

**INTEGRATED SAFEGUARDS DATASHEET
APPRAISAL STAGE**

I. Basic Information

Date prepared/updated: 02/07/2014

1. Basic Project Data

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| Country: South Sudan | Project ID: P146413 |
| Project Name: South Sudan Health Rapid Results AF | |
| Task Team Leader: Anne Margreth Bakilana | |
| Estimated Appraisal Date: February 6, 2014 | Estimated Board Date: March 13, 2014 |
| Managing Unit: AFTHE | Lending Instrument: Investment Project Financing |
| Sector: Health (100%) | |
| Theme: Child health (50%); Health system performance (25%); Population and reproductive health (25%) | |
| IBRD Amount (US\$m.): | 0 |
| IDA Amount (US\$m.): | 35 |
| GEF Amount (US\$m.): | 0 |
| PCF Amount (US\$m.): | 0 |
| Other financing amounts by source: | |
| <u>BORROWER/RECIPIENT</u> | 0.00 |
| | 0.00 |
| Environmental Category: B - Partial Assessment | |
| Simplified Processing | Simple <input checked="" type="checkbox"/> Repeater <input type="checkbox"/> |
| Is this project processed under OP 8.50 (Emergency Recovery) or OP 8.00 (Rapid Response to Crises and Emergencies) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

2. Project Objectives

The project development objectives (PDOs) are (i) to improve the delivery of high impact primary health care services in Recipient's states of Jonglei and Upper Nile; and (ii) to strengthen coordination and monitoring and evaluation capacities of the Ministry of Health.

Proposed New PDO

The project paper does not propose changes to the original Project Development Objectives.

3. Project Description

The proposed additional financing of USD 35 Million will build on work carried out by the MOH, and will support activities under both components of the project as follows.

The proposed Additional Financing (AF) will support activities under Component One which focus on the delivery of high impact Primary Health Care services in the two states of Jonglei and Upper Nile. The proposed additional financing will extend the Ministry of

Health (MOH) performance-based contract with a Coordination and Service Delivery Organization (CSDO) to improve the delivery of high impact primary health care services in the two states. The primary health care services to be supported include maternal and child health services such as vaccination, prenatal care, skilled birth attendance etc. Under the supervision of the MOH and State MOHs, the CSDO will supervise service delivery, mobilize human resources, procure and distribute pharmaceuticals and other inputs, and help to determine the need for additional health facilities. The CSDO will also play an overall coordination function to ensure that there are no gaps in service delivery and that duplication of effort is minimized.

The proposed additional financing will also support activities under component two which aim to strengthen grant and contract management. It will also support monitoring and evaluation functions by strengthening routine Health Management Information System (HMIS); the Quantitative Supervisory Checklists ensuring timely health facility surveys and household surveys.

4. Project Location and salient physical characteristics relevant to the safeguard analysis

The original project and the proposed AF, support the two states of Upper Nile and Jonglei. The component 2 of the project aims to support the strengthening the coordination and monitoring functions of the MOH will be implemented across the 10 states of the country. There are no salient physical characteristics relevant to the safeguard analysis.

5. Environmental and Social Safeguards Specialists

1. Varalakshmi Vemuru , Senior Social Development Specialist (AFTCS)
2. Bedilu Amare Reta, Environment Specialist/Consultant (AFHE)

| 6. Safeguard Policies Triggered | Yes | No |
|--|------------|-----------|
| Environmental Assessment (OP/BP 4.01) | X | |
| Natural Habitats (OP/BP 4.04) | | X |
| Forests (OP/BP 4.36) | | X |
| Pest Management (OP 4.09) | | X |
| Physical Cultural Resources (OP/BP 4.11) | | X |
| Indigenous Peoples (OP/BP 4.10) | X | |
| Involuntary Resettlement (OP/BP 4.12) | | X |
| Safety of Dams (OP/BP 4.37) | | X |
| Projects on International Waterways (OP/BP 7.50) | | X |
| Projects in Disputed Areas (OP/BP 7.60) | | X |

II. Key Safeguard Policy Issues and Their Management

A. Summary of Key Safeguard Issues

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts: The proposed AF is a continuation of the ongoing HRRP and has the same PDO and activities as the original project and therefore has the EA Category B like the original project and triggers OP 4.01 Environmental Assessment. Environmental issues pertaining to safe water supply, sanitation, and waste disposal are expected to come up as minor renovation of existing functioning health facilities and health care activities will continue to be supported under the AF. The main environmental safeguard policy relates to health care waste management, in view of the risks associated with the handling and disposal of medical waste.

To avoid/offset the anticipated environmental impacts, as the original project, this AF will use the project specific ESSAF of the original project that explains the OPs triggered, safeguard screening and mitigation based on the possible types of sub-projects, responsibilities for safeguards screening and mitigation, capacity-building and monitoring of safeguards framework implementation, and consultation and disclosure. The Medical Waste Management Plan (MWMP) prepared, finalized and disclosed in the Banks Info Shop on February 10, 2014, will guide AF implementation. During the original project implementation period no significant environmental impacts were identified and no safeguards non-compliance recorded and all the issues were managed by the best practice method stated in the ESSAF and Medical waste management plan.

The MWMP prepared by the client and discussed with various stakeholders in the country and finalized in October 9, 2011. This focused on existing waste generation, as well as segregation, storage, collection, transport, and final disposal practices; technologies for waste disposal; public awareness programs; and relevant national legislation. The South Sudan Ministry of Health will continue to use this Plan as a guideline to avoid or minimize the potential impacts that could be generated due to the implementation of the project particularly lack of proper hygiene and sanitation facilities and mismanagement of medical wastes.

OP 4.12 on Involuntary Resettlement is not triggered since minor renovations and upgrades are expected to be undertaken in existing facilities and there will be no taking of land under the project. Social impacts of proposed activities under the project will be addressed in accordance with the ESSAF that was prepared for the original project. OP/BP 4.10 on Indigenous Peoples is triggered and is applicable to the project as analysis by World Bank and other experts confirms that the overwhelming majority of people in the project area are expected to meet the requirements of OP 4.10. The approach and implementation process of the proposed Project embeds the basic principles of OP 4.10 and ensures that benefits will flow to all households, and the campaign and outreach activities enables support for the project and participation of the entire community.

During implementation of the project, the Bank's safeguards team will work closely with government to confirm the technical assistance and capacity building required at central,

state and local government levels to ensure effective implementation of the ESSAF, IPMP, and ESMPs.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:

No long term risks or impacts are anticipated.

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.

No project alternatives are required for this project.

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.

This ongoing project and the proposed AF trigger World Bank Safeguard Policy OP/BP 4.01 on Environmental Assessment similar to the original project. To offset the potential adverse impacts of the project, the Borrower has begun to mitigate the impacts that may be generated due to the distribution and use of medical supplies based on the ESSAF and the MWMP. Based on the screening process outlined in the ESSAF, the client will continue to conduct an environmental impact assessment for specific activities as needed and develop appropriate ESMPs and other safeguards instruments before the commencement of the activities during implementation, as and when required.

The MWMP is valid for a five year period (2011- 2016) and is therefore valid for supporting implementation under AF. This will therefore be revised based on implementation experience at a later date.

The Environmental Health Directorate (EHD) under the MOH which is responsible in conducting follow-up and implementation safeguard within the ministry has a limited capacity to take care of environmental and social safeguards issues. However, the Ministry particularly the Environmental Health Directorate has been supported through training and capacity building activities to strengthen available capacity for managing the environmental and health issues. This Directorate (EHD) has received and will continue to will continue to receive required technical expertise from the project for implementing the MWMP and preparation of ESMP, as required. This capacity building for the directorate will help the team to identify the potential impacts, monitor the recommended Environmental and Social mitigation measures and carry out all health service activities in an environmental sound manner.

OP/BP 4.10 on Indigenous Peoples is triggered and is applicable to the project as analysis by World Bank and other experts confirms that the overwhelming majority of people in the project area are expected to meet the requirements of OP 4.10. In order to ensure compliance of the project with the principles of the OP 4.10, the implementation process will ensure that the campaign and outreach activities under AF will ensure the participation of all sections of the community, and the delivery of the essential health services benefit all communities in the project area. No separate Indigenous Peoples Plan is required for the project.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people. Key stakeholders including the MOH, SMOHs, CHDs, health care workers and local communities in target states, international/national NGOs/FBOs and Development partners. All stakeholders receive guidelines on inclusion of potentially affected people in decision making on matters that might affect them.

B. Disclosure Requirements Date

Environmental Assessment/Audit/Management Plan/Other:

Was the document disclosed **prior to appraisal?** NA
 Date of receipt by the Bank
 Date of "in-country" disclosure
 Date of submission to InfoShop
 For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors

Resettlement Action Plan/Framework/Policy Process:

Was the document disclosed **prior to appraisal?** NA
 Date of receipt by the Bank
 Date of "in-country" disclosure
 Date of submission to InfoShop

Indigenous Peoples Plan/Planning Framework:

Was the document disclosed **prior to appraisal?** NA
 Date of receipt by the Bank
 Date of "in-country" disclosure
 Date of submission to InfoShop

Pest Management Plan:

Was the document disclosed **prior to appraisal?** NA
 Date of receipt by the Bank
 Date of "in-country" disclosure
 Date of submission to InfoShop

*** If the project triggers the Pest Management and/or Physical Cultural Resources, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.**

If in-country disclosure of any of the above documents is not expected, please explain why:

C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting)

The World Bank Policy on Disclosure of Information

Have relevant safeguard policies documents been sent to the World Bank's InfoShop? Yes

Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs? Yes

All Safeguard Policies


Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies? Yes

Have costs related to safeguard policy measures been included in the project cost? Yes

Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies? Yes

Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents? Yes

D. Approvals

| <i>Signed and submitted by:</i> | <i>Name</i> | <i>Date</i> |
|---|----------------------------------|---|
| Task Team Leader: | Anne Margreth Bakilana | 2/7/2014 |
| Environmental Specialist: | Bedilu Amare Reta | 2/7/2014 |
| Social Development Specialist: | Varalakshmi Vemuru | 2/7/2014 |
| Additional Environmental and/or Social Development Specialist(s): | | |
| Approved by: | | |
| Regional Coordinator: | Safeguards Alexandra C. Bezeredi | <i>for</i>  2/18/14 |
| Sector Manager: | Olusoji Adeyi | |
| Comments: | | |