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Mozambique Primary Health Care Strengthening Program-for-Results (P163541)

Environmental and Social Systems Assessment (ESSA) Report

Draft

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List of Acronyms

APE's	Agentes Polivalentes Elementares – Community Health Workers
AQUA	National Agency for the Control of Environmental Quality
DPC	Directorate of Planning and Cooperation
DPS	Direcção Provincial de Saúde
DNSP	Directorate of Public Health
EIA	*Estudo de Impacto Ambiental* (Environmental Impact Study)
ESIA	Environmental and Social Impacts Assessment
ESSA	Environmental and Social Systems Assessment
GDP	Gross Domestic Product
GMP	Growth Monitoring and Promotion
GRM	Grievance Redress Mechanism
HCWMP	Health Care Waste Management Plan
HPs	Health Partners
HSDP	Health Service Delivery Project
IC	Investment Case
IMR	Infant Mortality Rate
MDG	Millennium Development Goal
MGCSA	Ministry of Gender, Children and Social Action
MINEDH	Ministry of Education and Human Development
MITADER	Environment and Rural Development
MISAU	Ministry of Health
MMR	Maternal Mortality Ratio
PAP	Program Action Plan
PDO	Program Development Objective
PES	Plano Económico e Social
PforR	Program-for-Results
PHCSP	Primary Health Care Strengthening Program
SADC	Southern African Development Community
SAP	Safeguards Action Plan
SDPI	District Planning and Infrastructure Services
SSA	Sub-Saharan Africa
TA	Technical Assistance

Table of Contents

Figures

Tables

EXECUTIVE SUMMARY

The Environmental and Social risk is considered substantial, as there is clear indication of poor track record of safeguards implemention in existing projects, including proper management of health care wastes, health and safety of workers and management of construction impacts, associated with lack of technical capacity within MISAU to implement safeguards requirements. The Program activities seek to improve the utilization and quality of reproductive, maternal, child and adolescent health and nutrition services. While Program activities are mostly expected to generate positive environmental and social impacts, potential adverse impacts are also likely to occur. The scale of anticipated civil works related to the construction and rehabilitation of health facilities is unlikely to generate high environmental and social risks. Additionally, the Program is not likely to have significant impacts on natural habitats, or create environmental pollution, apart from temporary and localized impacts during construction phase and issues related to health care waste management as discussed below. The Program is also not likely to cause negative changes in land use patterns and/or resource use, and consequently no physical relocation. The steps to screen subprojects for environmental and social impacts and approve the corresponding requirements will be included in the Program Operations Manual (see Screening form attached hereto as Annex 1).

Health care waste management and issues associated with physical interventions are considered important challenges on which the Program should focus from the environmental point of view. The challenge in health care waste management is related to ensuring that the methods, procedures and requirements for disposal employed by Program - supported facilities are consistent with international and sectoral best practices and Mozambican regulations governing the disposal of biomedical waste. Despite the requirements in the regulations for the development of a bio-medical waste management plan, which must include appropriate methods for separation, storage, transport and disposal of different categories of bio-medical waste, compliance has been limited and the risks associated with poor management of biomedical waste prevail in most health units nationwide. The recent appointment of an Environmental Specialist to the staff of MISAU is expected to improve compliance in this regard.

Although the scale of anticipated civil works to be supported by the Program may not result in high environmental and social risks, past experience in projects involving civil works shows that poor construction waste management, inadequate sanitation conditions for workers, poor workers' health and safety records and difficult relationships between contractors and construction workers have consistently been a challenge in the course of project implementation. These issues should be adequately considered during Program implementation, to mitigate associated negative environmental and social impacts. Land acquisition, where necessary, must be well documented to ensure that construction is carried out only in sites with previous clear ownership by the Government (MISAU or the concerned District) and no conflicting uses, and

compensation for any minor economic impacts on land occupants or users is addressed through mitigating measures included in the Environmental and Social Management Plans (ESMP), in accordance with the specifications included in the Program Operations Manual.

National environmental and social laws and regulations (mainly the EIA Decree 54/2015) are in general considered robust and adequate for most of the activities financed under this Program. The regulatory framework is also consistent with international standards, including World Bank Group Safeguards Policies, with some minor differences. Enforcement of the regulations is constrained by inadequate institutional capacity, insufficient human resources and poor cross-sectoral coordination at various levels, including coordination within the Ministry of Health (MISAU), where environmental and social aspects receive less attention.

Management of potential social impacts:

Overall the social impacts for the Program are expected to be positive. Construction of large health facilities will be ineligible for financing by the Program. Rehabilitation and/or new construction will be limited to community health centers and small rural/district hospitals (not in densely populated areas and not requiring large land areas), therefore the risk of resettlement (physical relocation) is negligible and will be excluded through categorizations under local law or application of the screening form to be included as part of the POM (See par. 2.2 of this ESSA below). Minor economic impacts will be either screened out or addressed under the Program ESMP[1].Measures to address gender and vulnerability (language, geography, cultural barriers) will be built into the Program Action Plan (PAP) and integrated in specific DLIs as appropriate.

Recommended Actions: The following actions constitute a Safeguards Action Plan (SAP) that includes the actions needed to address the gaps identified, and will be fully integrated in the Program Action Plan (PAP)

Table 1 - <u>Safeguards Action Plan (SAP)</u>

(to be integrated in the PAP)

	Action Description	DLI	Due Date	Responsible Party	Completion Measurement	Means of Verification
1	**Environmental Health Department Training** Satisfactory completion of at least one training of Environmental Health Department technicians at	☐	Within 12 months of Program effectiveness	MISAU (DNSP and Environmental Health Department)	Number of people trained in general and per province Screening	Program Action Plan Implementation Report

[1] If construction works result in economic impacts, (for example, small scale losses of crops or trees, non-dwelling structures), the Program Operations Manual will provide for compensation in kind or at full replacement with the corresponding measures included in the ESMP.

	Action Description	DLI	Due Date	Responsible Party	Completion Measurement	Means of Verification
	central level and provincial focal points and chief medical officers on the EIA process, focusing on roles and responsibilities of sector personnel at each stage, especially for activities/projects involving construction works, and on project screening.[2]				forms completed by DHE for (a) Project sub-projects; (b) MISAU projects	Screening forms
2	**Health Waste Management (I)** Provide MISAU's Environmental Specialist with training on health facility waste management	☐	Within 12 months of Program effectiveness	MISAU (DNSP and DNAM)	Completion of training by Environmental Specialist	Program Action Plan Implementation Report
3	**Health Waste Management (II)** Preparation and distribution of informational materials on health waste management[3] and delivery of at least one training on health waste management at provincial levels for chief medical officers and for managers of health facilities with in-patient care	☐	Within 12 months of Program effectiveness	MISAU (DNSP and DNAM)	Informational materials available at health facilities with in-patient care (80%) Number of people trained in general and per facility	Program Action Plan Implementation Report
4	**Health Waste Management (III)** Inclusion of waste management in health facility scorecard	☒	Within 12 months of Program effectiveness	MISAU (DNSP and DNAM)	Scorecard	Year 1 DLI validation
5	**Health Waste Management (IV)** Ensure that health waste management protocols are included in training curricula for health professionals	☐	Within 12 months of Program effectiveness	MISAU (DNSP, DRH, DNAM)	Training curricula Number of courses delivered	Program Action Plan Implementation Report
6	**Disaster Contingency** Conduct at least one training on new disaster contingency protocols for APEs and SDSGCAS managers in vulnerable districts as	☐	Within 24 months of Program effectiveness	MISAU (DNSP/Department of Environmental Health) in coordination with	Curriculum Number of people trained	Program Action Plan Implementation Report

[2] See attached project screening form.
[3] This can include pamphlets and posters, which should be made easily accessible and/or visible in health facilities to ensure personnel have access to information on protocols. Information should be clear, concise, and easily understandable. It should also include management of waste both in the facility and on the facility premises.

	Action Description	DLI	Due Date	Responsible Party	Completion Measurement	Means of Verification
	defined by the National Institute of Calamities Management (INGC)			INGC		
7	**Gender and socio-cultural responsiveness (I)** Engagement of a social development specialist according to a Terms of Reference agreed with the Bank to: (i) provide oversight for gender and socio-cultural sensitivity in TA, service delivery protocols, community awareness campaigns and consultation processes at MISAU, (ii) lead the review and enhancement of existing complaint handling mechanisms	☐	Within 12 months of Program effectiveness	MISAU (DPC, DNSP, Gender Unit)	(i) ToR developed and agreed with the Bank (ii) Social Development Specialist engaged MISAU personnel structure adjusted to integrate social specialist	Program Action Plan Implementation Report
8	**Gender and socio-cultural responsiveness (II)** Ensure approaches to gender and socio-cultural sensitivity are reflected in the curriculum and training of community health workers (APEs) and health center and district/rural hospital staff and supported by appropriate promotional/awareness materials (e.g. checklists, posters, videos)	☐	Within 12 months of Program effectiveness	MISAU (DRH, DNSP, Gender Unit)	Curriculum Training materials available at health centers and district/rural hospitals Number of trained staff in general and per facility	Program Action Plan Implementation Report
9	**Gender and Socio-cultural Responsiveness (III)** Develop community-based intervention to engage men in family planning and sexual and reproductive health activities	☐	Within 12 months of Program effectiveness	MISAU (DNSP)	Number of provinces or districts that have community-based interventions to engage men in family planning and sexual and reproductive health	Program Action Plan Implementation Report
10	**Gender and Socio-Cultural Responsiveness (IV)** Ensure gender-based violence is	☐	Annual	MISAU (DNSP, DRH/Training,Gender	Curriculum Number of	Program Action Plan Implementation

	Action Description	DLI	Due Date	Responsible Party	Completion Measurement	Means of Verification
	reflected in the curriculum of health professionals, including APEs			Unit)	health professionals trained	Report
11	**Gender and Socio-cultural Responsiveness (V)** Include prioritized[4] gender and socio-cultural sensitivity and GRM access dimensions in health facility scorecard and community consultations	☒	Within 24 months of Program effectiveness	MISAU (DNSP and DNAM)	Scorecard	Year 2 DLI validation
12	**Enhancement of complaints handling mechanisms (GRM)** Ensure installation of complaint and suggestion boxes in all health facilities, training for health care providers, dissemination through community consultations, inclusion in scorecard		Yearly targets at 12, 24 and 36 months	MISAU (DNAM)	Curricula and consultation protocols, scorecard Complaint reception and closure registry at facility and central levels	Program Action Plan Implementation Report

[4] As identified in the Program Gender Analysis and the Ministry of Health Strategy for the Integration of Gender Equality and in the assessments of culturally appropriate service delivery (focused on avoiding bias, discrimination or stigma, and ensuring language and cultural sensitivity in service access and delivery procedures.

1 INTRODUCTION

1.1 ESSA Purpose and Methodology

1.1.1 ESSA Objective

The main objectives of this Environmental and Social Systems Assessment (ESSA) are to:

a) Document the environmental and social management procedures, standards and institutional responsibilities that will apply to the proposed Mozambique Primary Health Care Strengthening Program;
b) Evaluate the institutional capacity to manage the potential environmental and social effects in accordance with the country's own requirements under the proposed Program;
c) Assess the consistency of the borrower's systems with core principles and attributes defined in the Program-for-Results Guidance Note on ESSA;
d) Establish the risks and potential negative environmental and social impacts of the Program and ensure that these will be subjected to an adequate initial screening so that relevant mitigation measures can be identified and implemented;
e) Recommend specific actions for improving borrower capacity during implementation to ensure adequate performance of their mandate. These measures will be agreed on between the Borrower and the World Bank and will be included in the activities to be supported by the World Bank and the borrower during the life of the Program, as part of the PAP, among others.

1.1.2 ESSA Methodology

The assessment, and the compiling and analyzing of results, were carried out in accordance with the World Bank Guidance Note for PforR Financing, as contained in Chapter Four: Environmental and Social System Assessment. The ESSA includes:

i. A review of existing regulations, procedures and guidelines that apply to the Mozambique Primary Health Care Strengthening Program;
ii. Analysis of environmental effects, including residual impacts, systemic risks such as the risk of not identifying significant impacts, potential consequences from inadequate enforcement of mitigation measures, as well as the operational risks of unexpected impacts, accidents and natural hazards;
iii. Review of social effects, including residual impacts and systemic risk, consultation mechanisms, grievance mechanisms, information dissemination and disclosure, participation and transparency;
iv. An assessment of the capacity to implement the environmental and social management system, including monitoring, supervision and reporting, at both local and national levels.

The ESSA was prepared by a multidisciplinary team from the World Bank in collaboration with relevant Government officials and technical staff members.

Desk review

The review covered current environmental and social laws and regulations (e.g. Environmental Law Nr. 20/97, AIA regulation-Decree Nr. 54/2015, Biomedical Waste regulation-Decree Rr. 8/2003), Draft National Environmental Health Strategy (2017-2025), relevant environmental and social reports (e.g. Environmental and Social Management Frameworks (ESMF); Environmental and Social Management Plans (ESMP); and Infections Control and Waste Management Plans (ICWMP)), on the implementation of the current World Bank projects (Health Service Delivery Project and SATBHSS), as well as the ESSA of the Public Financial Management for Result Program in the pharmaceuticals subsector.

Consultation meetings

Meetings were held with the MISAU National Directorate of Planning and Cooperation (DPC), and the Environmental Health Department, to understand the procedures, standards, and approach that the institution follows for environmental and social management. A list of persons met in this consultation is attached in Annex 2.

Identification of potential associated environmental and social effects

This process assesses potential environmental and social effects associated with Program implementation, and analyzes whether the Borrower has the resources and necessary technical capacity to mitigate unavoidable impacts and optimize social and environmental benefits.

Recommendation of actions

As result of the review and consultation process as well as the analysis of the consistency of the Program with core principles of OP/BP 9.00, gaps and measures were identified to enhance the Program systems and their performance.

Validation workshop

A validation workshop was held on the October 5, 2017 with technical staff from MISAU (National Directorate of Planning and Cooperation, National Directorate of Public Health, Department of Infrastructure), Ministry of Land, Environment and Rural Development (MITADER) and Civil Society Organizations. The ESSA draft report was provided in advance of this meeting. Feedback from the workshop has been incorporated into this ESSA final version and a full list of participants and summary of their feedback is attached in Annex 3.

Document dissemination

The ESSA report will be publicly disclosed through the World Bank and advertised in the national press, and public comments will be allowed during the dissemination period.

Implementation of Actions

A SAP has been agreed with the client and integrated in the PAP. An implementation action plan will be developed jointly with the client detailing specific actions to improve system performance during the Program implementation period.

2 PROGRAM DESCRIPTION

2.1 The Government's Five -Year Investment Case Health Program

Over the past two decades, Mozambique's progress in improving health outcomes and expenditure efficiency has been mixed. Advances have included better access to health facilities and community-based interventions, as well as increased demand for care, and improvements in other health determinants. However, results have been uneven, particularly for rural people and others in the poorest quintiles, and for women and children. Sixty-two percent of causes of death in 2015 were associated with communicable, maternal, neo-natal and nutritional diseases.[5]

On the basis of this and other evidence, the Mozambique Government is concentrating on improving primary health care, with a strong focus on Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH-N) services. **The Government's five-year Investment Case (the 'IC program')** focuses on RMNCAH-N, while also defining priorities for strengthening the National Health Service (NHS) as a whole. The IC program focuses on coverage, quality, and access to essential primary health care services (delivered through community health workers[6]/mobile teams, health centers, and first line referral hospitals), as well as systems strengthening interventions such as improving data collection and monitoring through Civil Registration and Vital Statistics (CRVS).[7] Civil works to support RMNCAH-N services are mainly through the construction of new, or the rehabilitation of existing, health centers. The IC also promotes increases in the volume, efficiency, and equity of domestic and external health financing. It addresses demand-side issues (e.g. family practices, cultural norms, and related inequalities) through a multi-sectoral approach, emphasizing community-based interventions.

[5] Thirty-one percent were associated with non-communicable diseases and seven percent with injuries.
[6] Otherwise called 'APEs' which is Portuguese for '*Agentes Polivalentes Elementares'*
[7] As a complement to the IC, the Government, with support from various development partners, has also led the development of a health financing strategy that focuses in detail on how to improve the health financing system with the intention to increase the volume and efficiency of health financing.

2.2 The Primary Health Care Strengthening Program-for-Results (PforR) Scope

The **Primary Health Care Strengthening Program-for-Results (or 'PHCSP')** will support the Government's five-year Investment Case by financing some of the sector's annual operational plan, or *Plano Económico Social* (PES). PforR funds may be used for expenditure covering most of the budget lines in the PES, excluding select ineligible categories, namely: (i) non-performance based salary top-ups[8]; (ii) large contracts which either exceed 25 percent of the total Program expenditure or exceed the Operations Procurement Review Committee thresholds for Substantive fiduciary risk (whichever is lower); and (iii) expenditures on construction of new Level Three and Four health facilities and General Hospitals (as described in Ministerial Diploma 127/2002). Regardless of this designation, the construction of any Level I or Level II health centers that would be classified as Category A or Category A+[9]under Decree 54/2014 would also be ineligible for financing under PforR (see footnote).

Specific activities to be carried out under the **PHCSP** will focus on three thematic areas of the IC: (i) *enhancing coverage, access, and quality of primary health care services*, including high-impact supply and demand-side interventions, with a focus on underserved areas; (ii) *strengthening the health system* for improved stewardship, financial sustainability, expenditure efficiency and equity of service delivery, together with improved CRVS systems; and (iii) *enabling MISAU to effectively manage the implementation of the IC*, through Technical Assistance (TA), capacity building, monitoring and evaluation (M&E), and Health Partner (HP) coordination activities. The Program will specifically support improvements in RMNCAH-N outcomes, in addition to systemic improvements to equitable distribution of health resources and accountability to results at all levels, including wider, more coordinated mobilization of community health workers (APEs), and improved M&E capacity through Civil Registration and Vital Statistics (CRVS).

To address the limited institutional capacity and additional tasks required for successful implementation, the **PHCSP** will include a high degree of technical assistance (TA) and capacity development. In addition to fiduciary support and coordination support to the Program Management Unit (PMU), it is anticipated that some specialists in the areas of reproductive, maternal and adolescent health, health systems, health financing, public health, M&E, health information systems, planning and budgeting, and behavioral change communications will be

[8] This does not include mobility benefits that are built into salary payments for personnel in hardship districts.
[9] Category A and A+ activities are those with high environmental or social impacts that require a full Environmental Impact Assessment in accordance with Articles 10 and 11 of Decree 54/2015. Level 3 and Level 4 health centers automatically trigger Category A environmental assessment due to waste management requirements (Decree 54/2015, Annexure II, Item 2.7c). Type 1 and 2 health centers automatically trigger Category B environmental assessment (Decree 54/2015, Annexure III, Item 2k). However, **any activity** that results in significant biodiversity, cultural heritage, resettlement or other listed effects may also be categorized as Category A.

recruited. An environmental safeguards specialist should be engaged as required, in addition to a social development specialist to focus on gender and socio-culturally appropriate outreach and service delivery, non-discrimination, and education for better social integration of patients with potentially stigmatizing conditions. Through this role, the social specialist can also support the implementation of MISAU's new Strategy for the Inclusion of Gender in the Health Sector. The environmental and social specialists will work with counterparts and provide hands-on training in each of the respective units at central and provincial levels. At the provincial level, it is anticipated that each DPS will have two facilitators to support change management and to develop capacity building activities and TA for District Services for Health, Gender, Children, and Social Action (SDSGCAS) to improve district-level health program management. The social specialist will integrate vulnerability, gender and cultural awareness in the scope of the TA.

At the central level, the National Directorate of Planning and Cooperation (DPC) will provide the overall coordination for the Program, with support from a PMU. This includes ensuring that the key activities to meet the DLIs are incorporated in national, provincial, and district plans. The DPC also oversees the monitoring and evaluation (M&E) of the annual operational plan, and will manage the process of measurement and verification of the Disbursement-Linked Indicators (DLIs). Other Directorates will be engaged according to their mandates.

2.3 Program Environmental Effects

2.3.1 Potential Adverse Environmental Impacts

The Government's IC Program, supported by the Bank's Primary Health Care Strengthening Program-for-Results, is expected to improve the utilization and quality of reproductive, maternal, child and adolescent health and nutrition services. Some relatively minor negative social and environmental impacts may result from the program. The civil works related to the construction and refurbishment of health facilities are unlikely to result in high environmental and social risks. Based on the project description, the analysis of the national regulatory system and previous World Bank-supported activities implemented by MISAU, the civil works for the Program are considered unlikely to have significant impacts on natural habitats, or create environmental pollution, with the exception of temporary and localized construction phase impacts. The Program is also not likely to cause negative changes in land use patterns and/or resource use. The management of biomedical waste may be an issue, due to lack of compliance with Mozambique's regulations governing the generation, storage, transport and disposal of the waste.

In summary, the potential environmental issues identified, which will be the focus of the ESSA, are as follows:

Issues associated with physical intervention

The Program may support civil works related to the construction and rehabilitation of health facilities. Although the civil works may not result in high environmental risks, construction activities may generate adverse impacts if poorly managed. Common impacts of construction processes include soil erosion and compaction resulting from earth-moving activities; contamination of soils due to spills of oils and chemicals; and pollution and nuisance due to poor sanitation and the accumulation of construction and domestic waste.

Thus, although the Program is not expected to support major construction and/or rehabilitation of health infrastructure, these aspects will require environmental management.

Management of biomedical waste

Biomedical waste potentially impacts on biodiversity, water and soil. By law, all biomedical waste must be controlled according to a facility-specific waste management plan, but this is seldom the case and waste management non-compliant with the biomedical waste regulations is typical of most health centers throughout the country.

The waste management process requires good planning and coordination in each of the sectors within a health unit. Effective waste management involves the entire waste cycle, including generation, collection, temporary storage, transport, treatment and final disposal, so as to minimize hazards to the environment.

2.3.2 Potential Environmental Benefits

The overall environmental impact of the Program is likely to be positive with potentially significant environmental benefits. The program is an opportunity for MISAU to improve the performance of the Department of Environmental Health in relation to the involvement in environmental assessment and monitoring processes in MISAU projects, especially in projects involving construction and waste management, since the Program will support the design of clear procedures for intervention and the training of sector technicians by the E&S specialist to be recruited to support all World Bank financed projects.

2.4 Program Social Effects

Social effects of the IC program, supported by the Bank's **PHCSP**, are expected to be positive as the Program is designed to improve health services to underserved groups, and includes a specific focus on services of particular relevance to women (reproductive health services) and children, as well as a focus on the six most underserved provinces.

2.4.1 Potential Adverse Social Impacts

In summary, the potential social issues identified, which will be the focus of the ESSA, are as follows:

Impacts associated with physical intervention (civil construction works): The footprint of proposed infrastructure supported by the **PHCSP** is not expected to result in physical resettlement or significant livelihood impacts. Construction of large health facilities will be ineligible for financing by the Program. Rehabilitation and/or new construction will be limited to community health centers and small rural/district hospitals (not in densely populated areas and not requiring large land areas), therefore the risk of resettlement (physical relocation) is negligible and will be excluded through categorizations under local law or application of the screening form (See par. 2.2 of this ESSA below)... Managing nuisance may be important is some cases (construction noise, ineffective waste handling and disposal, poor sanitary arrangements on site), as well as the disruptive effect of construction labor on surrounding communities. Nuisance and construction impacts as well as minor economic impacts will be either screened out or addressed under the project ESMP.[10]

Impacts related to the operation of health facilities: Inadequate hygiene, and worker and patient health and safety conditions have the potential to generate negative impacts. Poor biomedical waste management procedures not in accordance with Mozambique regulatory requirements are also a significant risk.

Impacts related to discrimination, stigma and cultural appropriateness of service protocols and delivery: Given the Program focus on vulnerable populations it is key to ensure that patient service, facility conditions and delivery protocols, and health care worker training is culturally sensitive and seeks to overcome any deliberate or inadvertent discrimination. Failure to provide information in local languages, to be cultural sensitive and gender appropriate, and to provide women with access to information and decision-making regarding their care, would result in adverse impacts in what is intended as a beneficial program. Similarly, the failure to recognize the stigma related to TB, HIV, etc., and the risk factors of vulnerable groups, will result in negative outcomes to an otherwise beneficial program. It will also be important to ensure that services designed for youth are not provided in a gender inappropriate manner (some children do not feel comfortable expressing their problems to a professional of the opposite gender) and that consultation wards do not lack privacy, particularly in the case of adolescent pregnancies, which are frequently discriminated against both by the community (cultural norms) and professionals.

Community Engagement: The Program includes instruments for community engagement such as the community consultation process (DLI 9), and strengthening of the Government's community health worker program. However, facility siting, construction management and service delivery model and protocol designs should include community consultation as well. In the absence of comments and suggestion boxes, a grievance procedure and TA to enable communities to advocate for improvements in health service delivery and participate effectively in community consultations and similar processes, the objectives of the program may not be fully

[10] If construction works result in economic impacts, (for example, small scale losses of crops or trees, or non-dwelling structures) replacement in kind or compensation at full replacement value will be provided according to the POM.

met. Failure to raise community awareness on gender issues through health education, promotion of greater involvement of men in family's health through reinforcement of family consultation, partner participation in pre-natal consultations as well as men's active involvement during labor, may also result in the loss of program benefit. These dimensions should be reflected in TA and technical notes.

2.4.2 Potential Social Benefits

The principle objective of the Program is designed to deliver significant social health care benefits, in general, while targeting women, youth and the poorest provinces.

3.0 EXPERIENCE OF PREVIOUS HEALTH PROJECTS

3.1 Health Service Delivery Project (HSDP)

During the project preparation phase, an ESMP was prepared since the exact locations of the site for the construction of Health Centers were known. Additionally, a Programmatic Environmental Assessment for the Integrated Vector Management Programs for Malaria Vector Control was also prepared. The project preparation included extensive consultation led by the local Government authorities, involving the beneficiary communities, to identify available land areas free of pre-existing land rights for the construction of the new Type II health centers. The ESMP covered all 19 sites for construction of the health centers. An environmental and social screening form was used to screen each site prior to construction in order to identify potential issues not covered in the general ESMP.

The ESMP prepared under the HSDP was consistent with both national ESIA regulations as well as World Bank OP/BP 4.01 policy. The ESMP included specifications on the health care waste disposal facilities provided in the new health centers, as well as guidance on how to manage health care waste in line with the adopted Health Care Waste Management Plan (HCWMP) and national regulations. The project recruited a construction supervision consultant to manage both the quality of civil works and compliance with the ESMP.

The World Bank Support Missions undertaken during project implementation identified nonconformities related to construction waste management, workers health and safety issues, irregular contractual status between contractors and construction workers, as well as lack of consistent monitoring evidence and related reports. In the last seven months prior to the project closing date, MISAU agreed to undertake an E&S compliance assessment for all project activities in order to verify whether the ESMP mitigation measures were being properly implemented, since there was no systematic reporting, and also to propose measures to improve ESMP implementation. It was also decided that an E&S safeguards specialist would be recruited to assist MISAU with all ongoing Bank-financed projects.

3.2 Southern Africa Health Systems and TB Support Project

The SATBHSS project followed the framework approach to environmental and social safeguards management, since the exact subprojects were not known at the time of project preparation. MISAU prepared an ESMF and RPF. The ESMF contained an environmental and social screening tool for investments to be financed by the project. A comparative analysis of the Mozambican national legislation as well as the specific regulation on the environmental impact assessment process (Decree No. 54/2015) are aligned with the World Bank OP 4.01 on environmental assessment. The ESMF included guidelines for environmental and social assessment processes, as well as specific guidelines for Incinerator Operation, since minimizing incinerator emissions is strongly related to good programming and compliance with specific operating procedures. The project is in the first year of implementation. The environmental and social specialist to be recruited will attend to all MISAU projects funded by the World Bank, and will be based in the Department of Environmental Health.

3.3 Public Financial Management (PFM) for Results Program

The objective of the PFM for Result's Program was to improve the transparency and efficiency of expenditure for the storage, distribution and availability of medicines and for the management of complete primary schools. The Program covered the Ministry of Economy and Finance, and the Ministries of Health and Education. An assessment carried out under the ESSA of the PFM for Result's Program indicated that Mozambique has experience in dealing with pharmaceutical waste within the supply chain.

4 LEGAL, REGULATORY AND INSTITUTIONAL FRAMEWORK

4.1 Legal and Regulatory Framework Applicable to the Program

4.1.1 Environmental and Social Policies and Legal Framework

The Mozambique Constitution, in Article 90 (Right to a Balanced Environment) states that: *"All citizens shall have the right to live in a balanced environment and shall have the duty to defend it. The State and the local authorities, with collaboration from associations for environmental protection, shall adopt policies to protect the environment and shall promote the rational use of all natural resources."* As such, the constitution recognizes the right to a safe and healthy environment. It also refers to the duty of the state and local authorities to protect the environment. Article 94 emphasizes the right to a healthy life and Article 36 guarantees equal rights to men and women.

The social legal and political framework includes:

The Gender Policy and Implementation Strategy (2006) ensures integration of gender issues in sectoral plans. In the socio-cultural domain, Section 1.4 establishes that: access to health

services should be increased, promoting quality services to the most vulnerable; reproductive health care should be improved to ensure gender sensitive initiatives to respond to common reproductive health needs; better continuity with nutritional education campaigns promoting nutrient-rich products for children, pregnant women and elderly; and improvement in mother and child health care and shared family responsibilities between men and women.

The Health Ministry Dispatch on Integrated Care for Gender Violence Victims, approved in January 12, 2012: establishes the standard procedures at health facilities for gender related violence victims, who are mostly women and girls.

Penal Code, Law No. 35/2014, of December 31, aiming (in particular) to decrease discrimination and promote the rights of women, decriminalize abortions done within 12 weeks of pregnancy, and recognize sexual abuse and domestic violence as punishable crimes.

Health Sector Gender Equality Inclusion Strategy approved in 2009 (currently under review): recognizes existing inequalities in the health sector and proposes addressing them through: improvement of institutional capacity in the gender unit; human resource development considering balanced distribution in male and female numbers and decision-making roles; promotion of men's involvement in sexual and reproductive health; and measures to address gender-based violence.

Prevention and Elimination of Premature Marriage National Strategy, approved in 2015, seeks to eliminate child marriage and address its causal factors.

The environmental legal and political framework includes:

The National Environmental Policy, approved by Resolution No. 5/95 of December 6, 1995, which laid the foundations for all subsequent environmental legislation. In accordance with Section 2.1, the main purpose is to ensure sustainable development through an acceptable and realistic compromise between the country's socioeconomic development and environmental protection. The policy is intended to establish the principles for the preservation of the country's natural resources and of the environment in general, for present and future generations.

Environmental Law No. 20/97, of October 1: The Law establishes the legal basis for the utilization and practical management of the environment and its components with a view to promoting sustainable development in Mozambique. This law prohibits the storage or disposal of toxic pollutants in the soil, subsoil, water and the atmosphere. It is enabling legislation for other laws dealing with specific environmental aspects, including regulations on environmental quality standards to ensure the sustainable use of resources in the country, hazardous waste regulations, regulations governing the process of environmental impact assessment (EIA) and many other laws. Following this, MITADER has developed guidelines for the EIA process (approved in Ministerial Diploma Nr. 129/2006), and guidelines for public participation in the environmental impact assessment process (approved in Ministerial Diploma Nr. 130/2006).

Ministerial Diploma Nr. 129/2006 establishes core principles for environmental management, namely:

- Management of the environment so that it improves citizens' quality of life and protects biodiversity and ecosystems;
- Recognition and valuing of local communities' traditions and knowledge;
- Prioritization of systems that prevent environmental degradation;
- The importance of public participation;
- The principle of "polluter pays";
- The importance of international cooperation in ensuring appropriate environmental management.

Regulations on the Resettlement Process resulting from Economic Activities (Decree no. 31/2012 of 8 August) and subsequent Ministerial Orders 155/2014 and 156/2014: Decree 31/2012 establishes the basic rules and principles guiding the resettlement process. The Decree applies to public and private activities. Stated principles include social cohesion; social equality; direct benefit; non-change of income level; public participation; environmental accountability; and social responsibility. The decree and subsequent Ministerial Orders are primarily focused on large scale physical resettlement, providing little guidance for cases where only compensation / livelihood restoration is necessary. In its present format, the legislation has limited application to the Primary Health Care Strengthening Program-for-Results, where physical resettlement is not anticipated and only compensation for minor economic impacts may be required in specific cases. The Decree is due to be revised under the World Bank's Mining and Gas Technical Assistance Program (MAGTAP).

In the absence of specific legal requirements governing projects that cause economic impacts without physical resettlement, most private companies in Mozambique have followed IFC guidelines to ensure best practice.

The Draft National Environmental Health Strategy (2017-2025) defines the improvement of coordination of hospital waste management as a strategic priority (PE.1.10), with the expected outcome being the reduction of environmental health risks associated with the handling, storage, and disposal of hospital waste. The following main actions are recommended in this regard:

- Develop/update and disseminate standards and information material, education and communication regarding the safe and environmentally sound management of hospital waste;
- Monitor/promote the implementation of policies and regulations regarding the safe and environmentally sound management of hospital waste at health facility level.

The strategy introduces the Health Impact Assessment ('AIS' in Portuguese) as an approach to the identification of potential health and health equity risks resulting from the implementation of

certain policies and projects. AIS is used as an instrument that supports decision-making and is an important step in ensuring that economic and development decisions take health objectives into consideration.

Another strategic priority (PE.8.1) of the strategy is to support the systematic implementation of AIS, in particular for policies and projects that have the greatest influence on the environmental determinants of health. The strategy recommends the following actions:

- Define mandatory requirements, in certain circumstances, to conduct a health impact assessment;
- Define national standards or guidelines related to the process of health impact assessments;
- Develop a competency model for the accreditation of AIS professionals.

Standards and biomedical waste management procedures in health facilities (2010) specifies additional details to the rules governing the handling of HCWM and treatment, including the Personal Protective Equipment (PPE) that should be worn, and the minimum standards for waste storage areas. The standards indicate that health centres should ideally include a simple incinerator, but also allows for them to be installed in rural areas for the disposal of small quantities of all types of medical waste.

The National Plan for the Management of Biomedical Waste (2010) analyses the current weaknesses of the medical waste management system based on the survey carried out in 2007 and specifies a number of actions for improvement, most of which focus on the provision of equipment and training and strengthening of the waste monitoring system.

The Regulations on the Management of Biomedical Waste (Decree no 8/2003 of February 18th) establish that: MITADER (formerly MICOA) is responsible for; the development of guidelines for biomedical waste management; licensing (with advice from the Ministry of Health), of vehicles, transportation, storage and removal of biomedical waste; and monitoring of compliance with the rules established in the regulations. MISAU is responsible for; developing (in consultation with MITADER) an overall waste management system; ensuring treatment of biomedical wastes before disposal; approving biomedical waste management plans in medical units and companies dealing with waste; monitor separation of bio-medical waste and performing, in co-ordination with other bodies, audits on procedures and premises to store and destroy bio-medical waste; ensuring that final storage of bio-medical waste within medical units does not have negative impact on the environment or public health and safety; implement training and capacity building programs regarding bio-medical waste management; and supervising, in co-ordination with the Ministry of Labor, activities performed by occupational hygiene and safety officers and monitors within medical units

Chapter II of the Regulations deals with biomedical waste management. Health facilities, research institutes and enterprises covered by the Regulations must develop a biomedical waste

management plan for the waste they produce. This is to be based on the waste management hierarchy, with consideration of waste prevention, minimization, storage, recycling, treatment, transport and disposal. Waste producers have specific obligations of waste producers, including waste minimization, separation, treatment of infectious waste, protection of employees against waste-related incidents, public protection both inside and outside medical units against waste-related incidents, building of employees capacity about occupational health and environmentally-related issues, minimizing the impacts of waste disposal, and allocation of an occupational health and safety and environmental specialist to coordinate and supervise biomedical waste management procedures.

Chapter III of the Regulations deals with the identification and storage of biomedical waste. Each health facility or company handling biomedical waste must separately manage five groups of waste, including infectious waste, cutting and/or perforating waste, anatomical waste, common waste and other types of waste. Bin types and colours are specified for particular types of waste. Details of the storage requirements for management of each waste type are provided.

Chapter IV of the Regulations covers disposal requirements of each waste type. Requirements are set out for the preparation of a risk assessment to determine the best option for disposal, developed as a part of the waste management plan for the medical unit. Disposal requirements are provided for infectious waste, cutting and/or perforative waste, anatomical and radioactive waste, common waste, medicine waste, hazardous substances waste, radioactive waste and cyto-toxic medicine waste.

Chapter V sets out requirements for the transportation of biomedical waste.

In most cases, health facilities face significant challenges in implementing Decree 8/2003. Incineration is not used as a general practice, and medical waste is typically burned in pits dug in the grounds of the health facility.

Occupational Health and Safety is managed by combining provisions from different legal instruments namely: the Constitution, the Labor Law (Nr.23/2007 of August 1) and a series of provisions from subordinate legislation, much of it inherited from the colonial period. ILO conventions, especially Convention no 17, related to compensation for workplace accidents as well as ILO Convention no 18, regarding compensation for occupational illnesses, also apply.

The Constitution (Article 85) states that all workers have a right to a fair wage, rest and vacation and to a safe and hygienic work environment. The Labor Law (Articles 216 through 236) indicates that workers have the right to work under hygienic and safe conditions and that employers have the obligation to create such conditions and to inform workers about the risks associated with specific tasks that they are supposed to perform. Creating safe working conditions would include the provision of safety equipment and appropriate work clothing to prevent accidents and negative effects on workers' health.

Under the Labor Law employers and workers are expected to work together to ensure health and safety at the work place. Companies with a high risk of accidents or occupational hazards are required to establish workplace safety committees to ensure compliance with health and safety norms, and to investigate the causes of accidents and organize preventive measures. Such committees must include representatives of both the employer and the workers.

The Labor Law also stipulates that industry-specific regulations on health and workers' safety may be established by ministerial diploma, by the Minister of Labor, the Minister of Health or the Minister in charge of the specific sector. In December 2008, the Ministry of Health approved specific guidelines in this regard (MISAU/DNAM, "Guidelines on Safety and Health in the Workplace").

Health and Safety considerations are also included in the regulations Establishing the Legal Regime of Occupational Accidents and Diseases, Decree Nr. 62/2013 of December 4. Article 5 of this regulation makes the employer responsible for implementing the measures prescribed in the laws and regulations preventing occupational accidents and diseases, and for training workers about risk prevention.

According to the **Draft of the Biomedical Waste Strategy**, the choice of the treatment method of biomedical waste must be based on the following factors:

- Disinfection efficiency, environmental and health considerations, mass reduction and volume;
- Health and biosafety considerations, including system capacity which depends on the quantities produced, types of waste to be treated, maintenance and operation, and availability of operators;
- Space, public acceptance, risk of toxic / hazardous emissions and legal issues.

The Department of Environmental Health at MISAU has the overall responsibility for policy coordination on issues of management of medical and biomedical waste. However, there are departments that provide health services, which have the primary responsibility for implementing HCWM management standards through training of health personnel. In practice, all departments should collaborate to provide training as part of the preventive health department infections program, with MISAU at the provincial level conducting periodic performance audits.

The Environmental Impact Assessment Regulations (Decree 54/2015 of December 31) establishes rules governing the environmental impact assessment process, which apply to all public or private activities that may directly or indirectly impact on the environment. The main entity in this process is the National Directorate for Environment, part of MITADER. The National Agency for the Control of Environmental Quality (AQUA), also part of MITADER, oversees the compliance of the EIA regulations during project life cycle. However, the

responsibility to ensure compliance with the EIA regulations lies with each project Implementing Agency. In this case and context of the Program, the Ministry of Health shall comply with the requirements of the EIA regulation.

The environmental assessment process involves the following steps:

a) *Project Registration***:** The applicant is required to register the project with MITADER.

b) *Screening***:** The project is classified to determine the level at which the environmental assessment should be carried out. The applicant prepares a Screening Report which is submitted to MITADER. The project is classified by MITADER.

Based on the analysis in steps a) and b) above, MITADER decides whether an EIA is required or not. Projects are classified as category A+ and A (full EIA is required, with supervision by MITADER at the national level), category B (simplified environmental assessment is required, under the supervision of MITADER at the provincial level) or category C (no specific environmental assessment is required, the project follows environmental best practices through an ESMP to be approved by MITADER). This process is applicable for the proposed **PHCSP** (refer to the shaded areas of Figure 1), but only in respect of category B or category C projects. **Category A and A^{+} projects, for which a full ESIA is required, are not funded under PforR.**

c) *Environmental assessment:* For category B projects, a Simplified Environmental Assessment must be prepared which complies with the reporting requirements in Article 12 of Decree 54/2015. The applicant is required to prepare a Terms of Reference for the study for approval by MITADER before proceeding, in accordance with Article 12 of Decree 54/2015. Article 13 sets out the requirements for the content of a Simplified Environmental Assessment report, which must include a non-technical summary, a description of the project (including details of its location and boundaries), the legal framework applying to the project, relevant environmental and social baseline information, an assessment of impacts and an ESMP, which includes monitoring of impacts, environmental education programs), and a public participation report, as stipulated in Article 9 and 15.

   For Category C projects, the environmental license is issued on the basis of an ESMP, prepared by the applicant.

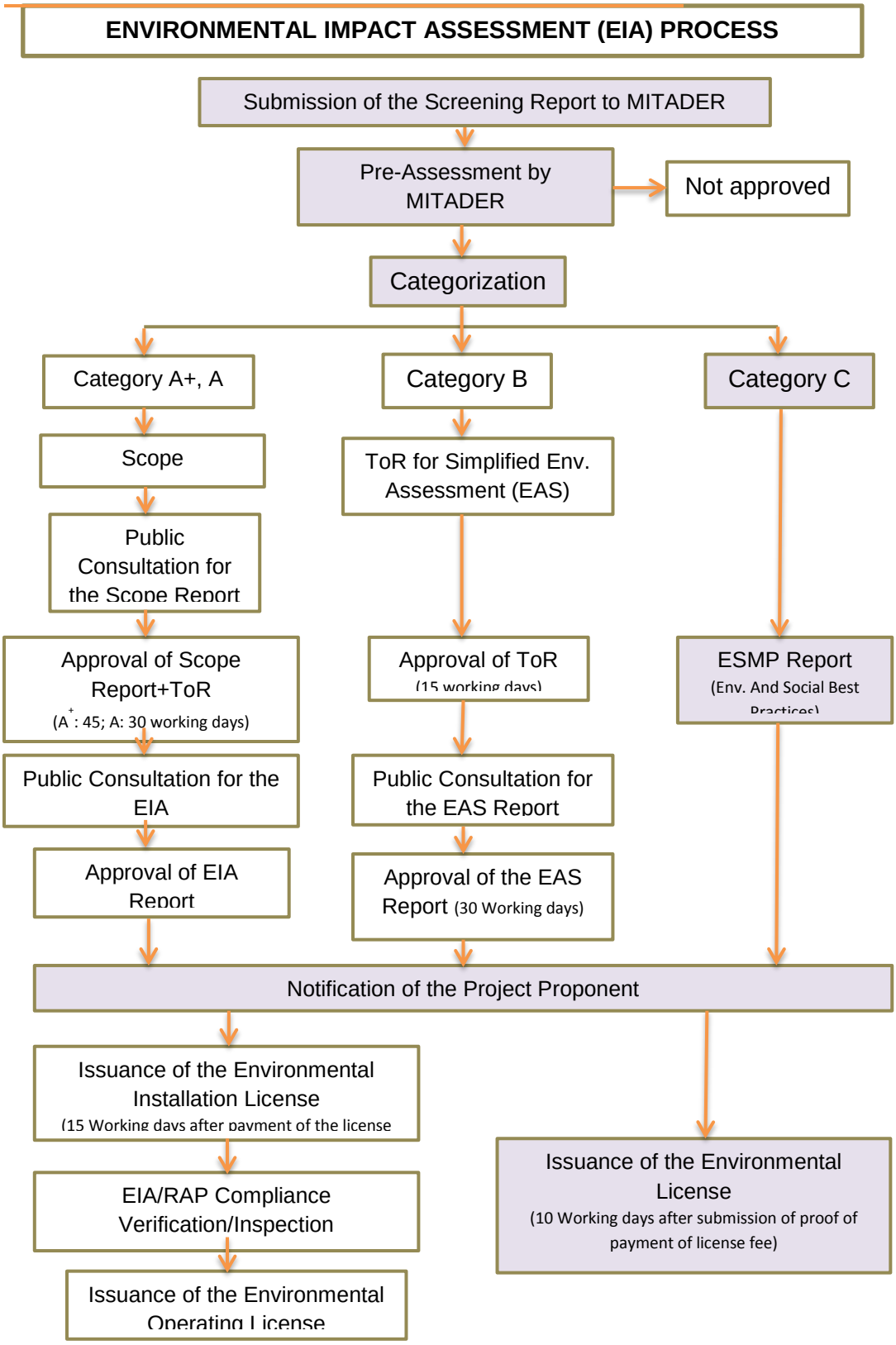
d) *Environmental Licensing:* For and C projects, MITADER's Provincial Directorate for Land, Environmental and Rural Development (DPTADER) issues the license.

e) *Monitoring of Project Implementation***:** The proponent prepares and implements an appropriate monitoring program (i.e., an environmental management program).

f) *Public participation*: Public participation is required during the project scoping phase and after the draft Environmental Assessment is completed for Category A^{+}, A and B projects. Public participation must be undertaken in accordance with Article 15 of Decree 54/2015, and Ministerial Diploma 130/2006, which provides details of the process to be followed.

The proponent is responsible for undertaking the process, and ensuring that is free, fair and culturally appropriate. The proponent must identify interested and affected parties and ensure that they have appropriate information on which to comment and adequate opportunities to express opinions. The public must be notified 15 days before any public meeting to discuss the scoping and reporting phase of the project. A public participation report must be prepared to accompany the environmental documentation submitted to the regulator and there must be clear evidence in the report and in the environmental assessment itself, of the response to any public concerns. If there is very strong public opposition to a project, MITADER may organise public hearings before making a decision. The public participation requirements in Decree 15/2015 and the associated Ministerial Diploma 130/2006 are broadly consistent with World Bank OP/BP 4.01.

Figure 1: EIA Process, emphasizing Category B and C Projects (Source: Adapted from the EIA Decree Nr. 54/2015)


ENVIRONMENTAL IMPACT ASSESSMENT (EIA) PROCESS
Submission of the Screening Report to MITADER
Pre-Assessment by MITADER
Not approved
Categorization
Category A+, A
Category B
Category C
Scope
Public Consultation for the Scope Report
ToR for Simplified Env. Assessment (EAS)
Approval of Scope Report+ToR
(A+: 45; A: 30 working days)
Approval of ToR
(15 working days)
ESMP Report
(Env. And Social Best
Public Consultation for the EIA
Public Consultation for the EAS Report
Approval of EIA Report
Approval of the EAS Report (30 Working days)
Notification of the Project Proponent
Issuance of the Environmental Installation License
(15 Working days after payment of the license
EIA/RAP Compliance Verification/Inspection
Issuance of the Environmental Operating License
Issuance of the Environmental License
(10 Working days after submission of proof of payment of license fee)

4.2 Institutional Responsibilities

4.2.1 Overall Responsibilities

The Ministry of Health (MISAU) is the implementing authority for the health services. According to the statutes of the Ministry of Health (MISAU), recently revised and approved by Resolution No. 4/2017 of May 26, MISAU is composed of national directorates, departments, and supervised and subordinate institutions. The National Directorate of Public Health (through the Department of Environmental Health) and the Department of Infrastructure and Hospital Equipment are charged with the responsibility for the environmental and social assessment process.

The *National Directorate of Public Health* has several responsibilities, including to: develop and update specific public health legislation and promote its implementation by all sectors of society; promote the inclusion of health aspects in all Sectoral Policies of the Government; and stimulate community participation and involvement in health promotion. The *Department of Environmental Health*, as part of the National Directorate of Public Health, is responsible for all actions related to environmental health and social impact management.

When requested to do so by MITADER and also by project proponents from various sectors, the Department of Environmental Health should actively participate in the review of EIA reports to ensure the incorporation of health aspects into the projects. However, there is no clarity about their direct participation in the environmental process of projects designed and implemented by MISAU. Ideally, the Department of Environmental Health should be deeply involved in EIA processes in parallel with the Department of Infrastructure and Health Equipment responsible for contract management, as well as the Procurement Department.

Considering a specific project to build a Health Facility, the following steps are relevant for the participation of the Department of Environmental Health (Figure 2):

Project conceptualization: preliminary technical study, preliminary 'Environmental and Social Information Form' in accordance with Article 7 of Decree 54/2015 (submitted to MITADER for categorization of the Environmental Assessment that is required), verification of legal land aspects (DUAT), and development of the ToR for project design. The Department of Environmental Health should ensure that the ToR for the project design makes provision for environmental and social assessment and licensing, based on MITADER's categorization.

Project design and tender documents: The Department of Environmental Health must ensure that the Simplified Environmental Assessment is prepared by independent consultants registered with MITADER (Category B projects), including an ESMP (Category B & C projects). In addition to social and environmental management requirements, the ESMP should include requirements for health and safety of workers and labor and working conditions for the Contractor's personnel.

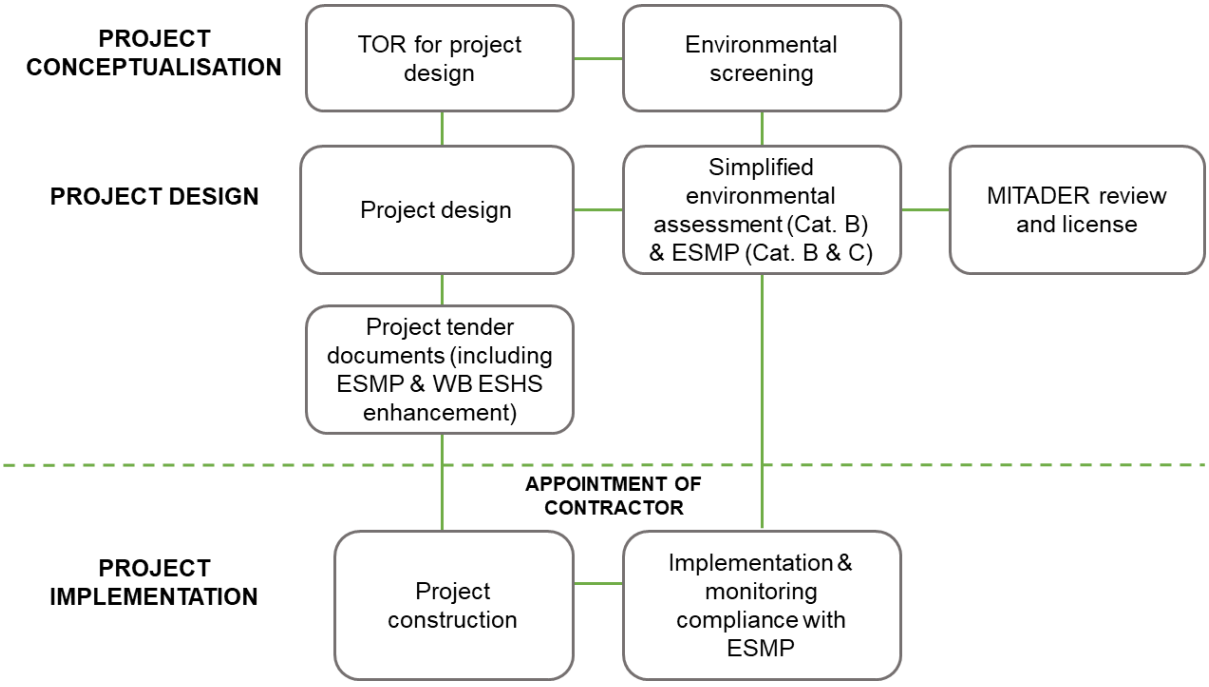
Any design recommendations that arise from the ESMP must be included in the detailed design. The Construction ESMP must be included in the tender documents for the construction contract.

Before project implementation, the Department of Environmental Health needs to be fully involved in the Tender evaluation and provide scores for E&S components of each Technical Proposal received. The score for E&S aspects should be considered in the total score of the technical proposal.

Project implementation: An ESHS officer will be required on both the contractor's and the supervisor's teams. The contractor will be responsible for implementing the ESMP and producing monthly progress reports. The Department of Environmental Health must regularly monitor the site activities to verify compliance with the ESMP provisions and ESHS requirements and report to the World Bank twice a year.

These proposed actions for the Department of Environmental Health should be included in its departmental and legal responsibilities, specifically described in the organizational structure of MISAU, as part of the role of the National Directorate of Public Health.

Figure 2: Steps in the Environmental Process for a PforR Construction Project



The responsibilities of the ***Department of Infrastructure and Hospital Equipment*** include the following: ensuring the supervision construction works controlled at national or provincial level; coordinating, monitoring and supervising the construction, maintenance and rehabilitation of infrastructure; monitoring the design process and providing technical assistance in accordance with the strategies and priorities defined for the sector. In discharging these responsibilities, the

DIHE needs to coordinate closely with the DEH on environmental and social aspects, including the implementation of the ESMP(s).

4.2.2 Environmental and Social Responsibility

The Ministry of Land, Environment and Rural Development (MITADER) is the key government agency responsible for coordination of government actions related to environment and social safeguards (particularly the new Environmental Impact Assessment Regulation- approved by the Decree 54/2015 of December 31). MITADER has the mandate to direct the implementation of environmental and social safeguards policies and to coordinate the sustainable planning and use of natural resources of the country.

At the central level the processes of environmental impact assessment are the responsibility of the National Directorate of Environment (DINAB), in particular, all projects classified as category A^+ and A (full EIA required).

At provincial level, MITADER is represented by the Provincial Directorate for Land, Environmental and Rural Development (DPTADER). DPTADER is responsible for guiding, reviewing and licensing projects for which Category B and Category C assessments have been prepared.

At district level, MITADER's representation is through the District Planning and Infrastructure Services (SDPI). This department is responsible for handling issues related to land use planning, as well as any issue related to environmental protection. However, staff typically have limited training on environmental and social matters, which constrains effective environmental and social management at the district level. Most sector ministries have designated human resources and/or a unit responsible for environmental and social affairs. These environmental and social units are often comprised of only a single person, who acts as a focal point, and who typically has other responsibilities.

Public participation is compulsory for A+, A, and B projects. The EIA regulations, approved by the Decree 54/2015 of December 31, state that the public participation process must be carried out in the presence of the Environmental Impact Assessment Authority and the respective sector of the activity under evaluation.

To date there are no specific environmental assessment regulations for the health sector, so all activities/projects which could directly or indirectly influence the environment are covered by the provisions of the Decree 54/2015 EIA regulations and must follow the environmental assessment procedures provided in them. MISAU is required collaborate with MITADER through a registered environmental consultant to carry out the required category of environmental impact assessment.

The National Agency for the Control of Environmental Quality (AQUA), which a division of MITADER, directly supervised by the Minister, has the following functions:

- Develop and adopt benchmarking indicators for the assessment of risks associated with polluting substances and propose prevention and mitigation measures;
- Control the management and handling operations of chemical products, discharges of effluents and emission of pollutants;
- Coordinate waste management at national level with the relevant sectors (including MISAU).

In relation to hospital waste management, MITADER is responsible for policy development and licensing, whilst MISAU is responsible for management of waste within health care facilities, including training and capacity development.

4.2.3 Responsibility for Resettlement and Land Acquisition

Projects that involve resettlement automatically require Category A or A+ environmental assessments, in accordance with Annexures I and II of Decree 54/2015. These projects will not be funded under the Primary Health Care Strengthening Program for Results. Any construction works will be at sites with previous clear ownership by the Government (MISAU or the concerned District). The licensing of projects which require construction of infrastructure is governed by MITADER under the EIA regulations and related processes, as described above, and would also fall in the purview of the MISAU Department of Environmental Health. The E&S specialists hired by that Department must have the capacity to manage these aspects, as well as other environmental and social aspects that may arise during project preparation, implementation/construction and operation.

5 PROGRAM CAPACITY AND PERFORMANCE ASSESSMENT AND IDENTIFICATION OF GAPS

All the principal objectives of the Government's Investment Case to improve primary health care and health systems, supported by the World Bank's Primary Health Care Strengthening Program (PHCSP), are in support of the Bank's Safeguard Policies. The IC is designed to tackle a wide range of demand and supply side constraints affecting primary health care, with a strong focus on Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH-N) services, particularly in underserved communities. The PHCSP will support this program by helping to enhance coverage, access, and quality of primary health care services, by strengthening the health system for improved stewardship, financial sustainability, expenditure efficiency and equity of service delivery and by enabling MISAU to effectively manage the implementation of the IC, through TA, capacity building, monitoring and evaluation (M&E), and HP coordination activities. To this extent, the PHCSP is fully aligned with the Bank's Safeguard Policies.

From a Safeguards perspective, the weaknesses in the IC program are mainly the lack of capacity and training to achieve the key health objectives, and to control the negative side effects that result from implementation. These limitations are considered in more detail in this chapter.

5.1 Adequacy of the Legal Framework

The Laws and Regulations governing the EIA process in Mozambique are sufficient to ensure that any component of the PHCSP that requires environmental licensing will be subject to an appropriate level of environmental assessment. The environmental assessment process, as set out in Decree 54/2015 and described in Section 3, is consistent with World Bank Safeguards Policies, with some minor differences.

5.2 Institutional Constraints

An assessment of existing Government health programs highlights the following institutional limitations in respect of Safeguards (refer also to Table 1):

Limited capacity to manage the Environmental Assessment Process. While the Environmental Assessment must be undertaken by a consultant (an individual or company) registered with MITADER as an EIA Consultant, Decree 54/2015 does not specify rules for the competence of the proponent. The proponent's responsibilities in environmental assessment apply to the initial phase of project categorization (where a "Preliminary Environmental Information Form" must be completed and communicated to MITADER); the determination of the Terms of Reference for the independent consultant; the provision of relevant information to the consultant; the review of the Environmental Report prepared by the consultant; and other tasks that are typically required to guide the environmental assessment to its conclusion.

For the Primary Health Care Strengthening Program, the implementation of good environmental assessment practice is constrained by a lack of human resources in the institutions involved, including MISAU. Overall, the MISAU Department of Environmental Health does not have sufficient human and technical capacity to effectively manage the environmental and social assessment process and the experience and qualifications of the staff who supervise environmental, social, health and safety aspects is inadequate. At central level, MISAU Department of Environmental Health and Department of Infrastructure has few professionals directly responsible for environmental and social impact assessment processes.

As a result, environmental assessments for projects that require licensing are done in the absence of appropriate participation by MISAU.

Limited capacity to manage the environmental and social aspects of tendering for construction contracts. MISAU capacity limitations also affect performance at other stages of the EIA process. The content of the EIA and EAS includes an environmental management plan (EMP) consisting of specific management programs. Where projects involve civil construction,

the tender documents must include the EMP so that the Contractor can price any environmental compliance requirements into the Bid. Adjudication of bids must take the bidders' response to EMP requirements into account. Usually the consultants responsible for the completion of the Environmental Assessment and EMP have completed their scope of work by this stage, and MISAU lacks the experienced personnel to undertake these tasks internally.

Limited capacity to manage the implementation of environmental and social compliance set out in the ESMP. Responsibility for the implementation of the mitigation measures in the EMP lies with the proponent. In cases of civil construction works, the proponent may delegate all or some of the responsibility to other parties; nevertheless, ensuring that there is compliance with the environmental license remains the responsibility of the license holder. The proponent may do so either directly, using internal staff, or through the construction manager or EHS officer hired to supervise the construction contractor.

At MISAU's level, the technical supervision of the construction of health units is carried out by the Department of Infrastructure through a contracted Supervisor. Based on experience of the construction of Health Centers financed under the HSDP, supervision of the implementation of the EMP has been carried out by a Supervisor representing MISAU, and has generally not met the standard that is required by Safeguards Policy. Systems to identify, assess and mange environmental and social risks and impacts are also weak or absent. While the potential environmental and social risks associated with construction of small (Category B) health centers are generally fairly minor, they nevertheless require appropriate management.

Limited capacity to manage biomedical waste. The lack of responsible management of biomedical waste is a key safeguard risk. Compliance with the provisions of the regulations on biomedical waste management is very poor at all levels of health care. Most of MISAU's health units do not have waste treatment facilities and segregation of waste and temporary storage is not done in accordance with legal requirements. The Regulations establish that health units and other institutions handling biomedical waste should provide an environmental health and safety (EHS) specialist for the coordination and supervision of the biomedical waste management process. This legal obligation is not fulfilled in many of the health units.

Absence of environmental management systems, procedures and guidelines. There are no environmental management systems in place in MISAU, nor any procedures or guidelines available that foster compliance with good environmental practice. In addition to the problems of staffing, this creates the further constraint that personnel are uncertain about their responsibilities and how to go about meeting them.

Limited training in environmental and social impact management. There is inadequate provision for training of personnel to manage environmental and social safeguards at any national, provincial or district level.

Limited Capacity to Manage Health Issues for Vulnerable Groups. Primary health care issues in remote rural communities in Mozambique are characterized by high rates of infectious disease and malnutrition; a growing prevalence of HIV/AIDS, and a significant prevalence of TB and chronic illnesses, including mental health issues. The local context is also characterized by low levels of physical access to health resources and communication barriers including low literacy levels and use of local languages, and these factors tend to affect women, the elderly and children in larger proportions; The Government has limited capacity to prioritize assistance to vulnerable groups and gives limited consideration to the socio-cultural aspects of health care access in different regions of the country and among groups with differentiated needs including self-exclusion from diagnosis and treatment (due to lack of access or stigma). It is important that training provided to health care providers, and protocols and systems developed under the Program, take these issues into account. This will be done by using the social specialist as a focal point for these issues and addressing them in technical assistance (where relevant), service delivery protocols, training materials, and communication systems including community consultation and health campaigns

Complaint Handling Mechanisms and operational constraints: There are existing complaint handling mechanisms in place at Program level in the health sector. Public institutions collect information thorough the complaints' books and complaint boxes (*livros de reclamações e caixas de reclamações*) placed in their premises. Other complaints are registered through whistleblowing mechanisms by stakeholders (employees, recipients of services delivered by public institutions, commercial banks, contractors, media, and oversight agencies) in the form of verbal information in public domain, press reports, etc. In general, the principle followed is that service complaints are managed at the administrative levels, but notified upwards. The processes for opening, recording, classifying, and routing different kinds of complaints are set out in laws and regulations. All complaints are supposed to be recorded, and a semi-annual report is made to the Council of Ministers by the Ministry of Public Administration, broken down by type of complaint and sector. Even though the public sector in Mozambique has regulations that mandate different organizations including service delivery facilities at different levels, to handle complaints, these mandates are not always followed in practice. Experience from assessments previously carried out at health facilities revealed that there are constraints to effective implementation of these mechanisms at the facility level, including knowledge of the system functionality, conflict of interest in handling of suggestion boxes, shortage of staff dedicated to handle complaints, and absence of complaints registers. The Social Specialist TOR will include a review of the functioning and accessibility of these systems at the facility level, and training materials for practitioners, protocol for service delivery and community consultation procedures will include actions to ensure that these mechanisms are available (suggestion and comment boxes and registries) and their existence and functionality is better known and understood by practitioners and service recipients.

5.3 Summary of Performance Constraints

Through a range of interventions, including extensive technical assistance, the PHCSP is designed to support the Government's efforts to improve health services to beneficiaries. Being targeted largely at Mozambique's most vulnerable and marginalized groups (women, children, underserved populations), the Program is fully in line with Social Safeguard requirements.

With regard to negative program side effects, existing health service practices leave room for improvement, but in the context of the PHCSP, it is not expected that any major negative environmental or social risks will result, with the possible exception of the impact of poor biomedical waste management. Projects that involve physical resettlement will be excluded from the PHCSP as described in par. 2.4.1 above. Local negative environmental and social impacts are likely in cases where health units are built, and will require and ESMP and sufficient capacity to supervise the construction contractor.

Table 2: OP/BP: 9.0[11] Core Principles vs Mozambique's Environmental and Social Legislative Framework and Practice in the Health Sector

Core Principle 1: General Principle of Assessment and Management

Environmental and social management procedures and processes are designed to (a) promote environmental and social sustainability in Program design; (b) avoid, minimize or mitigate against adverse impacts; and (c) promote informed decision-making relating to a Program's environmental and social effects.		
Key Attributes related to Core Principles	**Provisions in National System (Acts, Regulations, Guidelines, Directives)**	**Practice**
Operate within an adequate legal and regulatory framework to guide environmental and social impact assessments *at the Program level.*	The national environmental framework is adequate for any projects that require an Environmental Assessment (EA), and is applicable to all public or private activities that may directly or indirectly influence environmental components.	Although the legislation establishes procedures for environmental assessment where MITADER is responsible for approval throughout the project cycle, there are no clear procedures at MISAU's level that guide the Department of Environmental Health's compliance with environmental licensing for new projects and intervention in internal environmental assessment processes.
Incorporate recognized	The EIA process as	A Simplified Environmental

[11] OP/BP 9.0 is currently under revision.

elements of environmental and social assessment good practices, including: (a) early screening of potential effects; (b) consideration of strategic, technical, and site alternatives (including the "no action" alternative); (c) explicit assessment of potential induced, cumulative, and trans-boundary impacts; (d) identification of measures to mitigate adverse environmental or social impacts that cannot be otherwise avoided or minimized; (e) clear articulation of institutional responsibilities and resources to support implementation of plans; and (f) responsiveness and accountability through stakeholder consultation, timely dissemination of Program information, and responsive grievance redress measures.	established in Decree Nr. 54/2015 of December 31, covers all these attributes of the Core Principle. Although the regulations do not explicitly indicate the "no action" alternative, they require a detailed description and comparison of the different alternatives. The regulations (Decree 54/2015, December 31) establish screening procedures to identify potential impacts and assign appropriate categories (A+, A, B, C), which require a specific environmental assessment. There is clear articulation between MITADER and other government sectors in the environmental assessment process. Responsibility and accountability is ensured through the public consultation which is compulsory for all category A+, A, and B activities.	Assessment and ESMP is required for category B activities, and for category C activities, a report indicating the environmental best practices to be followed (essentially an ESMP). Both category B & C activities must be licensed by MITADER. The EIA regulations establish a requirement that a Technical Commission for Environmental Impact Assessment be established for reviewing all category A+, A, and B processes. However, MITADER requests a specific opinion of the sectors of which the activity is a part. Although the requirements for coordination between MITADER and MISAU is clear, the Department of Environmental Health does not have the human and technical resources to respond effectively and rapidly to all MITADER requests, nor to internal interventions in environmental health. Operating E&S systems are weak and supervisory capacity and reporting/feedback processes are absent.

Core Principle 2: Environmental Considerations - Natural Habitats and Physical Cultural Resources

Environmental and social management procedures and processes are designed to avoid, minimize, and mitigate against adverse impacts on natural habitats and physical cultural resources resulting from the Program.		
Key Attributes related to Core Principles	**Provisions in National System (Acts, Regulations, Guidelines, Directives)**	**Practice**
Includes appropriate measures for early identification and screening of potentially important biodiversity and cultural resource areas.	The Preliminary Environmental Information Form that is required in the screening phase of the environmental assessment process, which facilitates pre-assessment by MITADER to determine the project/activity category, includes aspects of biodiversity and physical cultural resources.	Biodiversity aspects and physical cultural resources are always covered in the environmental assessment reports, where any issues exist. Where licensing is necessary, the EIA process is conducted by MITADER-accredited consultants as required by the EIA regulations.
Supports and promotes the conservation, maintenance, and rehabilitation of natural habitats; avoids the significant conversion or degradation of critical natural habitats, and if avoiding the significant conversion of natural habitats is not technically feasible, includes measures to mitigate or offset impacts or Program activities.	The EIA regulations do not themselves prohibit conversion of critical natural habitats, but they do require that a full EIA be conducted, which requires the inclusion of a Biodiversity Counterbalance Plan as an annex to the EIA report. The EIA regulations further indicate that during the screening phase, MITADER may prohibit the implementation of a project/activity if a fatal flaw is detected in its proposed location. Critical natural habitats are among the list of fatal flaws considered in the EIA regulation (Annex V).	In cases where critical natural habitats are potentially affected, the project will be classified by MITADER as Category A or A+. Such projects are ineligible under the rules for the PHCSP. Environmental assessments are prepared by consultants registered with MITADER with the professional expertise to assess impacts on natural habitats and make appropriate management recommendations, However, due to lack of capacity, and training, the supervision of compliance with construction EMPs associated with the building of health facilities is generally poor.
Takes into account potential adverse impacts on physical cultural property and	The Law on the Protection of Cultural Heritage (Law Nr.10/88 of December 22)	All sectors are subject to follow the regulations, including MISAU.

provides adequate measures to avoid, minimize, or mitigate such effects.	provides the necessary safeguards to prevent impact on tangible and intangible cultural heritage resources.	

Core Principle 3: Environmental Considerations - Public and Worker Safety

Environmental and social management procedures and processes are designed to protect public and worker safety by minimizing the potential risks associated with (a) construction and/or operation of facilities or other operational practices developed or promoted under the Program; (b) exposure to toxic chemicals, hazardous wastes, and otherwise dangerous materials; and (c) reconstruction or rehabilitation of infrastructure located in areas prone to natural hazards.		
Key Attributes related to Core Principles	**Provisions in National System (Acts, Regulations, Guidelines, Directives)**	**Practice**
Promotes community, individual, and worker safety through the safe design, construction, operation, and maintenance of physical infrastructure, or in carrying out activities that may be dependent on such infrastructure with safety measures, inspections, or remedial works incorporated as needed.	The Labor Law (Articles 216 through 236) indicates that workers have the right to work under hygienic and safe conditions and that employers have the obligation to create such conditions and to inform workers regarding the risks associated with specific tasks that they are supposed to perform. Decree Nr. 62/2013 of December 4, the regulation establishing the Legal Regime of Occupational Accidents and Diseases, indicates (Article 5) that the employer shall adopt the measures prescribed in the laws and regulations relating to the prevention of occupational accidents and diseases. These regulations do not explicitly mention the protection of the community.	Although legislation makes provisions that promote the safety of workers, it is not specific about methods, procedures and equipment for collective or individual protection on a case-by-case basis, which allows for ambiguity and ineffective monitoring, and a lack of accountability in cases of non-compliance.
Promotes the use of recognized good practice in	Although national regulations and guidelines	Compliance with the provisions of the regulations on biomedical

the production, management, storage, transport, and disposal of hazardous materials generated through Program construction or operations; and promotes the use of integrated pest management practices to manage or reduce pests or disease vectors; and provides training for workers involved in the production, procurement, storage, transport, use, and disposal of hazardous biological wastes in accordance with good international practice.	are not fully consistent with international good practice (i.e. WHO guidelines), acceptable procedures exist. The Regulations for the Management of Biomedical Waste (Decree No. 8/2003 of 18 February) establish rules for the generation, identification, storage, transport and disposal of biomedical waste, indicating that biomedical waste should be segregated according to its hazard class. The regulation covers all types of biomedical waste that could be generated at health units with specific requirements for the management of each waste type. Radioactive waste is one of the waste types, and must be safely re-exported back to the country of origin for disposal. Both the regulations for biomedical waste and those for general waste establish that entities handling waste should build the capacity of their workers in matters of health, occupational safety and the environment.	waste management is very poor. Most of MISAU health units do not have hospital waste treatment facilities and segregation is not done properly. The Regulations establish that health units and other institutions handling biomedical waste should provide an environmental health and safety (EHS) specialist for the coordination and supervision of the biomedical waste management process. This legal obligation is not fulfilled in many of the health units.
Includes measures to avoid, minimize, or mitigate community, individual, and worker risks when Program activities are located within areas prone to natural hazards such as floods, hurricanes, earthquakes, or other severe weather or climate events.	National Institute for Disaster Management is responsible for all planning	Health centers are generally located outside of areas that are prone to flooding.

Core Principle 4: Social Considerations – Land Acquisition

OP: Land acquisition and loss of access to natural resources are managed in way that avoids or minimize displacement, and affected people are assisted in improving, or at least restoring, their livelihoods and living standards.		
Key Attributes related to Core Principles	**Provisions in National System (Acts, Regulations, Guidelines, Directives)**	**Practice**
Land acquisition, where necessary, must be well documented to ensure that construction is carried out only at sites with previous clear ownership by the Government (MISAU or the concerned District) and no conflicting uses, and compensation for any minor economic impacts on land occupants or users is addressed through mitigating measures included in the ESMP.		

Core Principle 5: Social Considerations – Indigenous People (IP) and Vulnerable Groups (VG)

Due consideration is given to cultural appropriateness of, and equitable access to, program benefits giving special attention to rights and interests of Indigenous Peoples and to the needs or concerns of Vulnerable Groups		
Key Attributes related to Core Principles	**Provisions in National System (Acts, Regulations, Guidelines, Directives)**	**Practice**
Undertakes free, prior, and informed consultation if Indigenous Peoples are potentially affected (positively or negatively), to determine whether there is broad community support for the program.	None (As per International Best Practices Definition, there are no IP in Mozambique).	Not applicable
Ensures that Indigenous Peoples can participate in devising opportunities to benefit from exploitation of customary resources or indigenous knowledge, the latter (indigenous knowledge), to include the consent of the Indigenous Peoples.	None (As per International Best Practices Definition, there are no IP in Mozambique)	Not applicable
Gives attention to groups vulnerable to hardship or disadvantage, including as relevant the poor, the	The existing Resolution No. 12/98 of April 9, on Social Protection, aims to assist vulnerable groups, poor	The ESIA process usually captures the characteristics of the vulnerable groups in the target area for health service delivery. Attention to

disabled, women and children, the elderly, or marginalized ethnic groups. If necessary, special measures are taken to promote equitable access to program benefits.	families, women, children in difficult situation, handicapped people, elderly amongst others, relates to equitable access to program benefits.	vulnerable groups is included in the development initiatives aimed at these groups. The program includes participatory design and evaluation instruments and targets the most vulnerable groups. Particular focus on these groups will be further developed through socio-culturally appropriate service delivery protocols. Resources and capacity for management of specific social safeguards is severely limited and there are no dedicated supervisory roles and systems

Core Principle 6: Social Considerations – Social Conflict

Avoid exacerbating social conflict, especially in fragile states, post-conflict areas, or areas subject to territorial disputes.		
Key Attributes related to Core Principles	**Provisions in National System (Acts, Regulations, Guidelines, Directives)**	**Practice**
Considers conflict risks, including distributional equity and cultural sensitivities.	None.	The program will have a robust GRM and will address equity and cultural sensitivity issues in the context of ESMPs and service delivery protocols and training.

6 IDENTIFICATION OF PERFORMANCE IMPROVEMENTS

The proposed Mozambique Primary Health Care Strengthening PforR is designed as a results-based approach in the health sector. The Program builds on recent experience with results-based financing in Mozambique[12], as well as the implementation of the HSDP. It is based on considerations that fiduciary systems provide reasonable assurance that the financing proceeds under the Program will be used for intended purposes, and that social and environmental regulations and systems, and minimum acceptable technical capacity exists which can be enhanced to support satisfactory implementation of the program.

The PforR is also designed to reinforce and strengthen the Government's health system for improved stewardship, financial sustainability, expenditure efficiency and equity of service delivery, while ensuring the improvement of the capacity to manage the potential environmental and social effects in accordance with the country's own requirements under the proposed Program are strengthened.

This section highlights relevant challenges that will need to be addressed during Program implementation, which include:

For the PHCSP the issue of sufficient human and technical capacity is a critical success factor, which must be resolved by providing technical support and streamlining Program management tasks in the functional units of MISAU, under the coordination of the National Directorate of Planning and Cooperation. This will help MISAU to improve human resource for environmental and social process management.

- The MISAU Department of Environmental Health does not have sufficient human and technical capacity to effectively and rapidly intervene to address issues identified in environmental and social assessment. Ideally, the Department of Environmental Health should be deeply involved in EIA processes in parallel with the Department of Infrastructure and Health Equipment responsible for contract management, as well as the Procurement Department. These departments need to acquire the staff and develop the capability to discharge these responsibilities. With regard to civil construction works, the Department of Environmental Health must regularly monitor site activities to verify compliance with the provisions of the ESMP and ESHS requirements, and report to the World Bank during implementation support missions. These proposed responsibilities should be included in the departmental and legal responsibilities, specifically described in the organizational structure of MISAU, as part of the role of the National Directorate of Public Health.

[12] This includes the Public Financial Management Program-for-Results with the health and education sectors, and the Education Sector Support Project with disbursement-linked indicators.

- A dedicated Environmental Safeguards Specialist must work with the Department of Environmental Health and/or in support of the PMU, and provide oversight of environmental and social aspects of the Program, especially on activities involving construction works and facilities operations, including the enforcement of all monitoring requirements, and the management of biomedical waste. The Environmental Specialist recruited for other MISAU Bank-financed projects (e.g. HSDP and SATBHSS) can be used for this Program.
- Land acquisition for infrastructure construction is governed by MITADER under the EIA regulations and related processes, and would also fall in the purview of the MISAU Department of Environmental Health. It is important to ensure that the E&S specialists hired by that Department have the capacity to manage these aspects, as well as other environmental and social aspects that may arise during project preparation, implementation/construction and operation.
- Dedicated personnel and systems and specific protocols for worker, patient and community Health and Safety are needed. Health and safety of workers, patients and communities during health facility operations, as well as socio-culturally appropriate design and delivery of services, are areas that require additional expertise and a system/role design that can effectively promote and oversee these aspects across service delivery units on an ongoing basis. This aspect requires further study but could initially be integrated in the role of the facilitators who will develop capacity building activities and TA for District Services for Health, Gender, Children and Social Action (SDSGCAS), to improve district-level health program management. It is also a key component of the TOR for the social specialist to be hired for MISAU under the PAP.
- Emergency systems and plans need to be evaluated, enhanced and operationalized;
- Provision is needed at all levels of service delivery to improve biomedical waste management practices. Training will be required at National, Provincial and District levels to improve understanding of compliance requirements for biomedical waste management.
- Socio-cultural aspects of service delivery need to be assessed, systematized and supervised to enhance access, eliminate discrimination/access barriers, and enhance recipient satisfaction. Engagement processes and grievance response procedures need to be strengthened. The implementation of community consultation (a condition for disbursement for DLI 9) should provide opportunities for robust stakeholder engagement of both men and women, reinforcing grievance management mechanisms, and strengthening beneficiaries' capacity to exercise their roles and responsibilities in the system. This includes promoting awareness on existing complaints handling procedures, as a well as the creation of additional measures through the community consultation tools, forums, and action plans.

7 INPUTS TO THE PROGRAM ACTION PLAN

Overall, the ESSA shows that the Environmental and Social systems provided for in specific national environmental legislation, with implementation of actions to address the gaps and to enhance performance during implementation, are adequate for Program implementation. However, the establishment of internal MISAU procedures to follow the provisions of environmental legislation and social impact and risk management protocols is essential to ensure the efficient implementation of the Program from an environmental and social point of view. This includes health and safety management systems, especially for: activities/projects involving construction works, and facility management. Mainstreaming of socio-cultural service delivery and stakeholder engagement tools including grievance response mechanisms is also required.

To ensure that Program activities are compliant with national environmental and social requirements, and the core principles of WB safeguard policies, the World Bank E&S team will support the Program, with the establishment of internal MISAU procedures to follow the provisions of applicable legislation and good practice protocol. The team will join at least one implementation support mission per year to review progress in the implementation of the provisions of national environmental legislation, the ESMM and environmental and social protocols, including, among others, the specific requirements provided for in the Biomedical Waste Management regulations (Decree 8/2003).

Particular attention will be paid to the following actions required in the SAP, which is included in the Program Action Plan:

(1) Required environmental and social safeguards actions can be modified and expanded by MISAU in consultation with the Bank, but will contain, as a minimum, the safeguards actions outlined in Table 1 of this ESSA, which will be integrated in the PAP. Implementation reports monitoring progress on the action plan must be submitted to the World Bank annually beginning 12 months after Program effectiveness.

(2) Social Development Specialist: A social development specialist must be engaged within 12 months of Program initiation, reporting to DNSP but providing cross-departmental support to ensure the integration of gender and socio-cultural sensitivity in service delivery protocols at MISAU. This will include but not be limited to: providing support for the implementation of MISAU's new Strategy for the Inclusion of Gender in the Health Sector, and development and support for activities to ensure gender and culturally appropriate outreach and service delivery, non-discrimination, and education for better social integration of patients with potentially stigmatizing conditions. The position will also include the provision of training, information, and support to facilitators at the Provincial level. Support to reinforce Grievance Redress Mechanisms will also fall under the responsibilities of the position. The Terms of Reference for this position should be

agreed with the Bank. Before the end of the program the MISAU should demonstrate that this position has been made part of its permanent personnel structure.

(3) Biomedical Waste Management:

a. MISAUs environmental specialist must be trained in the management of health waste as a basis for ongoing oversight of waste issues under the program.

b. Health waste management must be included in health facility scorecards that will serve as the basis for DLIs 8 and 9. The scorecards must be used by MISAU to identify and fill gaps in protocol compliance and availability of required resources.

c. Informational materials should be prepared and distributed on health waste management, and at least one training should be delivered on health waste management at provincial levels for chief medical officers and for managers of health facilities with in-patient care, covering the production, handling, storage, transport or disposal of biomedical waste. MISAU, with support from the Environmental Safeguards Specialist[13], should also ensure that health waste management protocols are included in training curricula for health professionals

(4) Environmental Health Department Training: At least one training workshop must be held involving Environmental Health Department technicians at central level and provincial focal points and chief medical officers to strengthen effective implementation of Environmental Assessments. In particular, the training must focus on the actions that different actors in the department must be responsible for undertaking at each stage, especially for activities/projects involving construction works.

(5) Gender and Cultural Responsiveness: MISAU, with support from the Social Development Specialist, should ensure approaches to gender and cultural sensitivity are reflected in the curriculum and training of community health workers (APEs) and health center and district/rural hospital staff. Integration of gender through evidenced-based community -based demand side interventions will be particularly critical. This should include the development of community-based intervention to engage men in family planning promotion activities**.** MISAU should also ensure that gender-based violence is reflected in the curriculum of health professionals, including APEs. Prioritized gender and cultural sensitivity dimensions should also be integrated in the health facility

[13] *The Environmental Specialist has already been engaged by MISAU*

scorecard and community consultations. These can be informed by the ongoing Program gender analysis.

The Program Operations Manual (POM) will include guidance to the Social and Environmental Specialists to ensure that the actions included in the SAP/PAP are systematically implemented and sufficiently. The steps for any specific project will include (i) initial desktop review of safeguard issues (ii) site visit (where relevant); (iii) preparation of the Screening Form, set out in Annex 1 and screening out of ineligible activities; (iv) setting the terms of reference for and appointment of consultants (v) communication with key stakeholders to determine any project-specific safeguard issues (v) review of local legislation that applies to the project, over and above the legal requirements set out in the ESSA (vii) Submission of Screening Form to MITADER for determination of project assessment category under Decree 54/2015 (viii) Preparation of Category B or Category C assessment, as determined by MITADER, and of an ESMP in accordance with local legislation and with the mitigation and compensation standards established in the POM (ix) Implementation, monitoring and auditing. Steps (ii) to (ix) may be done by consultants or by the MISAU in-house specialists, depending on the circumstances.

8 SUMMARY OF PUBLIC CONSULTATION AND PARTICIPATION

The public consultation was held at MISAU office on October 5, from 9:00 to 11:00. MISAU organized and conducted the consultation with strong support and participation of the World Bank. The draft ESSA and invitation to the event were distributed to MISAU departments, other government Ministries (MITADER and MITESS), NGOs and civil society 15 days prior to the event. Approximately 49 people from various government organizations and agencies attended the event, most notably MITADER, MITESS, UNICEF, UNFPA, and Environmental Consultants.

Participants agreed with the ESSA findings and recommendations, and recommended to ensure that community consultation be carried out during program implementation for specific activities, especially that involve construction or rehabilitation of health facilities; as well as more attention on biomedical waste management.

REFERENCES

MISAU (2012) Plano de Gestão Ambiental e Social para a Construcão e Reabilitacão dos Centros de Saúde Tipo II - Projecto de Prestação de Serviços de Saúde nas Províncias de Niassa, Nampula e Cabo Delgado, Ministério da Saúde, República de Moçambique.

Republic of Mozambique (2004), Constitution of the Republic of Mozambique.

World Bank (2008), National Health Care Waste Management Plan - Health Services Delivery Project in Mozambique. Prepared under the HIV/AIDS Response Project. Republic of Mozambique.

MISAU (2016), Environmental and Social Management Framework for the Southern Africa Health Systems and TB Support Project.

World Bank (2008), ESSA for the Mozambique Public Financial Management for Results Program.

MISAU (2017), Draft National Environmental Health Strategy 2017-2025.

MISAU (2010). Standards and Procedures for the Management of Bio-medical Waste in the Health Units in Mozambique.

MISAU (2010), National Biomedical Waste Management Plan.

ANNEXES

ANNEX 1 - ENVIRONMENTAL AND SOCIAL SCREENING FORM

The Screening Form has been designed for assessing environmental and social impacts and mitigation measures, if any, so that requirements for further environmental analysis can be determined.

This form must be completed by the officer responsible for environmental management or an appropriately trained representative in consultation with the affected communities as well as key stakeholders.

PART A: GENERAL INFORMATION

1. **Name of sub-project**: …………………………………………………..

2. **Sector**: …………………………………………..

3. Type of activity ☐ New ☐ Rehabilitation☐ Expansion

4. **Administrative** Location:

4.1 Bairro (Municipal Area): ………………..

4.2 Village/City: …………………….

4.3 Locality…………………….……………………………………….……..…..…………….……..……...

4.4 District: ………………………………….

4.5 Province: ………………………………

4.6 Geographic coordinates: ………………………………………………

5. Identification of Proponent(s): ……………………………………….
6. **Address/contact**: …………………………………….
7. **Name of the Approving Authority**: ………………………………………………………………..

Details of the person responsible for completing this screening:

8. Name:

……....

9. Job title:

……..……...

10. Telephone number:

……...

11. Fax number:

…….....

12. E-mail address:

…….....….

13. Date: …….

14. Signature: ……

PART B: BRIEF DESCRIPTION OF THE SUB-PROJECT

Please provide information on the type and scale of the sub-project (area, required land and approximate size of total building floor area).

Provide information about the nature of activities during construction of the facilities including support/ancillary structures and activities required for construction, e.g. need to quarry or excavate borrow materials, laying pipes/lines to connect to energy or water source, access road etc.

1. Compliance with zoning

☐ Living space ☐ Industrial ☐ Services ☐ Green Area

2. Activity infrastructure, location, siting, surroundings, dimensions and installed capacity: *(use whenever possible writings and drawings of activity)*

……
……

3. Associated Activities:

……
……

4. Brief description of the construction and operation technology:
……
……
……

5. Type, origin and quantity of labour:
……
……
6. Alternatives to location of activities:
……
……
……
7. Additional information through maps (refer to the attachment)

- *Location Map (in an appropriate scale)*
- *Activity framework map in the location area (in an appropriate scale)*
- *Other information deemed relevant*

PART C. ENVIRONMENTALLY SENSITIVE AREAS OR THREATENED SPECIES THAT COULD BE ADVERSELY AFFECTED BY THE PROJECT				
No	Description	Yes	No	Not known
1	Intact natural forests			
2	Riverine forest and river banks			
3	Surface water courses, natural springs			
4	Wetlands (lakes, rivers, swamp, seasonally inundated areas)			
5	Distance to the nearest wetland (lakes, river, seasonally inundated areas) less than 30 km:			
6	Area is of high biodiversity			
7	Habitats of endangered/threatened species for which protection is required under participating countries' Laws.			
PART D. GEOLOGY, TOPOGRAPHY AND SOIL				
1	Direct cause or worsening of soil loss or erosion by the project			

2	Project will lead directly or indirectly to practices that could cause soil loss or erosion			
3	Need to consult a soil scientist on the project			
4	Modification of slopes is required by the project			
5	Project will affect stability of slopes directly or indirectly			
6	Project is located where existing unstable slopes could be a hazard			
7	Soil instability in the project area black cotton soil, earthquake, landslide, subsidence			
8	Project will cause substantial increase in soil salinity			
9	Increase in chances of floods, poorly drained, low-lying, depression or block run-off – water			
10	Soil contamination and pollution hazards will result from the project			
11	Risks of contamination and pollution from latrines, dump sites, industrial discharge etc.			
12	Need to consult a geo-technical engineer			
PART E. LAND ACQUISITION AND LIVELIHOODS, VEGETATION AND PROPERTY				
1A	No land will be involuntarily taken or acquired			
!B	Land acquisiton is minor and under 20% per HH	C		
1C	Land will be acquired and may exceed 20% per HH	NE		
2	People will lose access to natural resources	NE		
3A	People's assets or livelihoods will be affected in minor ways (less than 20%)	C		
3B	People's assets or livelihoods will be affected significant ways (more than 20%)	NE		
4	There are farm lands in the project area	A		
4A	Project will reduce or damage farm land by no more than 20% per HH	C		

4B	Project will reduce or damage farm land by more than 20% per HH	NE		
5A	Project will cause minor loss of vegetation, crops and fruit trees animals and livestock	C		
5B	Project will cause major loss of vegetation, crops and fruit trees animals and livestock	NE		
6A	Project will cause permanent loss of houses and infrastructures (shed, toilets, granaries)	NE		
6B	Project will cause loss or damage to infrastructures (shed, toilets, granaries)	C		
7	Project will cause loss or interference with access, routes for people, livestock etc.	A		
8	Land in the project area is intensively developed	A		
9	The project will increase pressure on land resources	A		
10	The project will result in decreased holdings by small land owners	NE		
11	The project will result in voluntary land take according to an acceptable VLD			
12	A land use planner should be consulted	A		
PART F. SURFACE WATER QUANTITY AND QUALITY				
1	Project will increase demand or cause loss of available surface water			
2	Need to consult a hydrologist			
3	Project will lead to additional discharges into surface water			
4	Project could cause deterioration of surface water quality			
5	Need to consult a hydrologist and/or water quality expert			
PART G. GROUNDWATER QUALITY AND QUANTITY				
1	Project will increase demand or cause loss of available ground water resources			
2	Project will cause natural or man-made discharge into ground aquifer			

3	Project could cause deterioration of ground water quality			
4	Need to consult a hydrologist and/or water quality expert			
PART H. AIR QUALITY				
1	Project will pollute air directly			
2	Project will lead to practices that worsen air quality			
3	Project will lead to a change in engine or fuel use that could cause serous air problems			
4	Project will result in polluted and hazardous working environments for staff			
PART I. NOISE				
1	Noise is a problem in the project area			
2	Project will result in increase in noise generation			
3	Project could make people to move to high noise level locations			
4	Project could result in noisy working environments for staff			
PART J. AQUATIC ECOSYSTEMS				
1	Significant aquatic ecosystems (wetlands, rivers, streams, lakes or ponds) are in the project area			
2	Project will affect the condition and use of ecosystems for human consumptions			
3	Significant wetland ecosystems (marsh, swamp, flood plains, or estuary) are in the project area			
4	Project will affect the use or condition of such wetlands			
PART K. TERRESTRIAL ECOSYSTEMS				
1	There are significant terrestrial ecosystems (forest, savannah, grassland or desert) in the project area			
2	Project will affect the use or condition of such ecosystems			

PART L. ENDANGERED/ THREATENED/RARE/ENDEMIC/SPECIES				
1	Endangered species exist in the project area			
2	Project will affect the habitant and number of such species			
PART M. MIGRATORY SPECIES				
1	Migratory fish, birds, or mammals use the project area			
2	Project will affect the habitat and numbers of such species			
PART N. BENEFICIAL PLANTS, ANIMALS, INSECTS, PESTS AND VECTORS				
1	There are non-domesticated plants and/or animals, used or sold by local people in the project area			
2	Project will affect these species by reducing their numbers or habitant			
3	There are currently problems with pest (plants or animals) in the project area			
4	Plants or animals might become pests due to ecological changes brought by the project in the area			
5	There are known disease problems in the project area transmitted through vectors			
6	Project will increase vector habitat or population			
7	Need to consult a public health officer			
PART O. ENERGY SOURCE				
1	The project will increase demand for conventional energy sources			
2	The project will create demand for demand for other energy sources (wood and charcoal)			
3	The project will promote supply of conventional energy sources			

PART P TOURISM AND RECREATION				
1	There is, at present, a significant degree of tourism in the area			
2	There is unexploited tourism or recreation potential in the area			
3	The project will adversely affect existing or potential tourist or recreation attractions			
PART R HAZARDOUS WASTES				
1	The project will produce hazardous wastes requiring special handling, storage, treatment and disposal methods			
2.	The project will cause spread of infection within and outside the facility requiring adherence to standard precautions			

CONCLUSION:

If all the above, answers are "No", there is no need for further action.

If there is at least one "Yes", a limited Environmental and Social Impact Assessment or an Environmental and Social Management Plan may be required.

Guide on possible action to be taken

☐ No further action if sub-project has no potential negative impact on environment or on social conditions

☐ An Environmental and Social Audit if the sub-projects may create a few minor environmental or social impacts which can be easily mitigated.

☐ Simple Environmental and Social Review and ESMP if sub-projects may create a few minor environmental or social impacts which can be easily mitigated.

☐ Limited Environmental and Social Review and ESMP if sub-projects may create minor environmental or social problems that require site visit or construction modifications to minimize or eliminate impact.

☐ Resettlement Screening according to Section E: (i) any positive answers in items marked NE will make the project ineligible; (ii) any positive answers in items marked with an A will require an assessment to answer on the questions in Part E to determine eligility; and

(iii) any positive answers in items marked with C require in kind replacement or compensation at full replacement value.

☐ Any other recommendation (explain): ……

Summary of possible safeguard options:

……
……
……
……..

This form has been completed by:

Name: ……Title: ……

Date:…….. Signature: ……

ANNEX 2 - LIST OF PERSONS MET IN CONSULTATION MEETINGS

Dra. Ana Paula Cardoso – Head of Environmental Health Department, DNSP, MOH

Dr. António Chambal - Project Coordinator, DPC, MOH

Arqt. Alek Jorge –Department of Infrastructure and Hospital Equipment (DIEH), DPC, MOH

Arqt. Andrea Maholela – Department of Infrastructure and Hospital Equipment (DIEH), DPC, MOH

Dra. Rosa Marlene – Head of Public Health Department

ANNEX 3 - VALIDATION WORKSHOP

ANNEX 3.1 – List of Participants

DATA: 05/10/2017 LOCAL: SALA DE REUNIOES D0 9 ANDAR HORÁRIO: 09:00H – 11:00H

NR	NOME	INSTITUIÇÃO	E-MAIL	CEL PHONE
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ANNEX 3.2 – Minutes of the ESSA Validation Workshop