



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 05/15/2023 | Report No: ESRSA02774



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Angola	EASTERN AND SOUTHERN AFRICA	P180631	
Project Name	Human Resources for Universal Health Coverage in Angola		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	5/12/2023	6/22/2023
Borrower(s)	Implementing Agency(ies)		
Republic of Angola	Republic of Angola - Ministry of Health (MOH)		

Proposed Development Objective

The Project Development Objectives is to Improve the capacity and availability of Human Resources for Health in Angola.

Financing (in USD Million)	Amount
Total Project Cost	200.00

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]

Human Resources for Health (HRH) are essential for accelerating progress towards Sustainable Development Goal 3 (SDG3: “Ensure healthy lives and promote well-being for all at all ages”) and to attain effective Universal Health Coverage (UHC).

Strengthening human resources for health is a key priority in Angola, which has started and will continue to recruit large numbers of health professionals in the coming years, not only to fill the current gap, but also to meet a growing and complex need for health services as the population increases and its requirements evolve. Between 2018 and 2022, the health workforce increased significantly from 33,093 to 96,346, mainly boosted by the significant hiring of



technical nurses (high school diploma) and other non-medical professionals. Notwithstanding these gains, the density of health professionals in Angola is sub-optimal and lower than other middle-income countries. Despite the aforementioned efforts to improve HRH in Angola the country continues to face multiple challenges characterized by: (i) insufficient overall human resources as evidenced above; (ii) sub-optimal training of healthcare personnel; (iii) misalignment between the competencies of the personnel recruited/assigned and the needs of health facilities; (iii) insufficient remuneration (salary, bonus, allowance) and social benefits; (iv) imbalance in the distribution of personnel between urban and rural areas and/or between provinces; (vi) a formal education program not adapted to the expectations/needs of the community. The HRH crisis of today in Angola is extremely concerning given the fast-paced population growth which is estimated to more than double by 2050.

The Project Development Objectives is to Improve the capacity and availability of Human Resources for Health in Angola. The aim is to increase the number of postgraduates and specialty professionals, the equitable distribution and management of qualified healthcare professionals for quality and efficient service delivery. This project will support the development and implementation of: (i) a robust, comprehensive and sustainable HRH implementation plan; (ii) normative standards and policies for curriculum development, regulation and staff progression ; (iii) institutions and a network of postgraduate training centers at national, provincial, and municipal levels; (iv) post-graduate and continuous professional training to all cadres of healthcare professionals and; (v) HRH information system and to support the analysis and forecasting, production, distribution, management, monitoring, evaluation and impact assessment of the HRH and service delivery.

The project is expected to cover all 18 provinces of Angola and will expand continuous training for health professionals targeting about 96,000 beneficiaries. The primary beneficiaries of the project will be the 29,000 health care professionals being prioritized for specialist and/or post-graduate training in Angola: 3,000 doctors, 4,000 nurses and 4,000 diagnostic and therapeutic technicians, 9,000 assistant nurses, and other 9,000 general staff and health support professionals.

The proposed Project will have four components, namely:

Component 1: HRH Governance, Policy and Information Systems (US\$ 15M). This component will have three key sub-components: HRH Governance Systems and Policies (US\$ 6M); Curriculum development, regulation, and accreditation (US\$ 3M); HRH information management systems (US\$ 6M). Activities under this component will include: investing initially in developing and updating a diagnostic assessment of the HRH needs and develop a roadmap/strategic HR National Development Plan for strengthening HRH in Angola; define legislation and policies on HRH, namely focused on: policies on production (in collaboration of Ministry of Higher Education), policies to address inflows and outflows of qualified HRH, policies to address maldistribution and inefficiencies, policies to regulate the private sector, policies on health professionals careers, progression, remuneration, policies on certification of training facilities and accreditation of training programs; HRH curricula; HRH digital information system in line with WHO Observatory best practices. Under Subcomponents 1.1 and 1.2, the project will finance Type 2 Technical Assistance (TA) advising on the development of policies, plans, standards, and norms focus on filling the gaps on staffing particularly in poor and climate vulnerable areas, regulation of the private sector, and health professionals' careers (including for community healthcare workers), progression and remuneration.

Component 2: Training and capacity building of HRH (US\$ 175M) - This component will have five key sub-components: - Institutional capacity development for Centers of Excellence for Postgraduate Training (US\$ 1.5M); Institutional



capacity development for provincial and municipal satellite training centers (US\$ 13.5M); Post-graduate HRH training programs (US\$ 135M); Strengthening the National School of Public Health (NSPH) (US\$ 7M); Establishment of digital e-learning and training platforms (US\$ 18M); This component would support the investments to train the different cadres of healthcare professionals in country. This component will focus primarily on the post-graduate training of 29,000 health professionals in the next 5 years. This will cover health professionals at the three levels of the healthcare system. The activities to be covered in this component encompass a mixture of external and internal training programs (hybrid) in which in some instances health professionals do stances of their training outside the country through scholarships complemented with training in Angola given by expat professors and distant learning approaches. This component will in short finance: training programs for HRH (internal, external, hybrid, distance learning, continuous training); digital solutions for distant learning within the country and with external training centers; renovate the NSPH (key infrastructure/refurbishment investment); equipment and simulators required for the different in-country training modalities. The renovation/refurbishment of the NSPH financed under Subcomponent 2.4 will consist of small-scale works on the building interior, roof and immediate surrounding area. The capacity building activities planned under Subcomponents 2.3 and 2.5 correspond to Type 3 TA.

Component 3: Project Management, Monitoring and Evaluation (US\$ 10M) - Overall, this component will focus on all aspects related to management, monitoring and evaluation, fiduciary aspects, coordination, and knowledge generation and communications. Furthermore, this component aims to strengthen the institutional capacity at the National, Provincial and Municipal levels to institutionalize and create sustainability mechanisms to ensure the continuous health professional education and improvement of the healthcare service delivery.

Component 4: Contingent Emergency Response Component (CERC) (US\$ 0M) - This component will provide an immediate response to eligible emergencies. In the event of such an eligible emergency, as defined in the Contingency Emergency Response (CER) operational manual prepared and adopted by the GoA, this component will finance emergency activities and expenditures through the reallocation of funds from the Project

D. Environmental and Social Overview

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

This project has national coverage and will finance (i) the preparation of a series of reports to generate data and evidence to support the development of HRH policy and plans and the development of a 10-year HRH Strategy and Action Plan (Subcomponent 1.1), (ii) the establishment of a robust Human Resources for Health Information Management System (HRIMS), aiming to improve analysis, forecasting, planning, distribution, and management of the workforce and to monitor, evaluate and assess the impact of the HRH strategy and action Plan (Subcomponent 1.3), (iii) the definition and development of relevant policies and standards to enable the required HRH strengthening (Subcomponents 1.1 and 1.2), (iv) the establishment of a network of post-graduate training centers at national, provincial, and municipal levels (Subcomponents 2.1, 2.2 and 2.4), and (v) post-graduate professional training to all cadres of healthcare professionals (Subcomponents 2.3 and 2.5).

The development of a 10-year HRH Strategy and Action Plan, the preparation of the reports to support the development of such a strategy and action plan and the definition and implementation of HRH policies and standards, planned under Subcomponents 1.1 and 1.2, correspond to Type 2 Technical Assistance (TA) activities. The policy and standards development will focus on filling the gaps on staffing particularly in poor and climate vulnerable areas,



regulation of the private sector, and health professionals' careers (including for community healthcare workers), progression and remuneration.

Component 2 will support the country in establishing a network of training centers for health professionals across the four levels of care (primary, secondary, tertiary and community). This will be achieved through a cascade system of training health facilities across the different levels of care, ensuring the more differentiated levels of care will train the level immediately below in the cascade. The establishment of this network will adopt a spatial approach to the investments.

Subcomponent 2.1 will support the establishment of seven (7) hubs as Centers of Excellence (CoE) for Postgraduate Training across the provinces of Luanda, Benguela, Cabinda, Huila, Bié, Huambo and Lunda Sul. The main criteria for selection of the seven provinces are: (i) existence of a tertiary-level health care facility; (ii) existence of or proximity to a Faculty of Medicine; (iii) strong pool of qualified HRH to train and mentor junior staff; (iv) geographical location to ensure accessibility from other satellite training health facilities. Subcomponent 2.2 will strengthen twenty-seven (27) provincial or municipal-level health care facilities, that are linked to the seven hubs and are distributed as follows: Cabinda (3), Bié (2), Benguela (2), Huambo (1), Huila (3) and Luanda (15) and Lunda Sul (1). These satellite facilities will ensure the link between the hubs and the provincial and municipal health facilities throughout the country to establish the desired network of postgraduate and in-service training health facilities. All training facilities planned under these two subcomponents will be located within existing facilities, such as Faculties of Medicine or government departments, not requiring the construction of new facilities. Also, no civil works are planned as part of the strengthening of these facilities, which will focus on the provision of equipment (IT, furniture and basic medical equipment). The Borrower will conduct a readiness and needs assessment of the selected facilities to ensure they present the conditions for in-person and online training and that the required strengthening will be limited to the provision of office equipment and furniture, IT equipment (laptops for lecturers and tutors and computers, printers and copiers for departments) and software (to manage e-learning and distance learning materials), and standard package of basic medical equipment.

Subcomponent 2.4 will fund activities to support the strengthening of the National School of Public Health (NSPH), including renovating and refurbishing the existing facilities. The NSPH, together with the Faculty of Medicine at Universidade Agostinho Neto (UAN) in Luanda (under the auspices of the Ministry of Higher Education) are co-responsible for the training of candidates for master and doctoral programs in public health, epidemiology, and statistics. The planned renovation/refurbishment works will be small-scale and focus on the building interior, roof and immediate surrounding area. The NSPH is located in Luanda, in a fenced urban plot (with an area of 202,768 m²), in the municipal district of Samba, in the Morro Bento neighborhood. The existing facilities occupy an area of about 21,700 m². Based on a preliminary Environmental and Social (E&S) survey of the NSPH area conducted in 2021 within the scope of the Health System Performance Strengthening Project (HSPSP) (P160948), this area presents a smooth relief, without steep slopes or installed erosion processes. The soil is sandy with little susceptibility to flooding. Some accumulations of waste, mainly construction and demolition waste and domestic solid waste, resulting from uncontrolled disposal were identified within the perimeter of the NSPH. This area presents two football (soccer) fields, a few street vendors and some circulation of people and vehicles, which may be affected by the works-induced traffic. The surrounding area is densely occupied with residential buildings, commerce and services, a school, some small subsistence farming plots and an important road connection (Avenida 21 de Janeiro). There is also an electrical substation from ENDE (National Energy Distribution Company) and an elevated fuel reservoir belonging to Sonangol near this area.



Capacity building activities planned under Subcomponents 2.3 and 2.5 correspond to Type 3 TA. Subcomponent 2.3 will fund training offered to clinicians and allied professions, including pharmacy and laboratory technology and their sub-specialties. The training programs may be offered through various teaching modalities, including in-person specialty programs, in-person continuous health professional education, on-the-job training and professional attachment, and intra- and international e-learning courses and programs. Subcomponent 2.5 aims to establish digital e-learning and training platforms and will fund, among other activities, the training of staff to work with new remote diagnostic and treatment technologies.

None of the activities planned under the project are expected to be in or interfere with environmentally sensitive areas. This criterion will be considered in the exclusion list included in the Project Operational Manual (POM).

The project has been screened for climate disaster risks and found to be highly exposed to climate risks, including floods and droughts, while the risk to project activities has been found to be moderate. The project intends to implement measures to adapt to climate change and to mitigate greenhouse gas emissions, including (i) considering climate vulnerability in the formula for health worker distribution and retention package (Subcomponent 1.1), (ii) developing a climate emergency response contingency deployment plan for health workers (Subcomponent 1.1), (iii) incorporating climate emergency preparedness and response and climate adaptation in the health system into curriculum development (Subcomponent 1.2), (iv) implementing the climate emergency preparedness and response training (Subcomponent 2.1), (v) financing the installation of solar panels in municipal training centers and the NSPH (Subcomponents 2.2 e 2.4), (vi) integrating climate adaptive measures in the refurbishment of the NSPH (Subcomponent 2.4), and (vii) transitioning to health worker training through eLearning and implementing a telemedicine program (expected to result in a reduction in road and air travel within the country and associated GHG emissions) (Subcomponent 2.5).

As described in further detail below, SEA/SH risks relevant to the project are linked with anticipated minor civil works for the public health school as well as the planned health sector systems-strengthening activities, including potential downstream risks regarding policies and mechanisms that will be developed to address gender gaps as well as gender bias and GBV and SEA/SH risks in the health sector. The contextual factors for SEA/SH risk in Angola are related to high rates of GBV and other forms of abuse as well as discriminatory gender norms and existing vulnerabilities for women and girls in access to services and resources, including in the health sector.

D. 2. Borrower's Institutional Capacity

The Ministry of Health (MoH) will be the primary beneficiary and implementing agency for this project. The Task Force, headed by the Secretary of State for Public Health, that has been established to oversee a program of post-graduate training for health professionals, will function as the Project's Steering Committee and will oversee the development of annual work plans and budgets, interim financial reports, technical semi-annual reports, audit reports and reviews, inter-sector/departmental collaboration, and clearances. The Institute of Specialization in Health will be the key technical implementing agency working in collaboration with a well-established project implementation unit (Unidade Central de Coordenação – UCC). The UCC, which leads the implementation of World Bank-financed health sector investments in Angola (including HSPSP (P160948), Gavi Additional Financing (P168956), REDISSE IV Regional Project (P167817), and COVID-19 Strategic Preparedness and Response Project (P176630)), will be responsible for the project management, fiduciary and E&S risk management functions. This unit is well experienced in managing Bank-financed projects and is fully staffed, with an Operations Manager responsible for leading the unit and technical, fiduciary, E&S, and administrative staff.



The UCC E&S team currently includes two Specialists (one Environmental Specialist and one Social Specialist) supported by five Technical Assistants (three environmental and two social). The E&S team also includes a Gender-Based Violence (GBV) Specialist, recently hired, to oversee and manage the implementation of the Health Sector’s Sexual Exploitation and Abuse / Sexual Harassment (SEA/SH) Prevention, Mitigation, and Response Action Plan that covers the whole of the country health portfolio, including the World Bank-financed REDISSE IV and COVID-19 AF projects. Additionally, the Borrower is in the process of recruiting and hiring a Non-Governmental Organization (NGO) to support the implementation of key activities outlined in the Action Plan. This E&S team shows a relevant and growing technical capacity to assess and manage the E&S risks and impacts of the projects included in the Angola Health Portfolio in a manner materially consistent with ESF objectives, which reflects on the E&S performance rated as Satisfactory across the portfolio. This increasing technical capacity is leveraged by continuous support and regular training delivered by the Bank E&S team to address the team capacity-building needs. As part of the project preparation, the Borrower, supported by the Bank, assessed the need to recruit and hire additional E&S Specialists and/or Assistants to strengthen the current UCC E&S team, and defined that one additional social assistant shall be hired no later than one month after the Effective Date.

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

A. Environmental and Social Risk Classification (ESRC)

Moderate

Environmental Risk Rating

Moderate

This rating results from the combination of the following factors: (i) the project’s focus on human resources development, financing activities with low to moderate potential adverse environmental risks and impacts, (ii) the project activities are not expected to be implemented in environmentally sensitive areas, (iii) the relevant technical capacity of the UCC to assess and manage the anticipated project’s adverse risks and impacts in a manner materially consistent with the ESF objectives, and (iv) the absence of relevant contextual factors that can exacerbate those risks and impacts. The project’s potential adverse environmental risks and impacts will be mainly associated with (a) the small-scale civil works planned under Subcomponent 2.4 to renovate the existing facilities of the NSPH and (b) the management of the e-waste generated by the decommissioning of the IT equipment acquired by the project to supply all training facilities at national, provincial and municipal levels. These risks and impacts are expected to be primarily site-specific, temporary, reversible, and manageable through cost-effective mitigation measures. Based on the project information available at this stage, the potential adverse downstream environmental implications of the planned TA activities are related mainly to gaps in the training of the HRH regarding occupational and community health and safety risks and medical waste management. Such environmental implications can be addressed through ToR for capacity-building activities designed in a manner consistent with the objectives of relevant Environmental and Social Standards (ESSs).

Social Risk Rating

Moderate

The project’s social risks are rated as Moderate at this stage. The Project does not involve activities with significant potential to harm people, given that the main interventions involve technical assistance and capacity building, with refurbishment of existing facilities (e.g., HSPH) which is not expected to involve land acquisition or civil works in greenfields. The main social risks anticipated are related to inequities in the distribution of benefits generated by the project across regions and provinces, and particularly for rural and remote communities which are significantly



disadvantaged in terms of infrastructure and access to health services and education. Likely positive impacts of the project may be related to inclusive approaches to ensure access to project benefits by minorities and vulnerable populations, such as vulnerable women, children, the elderly, people with co-morbidities, people living in remote areas, ethno-linguistic minorities, populations practicing transhumance, and refugees – particularly, inclusion in training and capacity-building activities supported under the project and inclusion in the piloting of the digital identification card under Component 1 . Other social risks relate to potential SEA/SH cases involving direct or contracted workers and/or workers and members of local communities during the refurbishment of the selected health facilities or in the provision of health solutions envisaged by the project, as well as in the selection of participants for training and capacity-building activities and during the training activities. Furthermore, students attending the facilities may be exposed to health or other risks during the construction phase. Risks are expected to be effectively managed with the application of appropriate mitigation measures. Key social concerns relate to (i) labor and working conditions for the health sector staff, contracted workers, and workers of the service providers; (ii) community health and safety related to a range of factors including worker-community interactions, and potential for SEA/SH; and (iii) the need to consider Indigenous Peoples/ Sub-Saharan African Historically Underserved Traditional Local Communities (IPs/SSAHUTLCs) present in the provinces of southern Angola and refugees present in camps, who must also be included as project beneficiaries. In addition, there is a need for extensive and inclusive stakeholder engagement, both at the national level associated with the overall program and at the local community level relating to interventions associated with construction and upgrading activities and emergency response requirements. Another potential risk may be related to levels of digital literacy among rural target groups, and potential challenges in implementing the pilot digital identity card – as the project has a key component related to telemedicine, digital innovation and virtual care. This risk may be mitigated through explicit inclusion with site-specific approaches, communication campaigns with clear guidance and user-friendly step-by-step roadmaps and local trainings, with robust stakeholder identification and involvement, along with consultation processes. Further, and linked to the social risks stated above, it is important to have clarity on the risks that may arise relating to any mandatory element affecting cultural and traditional community practices and values. In addition, grievance mechanisms required under the ESF should be in place from early stages of the project cycle and equipped to address community, individual, and/or worker grievances. This must be put in place with specific procedures to address grievances relating to – inter alia – labor and working conditions, as well as any occurrences of SEA/SH.

Public Disclosure

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 was screened based on the discussions held with the MoH and among the task team regarding the project’s design and implementation arrangements and on the outcomes of the stakeholder engagement activities conducted so far (including two consultation meetings). To screen the E&S risks and impacts associated with the renovation of the NSPH facilities, the team also used satellite imagery analysis and the report of a preliminary E&S survey of the NSPH area conducted in 2021 within the scope of the HSPSP (P160948).

The small-scale civil works planned under Subcomponent 2.4 to renovate the existing facilities of the NSPH are anticipated to generate some adverse environmental and social risks and impacts, including (i) soil and water



resources pollution due to accidental spillages of hazardous products, (ii) dust and noise emissions causing disturbance to sensitive receptors located in the vicinity of the NSPH, (iii) generation of hazardous and non-hazardous waste, including demolition waste with asbestos, (iv) occupational health and safety risks, including SEA/SH, and (v) community health and safety (mainly related with construction-induced road traffic hazards). These risks and impacts are expected to be primarily site-specific, temporary, reversible, and manageable through cost-effective mitigation measures. Digital-related activities to be financed under Subcomponents 1.3 and 2.5 and the decommissioning of the IT equipment acquired by the project to supply all training facilities at national, provincial and municipal levels are expected to generate e-waste, which if not adequately managed, can generate soil and water contamination and health risks for communities or individuals exposed to this type of waste. This is also valid for the waste resulting from the maintenance of solar panels to be installed in the municipal training centers and NSPH (under Subcomponents 2.2 e 2.4), which include used cleaning materials (containing chemicals or detergents) and hazardous materials (such as lead and cadmium) from damaged parts to be replaced. To ensure all the above-mentioned adverse risks and impacts will be managed adequately, the Borrower will prepare, consult upon, disclose and submit to the Bank a comprehensive project-level Environmental and Social Management Plan (ESMP) covering all relevant project activities no later than one month after the project's Effective Date. Considering this is a human resources capacity building focused project whose only planned physical intervention corresponds to small-scale works for refurbishment of existing facilities, whose location is well known, the elaboration of this ESMP stands as a adequate option to identify the main adverse E&S risks and impacts of the projects relevant activities and define the required risk-management measures. This project-level ESMP will (a) identify and summarize all anticipated adverse environmental and social risks and impacts, including those related to SEA/SH, (b) describe the proposed mitigation measures with the relevant technical detail, (c) identify types of monitoring (parameters to be measured, methods to be used, sampling locations, frequency of measurements, detection limits) required to evaluate the relevance of the proposed mitigation measures and signal the need for corrective actions, as well as monitoring and reporting procedures, (d) describe the arrangements for the plan implementation, identifying the parties responsible for carrying out the mitigation and monitoring measures and any capacity development and training needs within those parties, (e) provide an implementation schedule for the proposed mitigation measures and monitoring requirements, and (f) estimate the budget for implementing the plan. Regarding the refurbishment works planned for the NSPH, the selected Contractor will prepare and submit a site-specific ESMP (C-ESMP) reflecting the project-level ESMP content and requirements before the commencement of any the works. The ESMP will include SEA/SH mitigation and response actions in line with those outlined under the SEA/SH Prevention, Mitigation, and Response Action Plan.

Social risks related to inclusion and equitable access to benefits generated by the project – such as access to training opportunities for women, residents of rural communities and IP/SSAHUTLCs – are anticipated. Other social risks are related to potential SEA/SH cases in the work environment among direct or contracted workers and/or between workers and members of local communities during civil works relating to refurbishment of facilities at the NSPH, as well as during training and capacity-building activities, including the actions and initiatives to address gender gaps in the health care work force and gender bias in health care service delivery and access. In addition, there is a need for inclusive stakeholder engagement and consultation processes, proportionate to the project's risks, to facilitate the involvement of vulnerable groups (e.g., women heads of household, gender identity minorities, disabled persons, ethnolinguistic minorities, and refugees) in the design of project interventions and as direct or indirect project beneficiaries. These vulnerable groups and individuals may need additional attention to ensure that they participate in consultations and their specific concerns are addressed, that supplemental measures are put into place to ensure they have full access to project benefits, and that any special needs are addressed. SEA/SH-specific consultations will



be held independently with women in safe and confidential spaces and will remain focused on understanding women’s and girls’ experiences as a whole, their wellbeing, health, and safety concerns; no inquiries regarding personal experiences of abuse and violence will be made. .

Type 2 TA activities planned under the project will advise on the development of policies, plans, standards, and norms with potential environmental and social, including SEA/SH, downstream impacts. ToRs shall be prepared to ensure that the planning process includes adequate assessment of environmental and social implications of those policies, plans, standards, and norms and that the advice provided through the TA for addressing those implications is consistent with the ESF. Regarding the planned Type 3 TA, ToR for the planned capacity-building activities will be prepared in a manner consistent with the ESF.

Adequate procedures and requirements to ensure that all project environmental and social, including SEA/SH, risks and impacts will be assessed and managed in a manner materially consistent with the ESSs objectives will be prepared by the Borrower as part of the POM and submitted to Bank approval by the project effectiveness.

In the event of a CERC activation, provisions on the relevant ESSs for the implementation of emergency activities to be carried out need to be in place. Such provisions will be included in the comprehensive project-level ESMP that the Borrower will prepare, consult upon, disclose and submit to the Bank for review and approval no later than one month after the project's Effective date.

An Environmental and Social Commitment Plan (ESCP) setting out the environmental and social commitments for the project will be prepared, consulted upon, disclosed, and submitted for clearance by Appraisal.

ESS10 Stakeholder Engagement and Information Disclosure

The UCC has initiated a process of engagement and consultations with project stakeholders during project preparation and has as well as the development of a Stakeholder Engagement Plan (SEP) in accordance with ESS10, the draft of which was developed by Appraisal and will be consulted upon and updated by Effectiveness. Project-affected persons and institutions, including direct beneficiaries of TA; health sector male and female workers and students; national, provincial, and (both urban and rural) municipal authorities; civil society organizations (CSOs); as well as members of the public, including members of disadvantaged or vulnerable communities (including IP/SSAHTLCs), are being consulted, and their input integrated into the project design.

A Grievance Mechanism (GM) for affected communities has been developed as part of the SEP (suitably adapted from the existing GM for the Angola health sector) and implemented from the early stages of the project cycle. The UCC shall continuously consult stakeholders throughout the project's life. The GM includes procedures to handle SEA/SH complaints in a confidential and ethical manner, including a response protocol to ensure timely service referrals under a survivor-centered approach. The community consultations will provide information on project-related risks, including SEA/SH, and the effectiveness and relevance of mitigation measures included in the portfolio SEA/SH Prevention, Mitigation, and Response Action Plan in order to modify and adapt them to the new activities and risks as needed; consultations will also be an opportunity to identify and confirm safe and accessible reporting channels for SEA/SH complaints.



A brainstorming process was conducted on 5 April 2023, with the operations manager, project managers and team leaders of the health portfolio and public health professionals, where the main stakeholders of the project were mapped out and a selection of some institutions that should be consulted during the project preparation phase and the strategy for incorporating other stakeholders in subsequent phases were selected.

Technical meetings were also held with the Secretary of State for Public Health and the heads of the Legal and Exchange Office, whose objective was to prepare the consultations and identify the main institutional stakeholders to be involved in the public consultations.

In the project preparation phase, several meetings were held between February and April 2023, with the technical group led by the Secretary of State for Public Health, whose Members make up a multidisciplinary team (Specialist Doctors; Nurses; Pedagogical Managers of reference hospitals; from the National Directorate of Human Resources; National Directorate of Hospitals; Legal Office; Exchange Office; Management and Assets of MINSA; Consultants to the Minister; Representative of the Faculty of Medicine) which meets on a weekly basis to review the status of the project and serves as a reference group where relevant inputs from stakeholders can be channeled.

The public consultations carried out in this phase were essentially with 6 major groups of institutions and actors, namely: representatives of Ministerial Departments and support bodies of MINSA and the Ministry of Higher Education, Science and Technology and Innovation; representatives of the major Health Units; representatives of Civil Society Organizations and Professional Orders; and representatives of Health Education Institutions; 50 people participated in these meetings with a female participation of 26%.

The Directors of Provincial Health Offices and Training Centers from 7 Provinces were involved and participated in the online format. The public consultations took place in April, one face-to-face and one online with a total of 50 participants.

During the sessions, group exercises were carried out where participants discussed potential environmental and social risks and respective mitigation measures (in plenary) from their perspective. Tables were also prepared in a participatory manner for the identification and analysis of the project IPs (in plenary), followed by group exercises to explore contributions where it was possible to identify the main stakeholders that may be directly or indirectly affected by the project.

The list of stakeholders will be updated at later stages of the project. Consultations will also be held with specific groups such as female students of nursing and medical courses to understand their needs and address SEA/SH issues.

The participants also made generic inputs on the existing and functional GRM in the WB funded Health Portfolio projects, which was validated by the participants and included other inputs mainly regarding the channels for receiving complaints and the use of WhatsApp groups to facilitate quick communication and receive feedback on the progress of the project or any queries and suggestions.

During the public consultations the participants raised concerns and their expectations related to the project. Among some of the main concerns were the project's staffing, the profile of trainers, curricula and criteria for access to courses for health professionals.



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 will involve direct workers (UCC staff and consultants), contracted workers (Contractor workers and consultancy company workers) and primary supply workers (such as the workers of companies supplying construction materials for the refurbishment of the NPSH, or IT equipment, furniture, and basic medical equipment for equipping the training centers). Some of these workers are expected to be migrants (national and international), as the project will finance the fees to bring foreign professors and academics to establish in-country training programs and mobilize national ones within the country to support training. There is no information on the expected number of project workers at the current stage.

Key anticipated risks involving the project's workforce include: (i) unsatisfactory working conditions not compliant with ESS2 and national labor regulation, (ii) discrimination in hiring and accessing training and other career development opportunities, (iii) SEA/SH risks, and (iv) OHS risks.

To ensure fair labor and working conditions and the health and safety of project workers, Labor Management Procedures (LMP) will be developed as a standalone document, consulted upon, disclosed, and submitted for clearance no later than one month after the Effective Date. The LMP will define the measures to adequately address the above-mentioned risks, including the definition of terms of employment and working conditions for the different types of workers, adoption of a Code of Conduct (CoC) for workers to mitigate risk of instances of SEA/SH, with applicable sanctions in case of non-compliance, and including prohibitions against sexual activity with anyone under the age of 18 as well as provisions for regular training and awareness-raising regarding OHS and SEA/SH risks and measures to mitigate such risks, and workers' age verification procedures. The proposed OHS measures shall reflect the Bank's General Environment, Health and Safety Guidelines (EHSGs) and the World Health Organization (WHO) guidelines on COVID-19 to prevent its spread in all project activities. The LMP shall outline grievance procedures for project workers, which shall be operationalized before the implementation of project activities, drawing on national labor law and procedures, and in line with ESS2. These procedures will likewise be adapted to address SEA/SH complaints safely and confidentially.

The C-ESMP for the refurbishment of the NSPH shall comprehensively identify the anticipated OHS risks associated with the planned works, including health risks related to the removal/demolition of materials containing asbestos, and establish the measures to manage those risks adequately.

ESS3 Resource Efficiency and Pollution Prevention and Management

ESS3 is considered relevant to this project at this stage. The use of resources to implement the activities planned under the Project is expected to be limited. The civil works for refurbishing the NSPH facilities are anticipated to require minor quantities of energy, water, or raw materials. Nevertheless, a C-ESMP will be prepared for this activity



before the commencement of any works and will include specific measures for ensuring the efficient consumption of these resources in line with the Bank EHSs.

The digital-related activities to be financed under Components 1 and 2, and particularly the use of the IT equipment acquired by the project to supply all training facilities, as well as the operation of those facilities, will constitute a source of energy consumption. As part of the ToR for acquiring all IT and electrical equipment by the project, the Borrower will include energy efficiency requirements. The project will finance the acquisition and installation of solar panels in the municipal training centers and NSPH to supply part of the energy consumption.

The main risks and impacts of the project related to pollution will be associated with the management of (i) construction and demolition waste generated by the renovation of the NSPH, (ii) e-waste resulting from the decommissioning of the IT equipment acquired by the project to supply all training facilities, and (iii) waste resulting from the maintenance of solar panels to be installed in the municipal training centers and NSPH. Some of the waste produced will be hazardous and may cause contamination of the soils and water resources and risks to the health of the workers and surrounding communities. These risks and impacts will be managed through the implementation of a Waste Management Plan (WMP) which shall be prepared by the Borrower as part of the project-level ESMP and submitted to the review and approval of the Bank no later than one month after the project's Effective date .

In the specific case of the planned refurbishment works, considering the building has some decades, it is expected that some waste from demolishing parts to renovate, such as ceilings or the roof, will contain asbestos. The C-ESMP to be prepared by the Contractor before the commencement of the works will include an Asbestos Management Plan in line with the measures defined in the Bank EHSs and the Good Practice Guidance on the Management and Control of Asbestos published by the Asian Development Bank on March 2022 (<https://www.adb.org/sites/default/files/publication/783636/good-practice-management-control-asbestos.pdf>).

The Project is not anticipated to generate relevant amounts of Greenhouse Gas (GHG) emissions. The investments planned under the project targeting digital education (e-learning) and telemedicine are, in fact, expected to positively impact the GHGs by reducing road and air travel within the country. The investments in solar power planned under Subcomponents 2.2 and 2.4 will also contribute to reducing the generation of GHGs associated with energy supply.

ESS4 Community Health and Safety

ESS4 is considered relevant to this project at this stage. The traffic induced by the civil works for the renovation of the NSPH is expected to generate road safety hazards affecting the people's movement onsite and in the routes used by the Contractor's vehicles and machinery. The C-ESMP to be prepared by the Contractor before the commencement of the works will include a Traffic Management Plan in line with the Bank EHSs.

The Borrower has approved and disclosed a SEA/SH Prevention, Mitigation, and Response Action Plan that covers the whole of the country health portfolio, including the World Bank-financed REDISSE IV and COVID-19. This Action Plan is relevant for this project and will be updated and adapted to this new project. As part of the project's accountability and response framework, the GM shall be developed under the SEP and designed to address SEA/SH complaints safely and confidentially. A community awareness-raising strategy will likewise be developed to inform the communities about identified risks and consequences, prohibited behaviors, and GM procedures to report SEA/SH



incidents safely and confidentially, including locally available GBV service providers. In addition, the project will elaborate a referral pathway for SEA/SH survivors, which will include, at a minimum, quality medical services, psychosocial assistance, and legal support.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

ESS5 is not currently relevant as the Project is not anticipated to require land acquisition or result in restrictions on land use and physical or economic displacement.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

ESS6 is not currently relevant as the project is not anticipated to finance any activities that might result in the interference or loss of biodiversity values or living natural resources. None of the activities planned under the project are expected to be in or interfere with environmentally sensitive areas. This criterion will be considered in the exclusion list included in the POM.

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

ESS7 is relevant to this project. The project is expected to have national scope and include interventions in municipalities in southern Angola where IP/SSAHUTLCs are present. It will be important to adequately consult with such communities to ensure their participation in project design and as project beneficiaries. It is not anticipated that Free Prior and Informed Consent (FPIC) or an IPPF (Indigenous Peoples Planning Framework) will be required. However, a culturally appropriate consultation process and information disclosure will be carried out and a grievance mechanism will be made available to IP/SSAHUTLCs.

ESS8 Cultural Heritage

ESS8 is not currently relevant, as civil works (e.g., refurbishment) are expected to take place only within existing facilities and not in any exterior areas.

ESS9 Financial Intermediaries

ESS9 is not currently relevant, as the project does not involve Financial Intermediaries.

C. Legal Operational Policies that Apply

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

Public Disclosure



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 use of a Borrower Framework is not being considered for this project.

IV. CONTACT POINTS

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Borrower/Client/Recipient

Borrower: Republic of Angola

Implementing Agency(ies)

Implementing Agency: Republic of Angola - Ministry of Health (MOH)

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

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Practice Manager (ENR/Social) David Seth Warren Cleared on 03-May-2023 at 18:50:50 EDT

Safeguards Advisor ESSA Martin Henry Lenihan (SAESSA) Concurred on 15-May-2023 at 16:09:26 EDT

Public Disclosure