAM's overall expenditure, reflecting a hospital-centric system. Strengthening PHC has been a priority since 1998 and there has been some progress in recent years. The number of publicly financed PHC providers has grown steadily from 67 in 2008 to 293 in 2021. Nevertheless, the unfinished agenda remains significant across financial protection and service delivery. Weaknesses in service delivery for people with NCDs, particularly cardiovascular diseases, are apparent across three areas: primary care services for those at risk; post-acute services immediately following an acute event,

such as a stroke or heart attack; and primary care services for post-acute follow-up and prevention of recurrent events. The Ministry of Health estimates that the unmet need for rehabilitation services is 70 percent. Lack of service provision is driven by a previous lack of prioritization in recent decades, and as a result quality of care is significantly compromised. Adult rehabilitation services are challenged by poor infrastructure and the lack of appropriate facilities and equipment, defined clinical protocols and pathways, and an adequately trained workforce. The limited and low-quality rehabilitation services provided through the public sector have given rise to private sector rehabilitation services. This project is responding with the objective to improve the quality and accessibility of rehabilitation services and strengthen primary care services for addressing non-communicable diseases (NCDs) under the following components:

Component 1: Modernizing and improving rehabilitation services
Improvements in quality, efficiency, and accessibility of rehabilitation services for patients recovering from an acute episode such as stroke or cardiac events, and limited support for selected rehabilitation needs where this strengthens the overall system; financing equipment, infrastructure improvements, and transportation; support development of seven centers of excellence; support development of specialized rehabilitation departments, guidelines and protocols, discharge practices and training, and digital tools for improved treatment and emergency services.

Subcomponent 1.1. Developing and upgrading post-acute facilities, equipment, and services:
Upgrading of facilities at the Clinical Hospital of the Ministry of Health and the Institute of Neurology and Neurosurgery to support differently abled patients in need of post-acute care; Modifications of rooms and facilities such as the introduction of railings and non-slip flooring; Financing equipment and service improvements for other selected service lines, such as pediatric trauma recovery

Subcomponent 1.2. Strengthening emergency response capabilities for stroke, heart attack, and trauma:
development and uptake of protocols to triage, assess, and manage the care of patients immediately following a substantial trauma, such as a stroke or heart attack; training to support health care workers in rapidly identifying strokes and heart attacks; diagnostic equipment; and emergency transport to safely transfer patients in need of complex care in a timely manner to an appropriate level of the health system.

Component 2: Strengthening integrated care for patients with NCDs
Primary care interventions with a focus on patients at risk of a stroke or cardiac arrest, and the provision of step-down rehabilitation services to support patients following a stroke or cardiac arrest or acute event to limit likelihood of recurrent events; finance for telemedicine and digital health programs, disease management programs, workforce training, public awareness campaigns, and improved links between interdisciplinary providers to better enable integrated care.

Subcomponent 2.1. Primary care interventions for patients at risk of stroke and heart attacks:
Disease management programs for NCD screening, prevention and management; training for healthcare workers to better manage chronic disease conditions and to detect the early signs of strokes and cardiac episodes; public awareness campaigns to address the major risk factors for stroke and heart attacks, including hypertension, salt consumption, physical inactivity and diet; and scale up existing telemedicine and digital health programs to improve access to counselling to address risk factors for vulnerable populations.

Subcomponent 2.2. Primary care follow-up for patients recovering from stroke and heart attacks:

Development and training to support utilization of protocols for integration of multidisciplinary care for cardiac and stroke patients; strengthening of digital infrastructure between facilities to support the integration of rehabilitation services, and equipment such as ramps, rails and other modifications for differently-abled patients at the PHC level; discharge planning and protocols from secondary to primary care; rehabilitation support materials; and, the development of home-based care models to minimize unnecessary and prolonged hospital-based treatment.

Component 3: Project management:
Execution of project management, coordination, and monitoring and evaluation (M&E) activities, including third party monitoring; Financing the Project Implementation Unit (PIU), consulting services, office equipment, training, audits, filing systems, and operating costs.

Relationship to Country Partnership Framework (CPF): The Project seeks to address the binding constraints identified in the 2021 Systematic Country Diagnostic (SCD) Update and is aligned with the upcoming Country Partnership Framework (CPF) for FY23–27. The Project contributes to Pillar 5 (Impro ving resilience, efficiency and equity in service delivery) of the SCD and the upcoming CPF's Higher-level Objective 2 on Improved Human Capital. By improving the provision of services for: patients at risk of cardiac and stroke events, post-acute, and follow-up care, the proposed project contributes to CPF Objective 2.2. – improving the efficiency of health service delivery.

D. Environmental and Social Overview

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

Project activities involve financing the infrastructure and equipment investments at yet-to-be-selected medical facilities as well as more systemic inputs such as procurement of medicines, services, training, IT tools, awareness raising, and home-based care practices across the country. Rehabilitation services take place at regionally located acute stroke centres under the institute of Emergency Medicine, the Institute of Neurology and Neurosurgery, clinical hospitals, and district hospitals. Project interventions aim to improve services for patients immediately following an acute episode, such as a stroke or cardiac arrest by strengthening hospital-based services, providing equipment-intensive care in settings that need to be accessible for patients with limited mobility and functional ability. They also support patients at-risk of an acute episode, and services following an acute episode through lower-intensity, cost-effective primary care interventions, which can be delivered in community settings that are amenable to outpatient, ambulatory and community provision, as the project will improve services for vulnerable segments of the population, specifically the elderly and persons with disabilities. The rehabilitation of facilities is intended to improve ability to gain physical access to facilities, easy egress in event of emergency, and ability to benefit from services. Provision of services by skilled healthcare workers who are experienced and tolerant to specific needs are key challenges for persons with disabilities. Need for extended periods of residence in hospitals and other institutions for care for vulnerable patients poses some risks of neglect and abuse (gender and age-based violence), particularly for refugee women, those with disabilities, the elderly and those from poor rural settings.

The project is being prepared and implemented during a time of heightened social and economic pressure. The cumulative toll of years of economic contraction due to the COVID-19 pandemic, combined with the current inflation and energy crisis spurred by the Russian invasion of neighboring Ukraine, have resulted in greater fragility of living conditions and health outcomes for large portions of the Moldovan population. In particular, those living in rural

areas, especially in the south, have been affected. The influx of refugees from Ukraine to Moldova has resulted in additional resource pressure on local governments and host communities and many refugees residing in both urban and rural centers are dependent on the same local healthcare as their host populations. The war has generated an unprecedented refugee crisis, particularly for vulnerable women, children and other dependents who fled to neighboring countries or have been internally displaced. More than 670,000 refugees from Ukraine – mostly women, children and older people – have crossed into Moldova since the start of the conflict in late February 2022, and approximately 80,000 remain in country.

Significant inequity in access to healthcare services and variations in quality of services exists between rural and urban parts of the country. Moldova is vulnerable to changes in external demand and climate shocks due to its small size, open economy, and reliance on agriculture.

D. 2. Borrower's Institutional Capacity

The national health service is centralized with the National Health Insurance Company (Compania Nationala de Asigurari in Medicina, CNAM) serving as the single purchaser of publicly financed health services since 2004. The Ministry of Health (MoH) is primarily responsible for health policy, development of legislation and regulations, organization and provision of services, and oversight of the National Agency for Public Health. The Agency for Medicines and Medical Devices regulates and supervises medicines and medical devices, and the Center for Centralized Public Procurement in Health plans and conducts public procurement of medical and protective equipment. The project will be implemented by the MoH and an existing integrated sector level Project Implementation Unit (PIU) with cumulative experience since 2014 in managing World Bank projects through the Program-for-Results (PforR) Health Transformation Operation (P144892), the Emergency COVID-19 Response Operation (P173776) and its Additional Financing to support COVID-19 vaccine delivery (P175816). Overall ES performance has remained moderately satisfactroy due to progress of achievements with committed actions associated with updating stakeholder engagement actions during challenging Covid-19 lockdown restrictions. The PIU has applied Bank operational safeguards and the ESF under emergency financing circumstances, but there is some potential that consultant resources with skills and experience to undertake effective social assessment and engagement actions with vulnerable groups are increasingly difficult to identify and hire due to pressures from the regional crisis and war in neighboring Ukraine. The Borrower's capacity to manage these risks will be assessed during the project preparation and project specific training and hiring needs will be identified for construction-related and institutional operational activities, including E&S specialist roles in supervision contracts. The PIU will need to pay early attention to identifying one environmental specialist and one social specialist for this new operation and may need to supplement capacity by hiring additional consultants to work alongside the E&S specialists for specialized activities associated with engagement of vulnerable stakeholders and design of awareness raising and other activities to target their needs.

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

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

Environmental Risk Rating — Moderate

Environmental risks and impacts are mostly associated with project-related civil works (for rehabilitation/installation of infrastructure/equipment) and issues associated with operations of healthcare facilities. Rehabilitation and construction related risks include potential increased pollution due to improper care, handling and storage of

construction material and waste; temporary impact on cross drainage; water/soils quality impacts in case of construction pollution as well as pressures on the environment caused by the material sourcing; generation of excessive noise and dust levels from trucks and other construction machinery; soil disturbance during earth works; tree-cutting and loss of vegetation; negative impact on ecosystems (through disturbance); traffic safety issues; community and workers' health and safety incidents. Healthcare facilities operations related risks include design and functional layout for new/refurbished facilities to ensure separations, sterilization and storage procedures and practices to manage the spread of chemical, biological and medical infections. Other healthcare operations and maintenance (O&M) risks include medical waste management; contaminated wastewater from medical and chemical disinfection; human exposure to infections/ diseases; occupational radiation risks of healthcare workers from radiology and fire safety risks from chemicals, pressurized gases and their flammable substrates. These risks are site-specific and temporary and can be mitigated by existing construction and healthcare management best practices. The Borrower has experience implementing WB projects both under safeguard policies and ESF requirements, the Borrower's PIU should be strengthened with additional ES staff to cover new project scope. Considering all of the above, the Environmental Risk is rated as Moderate and the risk rating will be re-assessed as needed. High Risk and Substantial Risk sub-projects will be ineligible for financing under this project.

Social Risk Rating Moderate

Project activities are aimed at increasing access to services for individuals at risk of non-communicable diseases (NCDs). Those in need of such services may also be from vulnerable elderly, disabled and isolated rural poor, return migrant populations and refugees from the war in Ukraine, and members of cultural minority groups such as the Roma. While the project interventions will improve physical access and quality of care for many of these vulnerable groups, there is risk that without targeted awareness and support certain groups may be excluded. Upgrades of existing healthcare facilities are expected to involve minor site-specific civil works with associated health and safety risks during construction, risk of interactions between workers and surrounding community, and the spread of illness among workers. These risks are expected to be easily manageable with available occupational health and safety (OHS) measures and safe separation of workers and equipment from patients and surrounding communities. Works will need to be planned and phased so that patients are not denied service due to construction activities or can seek care at alternative locations. Principles of universal access will inform physical design, safety and emergency protocols, and access to health services to facilitate improvements in inclusion of patients with different needs. There is some risk that the most vulnerable patients may suffer neglect or abuse in institutionalized medical settings during the provision of healthcare services, though incidents are likely to be isolated and preventable through Codes of Conduct, labor management procedures and grievance mechanisms and the project design focus on extension services. Healthcare workers charged with providing institutional and extension services to patients in circumstances of extreme vulnerability will need to be trained to provide dignified treatment and adopt Codes of Conduct for prevention of all forms of interpersonal violence. A strategy for communication of project benefits in appropriate languages that reflect the cultural diversity in the country will aim to increase likelihood of accessing services among more isolated groups. A system level Grievance Mechanism linking all participating institutions to online and place-based avenues for delivering feedback, complaints and receiving responses will be important for ensuring transparency, monitoring effectiveness of services provided, and responding to any potential for harm. This mechanism, along with measures for engaging and incorporating the needs and concerns of vulnerable stakeholders in project design and delivery will be described in the project Stakeholder Engagement Plan (SEP) and managed by a dedicated social specialist in the PIU.

Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) Risk Rating Moderate

The project activities will extend services to stakeholders who are vulnerable to abuse and neglect, including the elderly, persons with disabilities, the rural poor and refugees. Low quality of healthcare services and pressure on healthcare workers is reported in rural settings. Historical institutionalization of persons with disabilities has resulted in isolated cases of abuse and neglect and it will be important for the project to ensure that codes of conduct are in place to regulate the conduct of healthcare workers. Credible measures need to be taken to reach out to patients and healthcare workers on a regular basis and seek anonymous and confidential feedback. Elder abuse is also reported particularly in domestic settings and it will be important for healthcare workers to be trained to identify and respond where needed. A mapping has been undertaken of GBV service providers and NGOs providing support services in Moldova and this is available at www.stopviolenta.md. Moldova also has in place a national green-line 0 8008 8008 for women and girls suffering from domestic abuse, victims of human trafficking and victims of sexual exploitation. Since December 2020, the national emergency line 112 service also redirects all calls coming from survivors of domestic violence to a trust line in cases where survivors decline police intervention or are in a state of crisis and require emotional support and psychological counselling. The redirection will also happen when callers need information about their rights and the services available to them. A regional NGO, La Strada, provides training support and capacity building for national 112 call operators in the field of domestic and sexual violence. For this operation, an assessment of GBV risks in healthcare settings will be undertaken during preparation of the ESMF and additional preventative measures are to be applied including referral to specialist service providers through a dedicated Grievance Mechanism, a Code of Conduct, and social protection guidelines for healthcare workers in the project LMP.

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 project involves a number of mostly site-specific, easily manageable environmental and social risks and impacts associated with project-related civil works (for rehabilitation/installation of infrastructure/equipment) and those associated with healthcare operations.

Key potential impacts include possible air/soil/water pollution, vegetation clearance, noise/dust, negative impact on ecosystems, waste management issues, traffic safety issues, potential economic displacement, community and workers' health and safety risks. The risks from the healthcare facilities' during operations include the potential spread of chemical, biological, and medical infections. These risks will be mitigated through a proper design and functional layout of the refurbished facilities to ensure adequate separations, sterilization, and storage procedures and practices. Other healthcare operations and maintenance (O&M) risks include medical waste management; contaminated wastewater from medical and chemical disinfection; human exposure to infections/ diseases; occupational radiation risks of healthcare workers from radiology and fire safety risks from chemicals, pressurized gases and their flammable substrates, emergency situations (such as fires, power outages, etc.). Each healthcare facility to be rehabilitated under the project will be equipped with fire safety equipment and emergency response plans will be developed. Existing medical waste management system for each of the facilities be assessed during the site-specific assessment, and as needed a medical waste management plan be prepared, based on ESMF guidance.

Project social risks are mainly associated with access to services and benefits from the project activities being enjoyed equitably across a range of vulnerable groups including the elderly, disabled, ethnic minorities, and refugees. Physical rehabilitation works on the project will not require land acquisition and are likely to involve preventable community health and safety risks associated with interaction with project workers and equipment. There may be risk of isolated incident of abuse or neglect associated with project activities given the vulnerability of beneficiaries and the institutional setting. However project design and benefits are intended to mitigate this risk by improving services and extending them to homecare. It will be important to ensure that the principles of Universal Access are incorporated into the design of physical components of the project as well as into the delivery or services since this will directly influence the impacts and benefits of vulnerable groups. While geographical access to healthcare facilities can generally be considered good, recent studies on the quality of infrastructure of facilities showed that those ranking lowest in terms of quality were located disproportionately in rural areas and included problems with water and sewage systems as well as shortages of basic equipment. More remote facilities also found it difficult to attract medical graduates and overall health staff availability and motivation to provide quality care in rural areas is limited by hardship and heavy workloads. A share of the population is also not covered by the National Health Insurance Company, despite improved coverage. People who are self-employed (particularly in agriculture), unemployed or on lower incomes are less likely to be insured. High out-of-pocket expenses for procuring prescription medicines and the need to pay more through a culture of informal payments to secure shortcuts to services is also reported to disadvantage the most vulnerable, particularly retired elderly. There may also be processes of exclusion present in the system due to discrimination and stigma based on ethnicity or sexual orientation, lack of culturally appropriate or age-specific services, and biases based on previous negative experiences with health services. Activities under this project are not intended to include mechanisms to address the underlying barriers for Roma participation (poverty, poor housing, poor access to jobs and social protection) but rehabilitation of centers and facilitation plans should promote equal opportunity and rights to services. Interventions that have encouraged young professionals to work in rural areas have reportedly provided evidence that they treat vulnerable populations better, attempt to understand their situation and avoid apportioning blame.

Since the details of most of the sub-project sites are not yet known, the risks and impacts outlined above will be further assessed in an Environmental and Social Management Framework (ESMF). The ESMF will provide selection and screening criteria to be applied for the identification of sub-project sites and will identify typical environmental and social risks likely to occur during the project implementation, specify legislative and regulatory framework, consider procedures and institutional responsibilities and provide an outline for site-specific Environmental and Social Management Plans (ESMPs) to be developed by the client for each specific site. Following the identification of specific locations and design of facilities to be rehabilitated, the client will prepare site-specific ES tools commensurate with sub-project's ES impacts and risks. ES tools, such as Environmental and Social Impact Assessments (ESIA) and/or ESMPs/ESMP Checklists, will be developed in accordance with the national legislation, requirements of ESF and the World Bank’s Environmental, Health, and Safety (EHS) General Guidelines, which will address specific environmental and social impacts and determine adequate mitigation measures. The ESMF will provide monitoring requirements as well as roles and responsibilities for ensuring effective implementation throughout the project lifecycle. Screening and assessment criteria in the ESMF will inform identification and mitigation of risks associated with the design and operation of healthcare facilities, identifying and proposing measures to address risks of exclusion or non-participation, protection against gender-based violence and other needs for targeted assistance associated with vulnerable groups. The ESMF will be prepared, disclosed and consulted upon prior to Appraisal alongside Labor Management Procedures (LMP) and a Stakeholder Engagement Plan (SEP) including a project Grievance Mechanism

(GM). Actions to be undertaken during implementation will be codified in an Environmental and Social Commitment Plan (ESCP).

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

The Borrower's framework will not be used for the project. However, the proposed operation will comply with relevant national legal and regulatory requirements.

ESS10 Stakeholder Engagement and Information Disclosure

Key project-affected parties will include targeted healthcare patients and healthcare workers, both those working in more centralized institutional settings and those who provide services to more remote rural communities. Vulnerable groups are who less likely to be able to access services and benefits from the project activities include the rural poor, elderly, disabled, ethnic minorities, refugees, Roma, LGBTQ, women and children. These groups may also be vulnerable to institutional neglect and harm where quality of services is not prioritized or where there may be instances of abuse. Other interested parties include the range of institutional stakeholders with an interest in supporting vulnerable patients, including local and regional government, insurance providers, non-government organizations specializing in the interests of specific groups, and other development partners such as the World Health Organization, Swiss Agency for Development and Cooperation, Swiss Red Cross, and health providers.

A consultative approach to health sector development, which engages patients in the design and development of services, will be important to ensure success of reforms. A clearly targeted Stakeholder Engagement Plan (SEP) will also be important for combating exclusion of certain groups and reticence to participate among populations who harbor persistent negative attitudes toward current health care services due to expectations set by experiences in the former USSR and on comparisons with health systems elsewhere. The SEP should incorporate citizen engagement and third-party monitoring processes to assess beneficiary satisfaction with service delivery and resource provision under the project and a communications campaign targeting vulnerable groups to raise awareness of services. The scope and implementation of these measures will be assessed during project preparation. The COVID-19 pandemic and volatile regional crisis and associated pressure on livelihoods have led to worse health outcomes and an increase in demand. It will be particularly important for the operation to deploy a systems-wide mechanism embedded in participating institutions for obtaining feedback from patients and affected stakeholders and responding to complaints and concerns. This Grievance Mechanism (GM) will require referral to specialist third party providers of services for highly vulnerable groups, particularly women and the disabled who may be exposed to forms of SEASH and other forms of violence or neglect.

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

Small-sized workforces ranging in the dozens are expected on healthcare facility construction sites. These will mainly consist of local labor but with small numbers of national and international specialists working on technical design and supervision aspects and providing services for installation of specialized equipment. There is unlikely to be a need to establish workers camps for these subprojects due to easy geographical access to project sites but, if any are established, then associated camp management procedures will be prepared including for worker accommodation. There is no intent to use voluntary community labor for implementation of activities. The project would source labor and construction materials locally where possible. Subprojects are not expected to involve significant risks to labor rights, health and safety of employees, or child or forced labor which would be prohibited from financing. Project labor will include direct workers and consultants working for the PIU. All Government staff participating in the project from national to local level will remain subject to their current terms and conditions. As project beneficiaries, healthcare professionals remain subject to existing public sector terms and conditions under national labor requirements and any codes of conduct associated with interactions with vulnerable patients deemed necessary will be included in ESMPs and contractual provisions.

Moldova's legal frameworks for core labor standards, including freedom of association and collective bargaining, prevention of forced and child labor (minimum working age is 16), discrimination and equal opportunity, and occupational health and safety are broadly consistent with international standards. However, labor is in chronic shortage in Moldova and this has been exacerbated by the COVID-19 pandemic. Weaknesses are recognized in the enforcement and inspection of non-compliances by the labor inspectorate, which lacks sufficient numbers of inspectors to cover the workforce. The cumulative toll of years of the COVID-19 pandemic, combined with the current inflation and energy crisis spurred by the Russian invasion of neighboring Ukraine, has resulted in a significant strain on public services including the healthcare system. This sytem has weathered the worst predictions of the pandemic but still resulted in significant health impacts. Pressures on the healthcare system are also likely to be affecting health worker morale and it will be important for labor management procedures under the project to specify a worker Grievance Mechanism to ensure receipt and response to workplace related concerns. It will be important for the operation to integrate labor inspections into citizen and worker engagement strategies to obtain feedback and monitor the conditions for healthcare workers and vulnerable patients associated with the project activities.

OHS risks associated with the project are anticipated to be localized and properly managed through appropriate contractual conditions, preparation of contractors OHS plans, monitoring and enforcement by subproject supervision consultants. These risks include the range of risks associated with construction activities, operation of machinery, storage of equipment and materials, working at heights, and management of interactions with community traffic during transportation of materials. The project LMP will be prepared for the project, outlining the expected number and type of workers, key gaps between ESS2 and national legislation and regulations that need to be addressed at the project level, as well as monitoring and supervision arrangements. Key aspects of the LMP pertaining to contracted workers, such as OHS, adequate working conditions, terms of contract, and redress mechanism for workers, will be included in Contractors' ESMP. The LMP will also include a Code of Conduct to prevent and manage incidents of SEA/SH and risk of violence or neglect against workers and patients. The LMP will include measures to ensure that contractors screen for and monitor activities to prevent occurrences of SEA/SH and that grievance mechanisms are available for direct and contracted workers. The LMP will review and describe any measures required to enhance the existing dispute resolution mechanism for teacher remuneration mechanism piloted under the project. Workers will be encouraged to use these grievance channels to report concerns relating to COVID-19.

ESS3 Resource Efficiency and Pollution Prevention and Management

This standard is relevant to the project. The project activities will involve civil works for the rehabilitation of existing public healthcare facilities. Typical pollution generated from these activities include: (i) dust and other forms of air pollution from construction site, transportation and auxiliary facilities; (ii) noise and vibration; and (iii) solid waste (medical waste, domestic waste and construction waste including used oil and lubricant). These impacts are temporary, site-specific and can be managed through a set of mitigation measures to be included in the ESMF and template ESMP/ESMP Checklist. Air emissions will include exhaust from heavy vehicles and machinery, and fugitive dust generated by construction activities. Mitigation measures such as dust suppression, vehicle maintenance etc. will be applied to minimize the impacts and residual impacts are expected to be limited in scope and duration. Noise will likely be generated from use of construction machinery and vehicle movements. The relatively short-term and small-scale nature of the works suggest that noise levels will not be excessive. Liquid and solid waste will mainly include metal and glass pieces from demolished walls, old equipment, excavated soil, oils from construction machinery, concrete blocks, etc. Waste will be segregated, stored and disposed at approved sites. ESMF will specify appropriate waste management practices for collection, storage, transportation and disposal of construction waste and medical waste, including hazardous waste and specify for which cases a separate Waste Management Plan should be prepared. Existing medical waste management system for each of the facilities be assessed during the site-specific assessment, and as needed a medical waste management plan be prepared, based on ESMF guidance. Reconstruction/rehabilitation works may require clearance of vegetation or fauna habitats and may lead to soil loss and erosion. This could lead to substantial impacts in the areas with steep slope and vulnerable to disaster or climate variation or sensitive habitats. Soil erosion can lead to blockage of drainage or change of surface water flow or sedimentation. The ESMF will provide guidance to screen and assess impacts and provide mitigation measures including application of good practice and close supervision of works to: (i) ensure that cutting of trees and vegetation is limited to a minimum and justified by technical requirements and that relevant national legislation is followed, and replacement where vegetation clearance is unavoidable; and (ii) soil loss and erosion is minimize/protected. Required building material will potentially include stones, sand, concrete blocks and timber. Borrow material will be obtained from already existing and licensed borrow pits within Moldova and possibly close to the project area to reduce the transportation distance. Should there be the need to open new borrow pits, the project shall ensure that all national regulations and assessments and permitting requirements are adhered to and pits reinstated as will be required through the site-specific ES instruments. The ESMF and site-specific ES instruments will cover mitigation measures for effective use of natural resources, as well as pollution prevention and management, with a focus on those issues which might arise while conducting civil works for facilities reconstruction and rehabilitation activities.

ESS4 Community Health and Safety

Some site-specific risk of adverse impacts on the health and safety of beneficiaries and surrounding tenants and staff is posed by rehabilitation of healthcare facilities. Risks include generation of waste, noise, dust, transportation of construction materials, and possibility of interactions between community members and project workers due to failure to safely separate work sites. Works are undertaken during business hours and prior advanced permission and notice is provided of the date and time of the works. Construction works are likely to involve some temporary

disruption to road and pedestrian traffic and road access, and risks to continuity and quality of patient services if not effectively phased and scheduled. All works are done based on permits issued by local authorities, coordinated with police, transport, utilities and telecom services. All mitigation measures required for ensuring health and safety of communities residing in and around sites of the project intervention will be assessed as part of the project ESMF and included into component specific ESIAs and ESMPs and made mandatory for adherence by works contractors.

Design and rehabilitation of healthcare facilities requires adherence to principles of universal access to ensure that persons with disabilities are not excluded from attending and participating. Universal access should be considered in the physical design of facilities to minimize the need for physical exertion and also to ensure safety of persons with disabilities in the event of emergency and in the regular use of facilities. Procedures and protocols need to integrate consideration of safe egress for patients and others who may require additional assistance. Universal access should also be considered in the management of healthcare worker and patient relationships. Equitable use of resources, information customized to patient needs, and tolerance of the treatment and healing needs of the elderly should be promoted. These aspects should be outlined in the ESMF and considered as part of ESMP, contractual obligations and preparation of management plans once specific subprojects are identified.

The project activities will involve stakeholders who are vulnerable to harm and neglect including the elderly, disabled, refugees, the rural poor including members of ethnic minorities who may require urgent access to services. Risks associated with SEA/SH, elder abuse, and with privacy, safety and security of vulnerable patients will be addressed in design and management of healthcare facilities, as well as appropriate mitigation measures. Management plans will include Codes of Conduct to prevent violence, mistreatment or discrimination being caused or exacerbated by the range of stakeholders working on the project activities.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

Civil works for the rehabilitation of healthcare facilities are not anticipated to require the acquisition of new land area and the MOH has indicated that it has available state land already allocated within existing healthcare facility compounds for these subprojects. Subprojects will be screened for absence of land acquisition and potential economic and physical displacement as part of screening processes described in the ESMF.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

The proposed Project activities are expected to be restricted to existing facility footprints and therefore impacts on habitats is expected to be limited to vegetation clearance and short-term disturbance to local fauna. The ESMF will have provisions that vegetation clearance should be kept to a minimum and be done during non-breeding period.

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

This standard is not relevant. No indigenous peoples who meet the criteria described under this standard reside in the territory of Moldova.

ESS8 Cultural Heritage

This standard is not currently relevant. The project is unlikely to pose any impacts or restrictions on access to known built heritage, archaeological sites, intangible heritage practices, or natural features with cultural heritage significance. Buildings recognized as valuable from an architectural, aesthetic, spiritual or socio-cultural perspective are not expected to be impacted by the construction activities (religious buildings for example). Activities under the project will be screened for potential impacts including access restrictions on known heritage buildings and sites and practices and relevant national requirements for protection of these sites will be applied. The ESMF and site-specific ESMPs will outline the Chance Find Procedures which will be included for all earth-moving sub-projects.

ESS9 Financial Intermediaries

This standard is not currently relevant. There is no financial intermediation intended in the design of this project.

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

A Common Approach is not being considered.

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

Actions to be completed prior to Bank Board Approval:

- Prepare, disclose, and consult on the Environmental and Social Management Framework (ESMF);
- Prepare, disclose, and consult on the Stakeholder Engagement Plan (SEP) and Grievance Mechanism (GM);
- Prepare, disclose, and consult on the Labor Management Procedures (LMP) including worker GM.

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

- Implement ESMF, SEP, GM and LMP- Prepare, consult, disclose and implement Environmental and Social Impact Assessments (if required) and Environmental and Social Management Plans (ESMP)/ESMP Checklists for subprojects;
- Require companies bidding for the delivery of construction and services under the project to include Environment, Social, Health and Safety Codes of Conduct (including SEA/SH and patient protections), labor management procedures and GM in the bidding documents;
- Universal access principles to be included in contracts for the design of rehabilitation works for healthcare facilities;

- Training and Codes of Conduct to ensure sensitivity of services to vulnerable patients included in design of operational management plans for newly rehabilitated healthcare facilities.
- Reporting to the Bank on the environmental and social performance of the project as part of the established progress reporting procedure

C. Timing

Tentative target date for preparing the Appraisal Stage ESRS 31-May-2023

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: Republic of Moldova

Implementing Agency(ies)

Implementing Agency: Ministry of Health

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Yoshini Naomi Rupasinghe, Olena Doroshenko
Safeguards Advisor ESSA	Abdoulaye Gadiere (SAESSA) Cleared on 16-Mar-2023 at 11:29:57 EDT