



Additional Financing Appraisal Environmental and  
Social Review Summary  
Appraisal Stage  
**(AF ESRS Appraisal Stage)**

Date Prepared/Updated: 01/11/2021 | Report No: ESRSAFA084



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Borrower(s)	Implementing Agency(ies)
Nepal	SOUTH ASIA	Government of Nepal	Ministry of Health and Population
Project ID	Project Name		
P175848	Additional Financing: COVID-19 Emergency Response and Health Systems Preparedness Project		
Parent Project ID (if any)	Parent Project Name		
P173760	Nepal: COVID-19 Emergency Response and Health Systems Preparedness Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	2/8/2021	2/16/2021

Proposed Development Objective

The project development objective is to prevent, detect and respond to the threat posed by COVID-19 and to strengthen national systems for public health preparedness in Nepal.

Financing (in USD Million)	Amount
Current Financing	0.00
Proposed Additional Financing	0.00
Total Proposed Financing	0.00

**B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?**

No

**C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]**



The changes proposed for the AF entail expanding the scope of activities in the parent CERHSP project and adjusting the overall design. As the proposed activities to be funded under the AF for Nepal CERHSP are aligned with the original PDO, the PDO would remain unchanged. The AF will deepen and expand the scope of activities within Component 1, 2 and 3 of the CERHSP Project in support of procurement and deployment of COVID-19 vaccines for administration to populations prioritized by Nepal.

Specifically, under Component 1: Emergency COVID-19 Response, the AF will support existing efforts under sub-component 1.1 with goods, consulting and non-consulting services and operational costs to test, trace, treat and report on the infection for appropriate public health response. Additional Financing to sub-component 1.2 will support further strengthening of health systems in preparation for streamlined COVID-19 vaccine purchase and deployment by way of planning and coordination, regulation, targeting and surveillance, service delivery, training and supervision and logistics and supply chain. The bulk of the AF, in the amount of US\$67.5 million will be towards a new sub-component 1.3, for purchase of approved COVID-19 vaccines through eligible mechanisms.

Through the AF, engagement on ongoing interventions under Component 2: Community Engagement and Risk Communication will be scaled up and deepened with a focus on planning and prioritization for vaccine deployment, management of vaccine hesitancy and addressing misinformation through (i) cultural contextualization of all targeting and vaccine deployment plans, (ii) social and behavior change communication (SBCC) for preventive and promotive health leveraging mass, social, print and interpersonal counseling, (iii) outreach interventions, and (iv) citizen engagement for feedback and GRMs.

Towards Component 3: Implementation Management and Monitoring and Evaluation, the AF will support operational and management costs, including support and strengthened oversight of environment and social safeguards compliance, strengthening of information systems (routine data, surveillance and monitoring) and periodic studies and assessments particularly in relation to COVID-19 vaccinations.

#### **D. Environmental and Social Overview**

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

The parent project and this AF will focus on improving Nepal's capacity to undertake surveillance and response to COVID-19 and other infectious diseases. The on-going project activities include strengthening the epidemiological capacity of the country to detect, confirm, contact-trace, and record COVID-19 and other infectious diseases; improving health infrastructure (hospitals, laboratories, supplies) to diagnose and treat communicable diseases; improving risks communication and community engagement (RCCE) and health promotion; and providing technical assistance and training aimed at improving the overall preparedness of country's health system to prevent and control epidemic events. Whilst the parent project invested in selected critical core hospitals (Patan, Bir, and Sukraraj hospitals) and laboratories, the AF will prioritize support at the primary health care level critical to vaccine deployment, distribution and delivery to the population. Vaccine deployment will be guided by an equitable vaccine deployment strategy in line with WHO's Fair Allocation Framework with additional targeting criteria which is deliberately designed to prioritize vulnerable and marginalized populations as vaccines become available. The MoHP is encouraged to carefully assess this aspect of deployment when considering the various tiers of prioritized groups for the vaccination. As the COVID vaccine is a new one, past vaccination behaviors in the provinces as well as the



social, economic and geographical characteristics of the areas may facilitate vaccine acceptability or underpin skepticism and undermine participation. In the provinces, low adult literary, high poverty rates, and inadequate access to healthcare services remain constraints. Difficult geographical terrains and monsoons could disrupt cold-chain requirements of vaccines and affect the overall efficiency and effectiveness of the proposed vaccination program especially in rural remote locations. Minor rehabilitation and refurbishment of health infrastructure and cold-chain infrastructure may occur, with no need for additional land-take. Disease surveillance, vaccination activities and health risks communication may also confront cultural protocols of indigenous groups, and depending on vaccine availability, could further marginalize access to quality healthcare services for vulnerable groups. The project is not expected to impact natural habitats and cultural sites.

#### D. 2. Borrower's Institutional Capacity

Based on the experiences in the parent project, the client's capacity for managing the environmental and social impacts of this operation is considered as weak. Prior to this project, the staff of the MoHP, the lead implementing agency of this project, had limited experience and familiarity with the World Bank's environmental and social policies, having implemented only low-risk PforR operations (e.g. Nepal Health Sector Management Reform Program) with the Bank. The extensive technical considerations of the parent project has not allowed significant uptake of knowledge in the Bank's Environmental and Social Standards.

The existing Project Implementation Unit (PIU) with the support from Health Emergency Operation Center (HEOC) and in coordination with relevant units like Management Division (MD), Curative Services Division (CSD), National Health Education, Information and Communication Center (NHEICC) and the Nursing Services Division (ND) of the Department of Health Services (DoHS) is responsible for managing the environmental and social (E&S) impacts of the project activities. The MD and CSD manages the environmental impacts, provides oversight for waste management from healthcare facilities and ensures control and compliance with national infection control and waste management standards; whilst the HEOC with NHEICC and ND manage social impacts, coordinates RECCE activities, and responds to grievance and complaints. At present, there are no dedicated E&S Specialists at the MD or CSD. As such, two specialists (One Environment; one social) will be hired to support the implementation of the project as the AF becomes effective. In February 2020, the MoHP developed and adopted a National Health Care Waste Management standards and operations which also includes methods for disposing vaccines waste. The standards is part of the suite of protocols for managing healthcare waste in the project and will be extended to waste that may be generated from the proposed vaccination program. The MoHP also developed a Gender Equality and Social Inclusion section/unit (GESI) to address GESI issues and to promote and facilitate the inclusion of women, Dalit, Indigenous Peoples, persons with disability and other excluded communities in the formulation, implementation of health policies and programs.

MoHP faces inadequate institutional capacity and budget constraints and no internal procedures for discharging these E&S mandates effectively. The Bank and other development partners are responding to these challenges. The German Development Agency (GIZ) is currently providing support, including training and equipment for staff, to help strengthen health care waste management systems in 10 hub hospitals. UNICEF and the WHO provide technical assistance to the MoHP in the areas of RECCE and enabling the ministry to undertake twice-a-week press briefings, radio/TV/social media programs, and a public health communication campaign. The Bank also provides hands-on support and will work with the MoHP and other Development Partners to develop and implement a proportionate capacity building plan, as well as train and provide technical support for project staff towards the effective implementation of the Environmental and Social Commitment Plan (ESCP), Environmental and Social Management Framework (ESMF), and Stakeholder Engagement Plan (SEP) and other mitigation plans. The ESMF and SEP for the



parent project were disclosed by the MoHP on August 31, 2020, and will be updated to include additional procedures for managing the risks and impacts related to the AF. A capacity evaluation will be conducted during project implementation and, if needed, additional E&S specialists will be assigned for the project.

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

**A. Environmental and Social Risk Classification (ESRC)**

Substantial

**Environmental Risk Rating**

Substantial

Combined with the parent project, the proposed AF will enhance Nepal’s systems for disease surveillance, containment and control of infectious diseases; and specifically finance the procurement and deployment COVID-19 vaccines when they become available. An estimated 6.075 million people - averagely 20 percent of the country’s population- will receive the first set of vaccines that will be procured by the country. The priority population for the vaccine includes health workers - largely women, other essential workers, elderly people (60+ years) and persons with co-morbidities that are highly susceptible to COVID-19, as well as the poor and vulnerable households to be selected using the World Health Organization (WHO) Fair Allocation Framework in addition to Nepal’s nuanced parameters for vulnerability including age, gender, income poverty, and the health conditions of individuals. Additional funds will be dedicated towards establishing cold-chain infrastructure and equipment, finalizing equitable vaccine accessibility strategies, and additional training of health care workers. Overall, the AF project is expected to extend positive environmental and social impacts. Along with the positive impacts, the AF activities are expected to increase the scale of adverse environmental and social risks and impacts of the project.

The environmental risks rating of the AF and the parent project remain Substantial due to concerns about occupational health and safety (OHS) for workers and the potential for improper handling and disposal of medical waste and bio-hazards which could injure human health. Managing medical waste at the provincial and local levels is particularly challenging given that facilities at these levels are poorly resourced and without adequate human resource capacity. The COVID-19 pathogen and reagents are particularly dangerous in nature and require careful and proper handling. Other environmental impacts which have become apparent and predictable through the parent project are: (i) community health and safety (OHS) concerns; (ii) disposal of hazardous waste generated from quarantine and isolation centers, laboratories, and screening posts could include contaminated fluids (e.g. blood) and infected materials such as reagents, syringes, empty vials and laboratory solutions; and (iii) air, noise, water emissions, waste generation, OHS issues during civil works. Operation of light and refrigerated vehicles are expected exacerbate noise and emission levels. The proposed support for establishing cold-chain infrastructure may involve minor rehabilitation works and induce noise, dust and air pollution.

The scope, scale and spatial extent of these risks factors are largely predictable, temporary and can be managed by enhancing the existing risks mitigation instruments. Although the institutional capacity for managing risks remains limited, past vaccination programs in Nepal, both routine and periodic, and the parent project and the national standards for managing health care waste has enabled the MoHP to develop basic procedures and experience in managing medical waste. The ESMF which was developed under the parent project will be updated, consulted upon, redisclosed and implemented to address existing and emerging E&S risks and impacts. Appropriate administrative and engineering controls will be incorporated in the revised ESMF to respond to ‘new’ risks related to vaccine delivery as well as installation and operation of cold-chain equipment. The review process will be guided by the World Bank

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Group’s Environmental, Health and Safety Guidelines and all relevant WHO Protocols on epidemics such as COVID-19, relevant national laws and regulations. The proposed policy development and accountability mechanisms work under component 1 of the AF will be leveraged to strengthen existing framework which are critical for managing medical waste and ensuring sanitation at healthcare facilities is widely implemented.

**Social Risk Rating**

Substantial

Similar to the environmental risks, social risks of the AF project is rated Substantial due to exclusion risks of vulnerable and marginalized groups and challenges to ensuring equity in vaccine distribution and access. There is a broader social risk of inequity in access to vaccines for vulnerable and indigenous populations due to entrenched caste systems, and in some instances political pressure to provide vaccines to non-prioritized groups and individuals. Vaccine deployment plans could also leave women behind, considering the larger male mortality of COVID and the tendency in many countries to overlook the importance of gender in economic activity. Without adequate mitigation, these risks could materialize when combined with individual (low literacy, risk perception about vaccine safety, previous vaccine experiences, etc.) and contextual factors (geographical barriers, religious and cultural norms) affecting vaccination behaviors. Other social risks includes the potential for creating or exacerbating the: (i) existing marginalization of poor vulnerable (including the elderly, persons with pre-existing conditions, people with disabilities and indigenous peoples) and lower-caste groups in terms of access to relevant health and vaccine information which could deepen inequalities and undermine the PDO; (ii) improper disposal of medical waste (especially sharps, used vials and syringes) on open waste dumps and discharge of contaminated water that may undermine community health and safety, cause injury to waste pickers and contaminate land and surface water; and (iii) social tensions which may arise from inequities and exclusion from vaccination. These risks are predictable, expected to be localized, and can be managed following routine/existing regulations and enhanced measures outlined in the ESMF, SEP and other social management plans.

To mitigate the risks of inequitable access, the targeting criteria for vaccination has been deliberately designed to prioritize vulnerable and marginalized populations as the third tier of priority people following health and essential workers and people with co-morbidities. The MoPH, commits in the updated ESCP, to apply its Gender and Social Inclusion (GESI) Guidelines and predetermined vulnerability index to inform and direct vaccine delivery plans, and ensure that women, vulnerable and IP groups receive adequate coverage of medical services and supplies. The need for an equitable access to vaccines is central to the proposed activities under component 1.2 of the project as the government works to finalize its vaccine deployment strategies and plans. In line with the requirements of ESS 10, the MoPH will also update the project SEP and implement it, ensuring a timely disclosure of relevant information on disease surveillance, vaccine risks and benefits, and the environmental and social impacts that may occur with such activities. The SEP will complete RCCE activities under component 2, and respond to the specialized information needs of disabled and vulnerable populations and comply with WHO Guidelines on Risks Communication. The updated SEP will include a Grievance Redress Mechanism (GRM) for addressing project-related complaints and concerns. No land acquisition or involuntary resettlement is expected as the minor civil works/rehabilitation expected will take place within existing hospitals, laboratories, and health facilities.

The Environmental and Social Risks Classification of the project is based on the activities under components 1, 2, and 3 of the project. In the event that the CERC activated, this risk classification will be revised accordingly and proportionate to emerging risks that may occur with the CERC activities. In such circumstances, the ESMF and other instruments will be revised to provide additional guidance for the assessment and management of social and environmental risks that may occur with eligible emergency activities.

**B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered**

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## B.1. General Assessment

### ESS1 Assessment and Management of Environmental and Social Risks and Impacts

#### **Overview of the relevance of the Standard for the Project:**

The AF will have positive environmental and social impacts as it focuses on improving the overall capacity of the GoN to carry out surveillance and control of infectious epidemic diseases (including COVID 19); and enabling the procurement as well as safe and equitable deployment of COVID vaccines. At the same time, the project extends some substantial environmental, health and safety (EHS) risks to direct and contracted workers and local communities. The risky nature of the pathogen and reagents which are being used in the project-supported laboratories and quarantine facilities present safety concerns to health workers. Without adequate planning and service delivery, disadvantaged or vulnerable groups could be further marginalized from accessing the services that are provided by this project. Healthcare-associated infections due to inadequate adherence to OHS standards can lead to illness and mortality among health and laboratory workers. The National Public Health Laboratory (NPHL) and designated hospitals (e.g. Patan, Bir, and Sukraraj hospitals) that provide diagnostic testing and patient isolation also generate biological and chemical waste, and other hazardous byproducts. The laboratories which are being supported by the project sometimes process COVID-19 specimens with the potential to cause serious illness or lethal harm to the laboratory staff and to the community. Thus, effective administrative and containment controls will be put in place to minimize these risks. In general, the hospitals, health facilities and vaccine delivery facilities to be supported by this project require adequate operating procedures to help minimize and control occupational health and safety risks, manage hazardous waste and sharps, maintain proper quarantine procedure for COVID-19, ensure safe operation of cold-chain infrastructure and equipment, appropriate chemical and infectious substance handling and transportation procedures.

As part of the parent project, the MoHP prepared and disclosed an ESMF on August 31, 2020 to mitigate these risks. This ESMF will be updated to include additional administrative and engineering controls for environmental risks that may be induced by the AF. This revised ESMF will follow global best practices in COVID-19 diagnostic testing and handling the medical supplies, disposing of waste, procurement and deployment of vaccines, procurement and use of fuel-efficient vehicles to minimize air and noise pollution, and articulate strict compliance with Nepal's road safety measures. An exclusion list was included in the ESMF for the parent project, outlining project activities that may not be undertaken without the appropriate OHS capacity and infrastructure is in place (e.g., BSL3 level). International best practice as outlined in the WBG's EHS Guidelines for Health Care facilities and WHO's "Operational Planning Guidelines to Support Country Preparedness and Response", existing relevant national regulations like Public health Service Act, 2018, National Health Care Waste Management standards and operations, 2020 will inform the review of the ESMF and other relevant environment and social management plans to be implemented in this AF project.

As noted above, major social risks that are anticipated in this project include the potential for inequitable access to COVID vaccines and other project-financed medical services for indigenous communities and other vulnerable groups (women, Dalit, and religious minorities); community health and safety issues which may arise from improper disposal of medical waste; and social tensions which may arise from surveillance and disease control measures and inequitable vaccine distribution. In line with the draft Nepal Pandemic Preparedness and Response Plan (NPPRP, 2019), the activities to be financed by the AF are inherently designed to prioritize such vulnerable populations. The first 20 percent of the population to receive priority access to vaccines includes vulnerable and marginalized populations that will be selected using the vulnerability parameters of the country e.g. age, income poverty age, gender, income poverty, and the health conditions of individuals. The social registry for vulnerable populations developed by GoN with the support of the Social Protection and Jobs Global Practice team of the WBG will be



leveraged to identify the prioritized populations.. The revised ESMF will include enhanced procedures for waste segregation, transport and disposal so as to avoid or minimize risks of injury and illness to local populations and the potential for contamination of land and surface water. The ESMF also offers procedures for screening for environmental and social risks in any proposed works on cold-chain infrastructure; and where potential risks are identified, mandates the need for an Environmental and Social Management Plan (ESMP) to mitigate potential impacts of the proposed works. Where relevant contractors and executing agencies will prepare and implement the ESMPs. Any activities that are screened as having high E&S risk, will be excluded from project support. In addition to managing health and environmental concerns, the MoHP commits in the ESCP to continued stakeholder engagement, maintain timely dissemination of information to: (i) better inform and counter misinformation and rumors; (ii) ensure equitable access to all project-financed medical services; and (iii) address tension resulting from people being detained in mandatory quarantine. The SEP for the parent project will be updated to include specific consultation and engagement activities that will help create awareness about COVID vaccines and the government’s vaccine deployment plans. The update of the SEP will be guided by the World Bank’s Environmental and Social Standard 10 (ESS 10) and WHO’s Standards Guidelines for Risks Communication and Community Engagement (RCCE) to ensure its relevance to new AF activities, and to (i) facilitate noted appropriate stakeholder engagement and outreach towards a differentiated audience (concerned citizens, suspected cases and patients, relatives, health care workers, etc.); and (ii) promote the proper handling of quarantining interventions (including dignified treatment of patients; attention to specific, culturally determined concerns of vulnerable groups; and prevention of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) as well as minimum accommodation and servicing requirements).

### **ESS10 Stakeholder Engagement and Information Disclosure**

Experience in the parent project and in similar emergency epidemic operations suggests that the risks of misinformation is always apparent. A significant risk in the proposed AF relates to the potential for vaccine skepticism and misconceptions about the benefits and risks of the COVID vaccine. There is also the risk that information needs of indigenous groups could be sidestepped if not carefully assessed and incorporated in the mainstream information dissemination of the MoHP. As such this standard is considered relevant in managing the environmental and social impacts of this project. As part of the parent project, and in line with the standard, the MoHP developed a SEP streamlining its procedures and strategies for public disclosure of relevant project-related information, public consultations, and risks communication. The SEP is being implemented as an integral part of the Ministry’s RCCE activities under component 2 of the project. The SEP includes strategies for meaningful consultation and disclosure of appropriate information, taking into account the specific challenges associated with combating COVID-19. Under this AF, the SEP will be updated with strategies and plan for creating awareness about COVID vaccines once they become available, and helping to generate vaccine acceptability by reversing rumors and addressing fears. Activities under Component 2 will be scaled up and deepened with a focus on cultural contextualization of targeting and vaccine deployment plans; social and behavior change communication for preventive and promotive health, and citizen engagement for feedback and grievance redressal mechanisms. As part of the updated SEP, consultation and engagement activities will deploy key messages on priority population (inclusion and exclusion criteria), vaccination centers and procedures, and other COVID-related information. Communications materials developed will be translated into Nepali and other local languages. Prior to implementation of the proposed AF, the updated ESMF and SEP will be consulted upon and disclosed to relevant stakeholders. The SEP will continue to acknowledge the need for





engaging marginalized and vulnerable social groups such as ethnic and religious minorities, IPs, and persons with disabilities, especially those living in remote or inaccessible areas, while keeping a clear focus on those who are most susceptible to the transmission of the novel coronavirus, such as the elderly and those with compromised immune systems due to pre-existing conditions. Different engagement methods will be used for different stakeholder groups particularly vulnerable groups. The SEP will also include a grievance redress mechanism to address project-related concerns. For SEA/SH-related grievances, the project will adopt the parent project's SEA/SH Prevention and Response Plan, which outlines steps for addressing SEA/SH grievances. Activities to enhance the SEA/SH prevention plan includes: appointing an SEA/SH focal person for SEA/SH incidences; training of GRM helpline operators on GBV issues; developing an abridged operational guidelines for handling SEA/SH cases; and developing SEA/SH-related training materials and organizing a short virtual training/orientation on SEA/SH for project implementation units and grievance operators.

## **B.2. Specific Risks and Impacts**

**A brief description of the potential environmental and social risks and impacts relevant to the Project.**

### **ESS2 Labor and Working Conditions**

Through some of the parent and proposed AF project activities, direct and contracted workers, especially public health workers, could be exposed to OHS risks mainly due to the project being implemented during an ongoing COVID-19 pandemic. Except for rehabilitation and refurbishment works, most of the proposed activities will be conducted by public health staff and laboratory technicians, civil servants, and specialized consultants. The procurement and installation of laboratory and cold-chain equipment and infrastructure will be carried out by staff of suppliers. The most significant risks confronting health workers is related to OHS and include exposure to infectious diseases (including COVID-19), hazardous materials, and exposure to radiation. Transport of vaccines and operation of light and refrigerated vehicles can also present the risks of accidents to drivers and exposure to infections; albeit marginal and insignificant risk. The update of the parent project ESMF will include recommended OHS measures which are outlined in the WHO and World Bank ESH guidelines. The existing ESMF includes (i) procedures for entry into health care and quarantine facilities, including minimizing visitors and undergoing strict checks before entering; (ii) procedures for protecting workers against infections and hazardous waste; (iii) training and toolbox meetings on OHS procedures to all categories of workers including direct and contracted workers; (iv) post signage to isolate and moderate risks exposure; and (v) mandatory use of Personal Protective Equipment (PPE), both direct and contracted workers. The ESMF and all other guidelines developed under this project will be flexible to allow review and integration as new guidance are provided by WHO over time.

In line with ESS2, the use of child labor is prohibited in both the parent and the AF project. Persons under the age of 18 are not allowed to work on any facility or site that is being financed by the project. Age verification (using certified birth certificates and citizen identification cards) will be carried out as precondition for employment. Minor rehabilitation and civil works will be carried out by contractors who may hire and use local labor. In all such works, workers will have access to necessary PPE and handwashing stations. Where labor camps are established (not expected, but can happen for the small scale construction works), the required health and safety and fire safety measures will be implemented along with worker codes of conduct to prevent incidents of SEA/SH. The project will also provide accessible grievance mechanism to allow workers to raise workplace concerns and labor issues to be



addressed by the MoHP, hospital administrators, and facility managers. A separate grievance mechanism will be maintained for SEA/SH-related grievances, as provided in the parent project's SEA/SH Prevention and Response Plan.

### **ESS3 Resource Efficiency and Pollution Prevention and Management**

Medical and chemical wastes (including water, reagents, infected materials, etc.) from the laboratories, quarantine, vaccination centres and screening posts to be supported (drugs, supplies and medical equipment) can have substantial environmental impacts and with human consequences. Solid wastes generated from medical facilities/ laboratories and discharge of contaminated water and fluids, chemicals and other hazardous materials, and other waste from labs and quarantine and isolation centers including of sharps, used in diagnosis and treatment can endanger health and safety of local communities. With the proposed vaccination program, the quantum of medical waste in the form of used vials and syringes may increase and could pollute the environment if not properly disposed. Each beneficiary hospital and facilities will follow the procedures outlined in the ESMF and relevant WHO COVID-19 Guidelines, and other best international practices. The hospitals will apply the National Health Care Waste Management standards in managing disposal of used vials, syringes, and other vaccine-related waste. The ESMF will include guidance related to: (i) transportation and management of samples, medical goods (including vaccines and PPEs) and expired chemical products; (ii) measures for ensuring energy and resource efficiency during refurbishment and operation of health facilities; and (iii) collection, transport and disposal of medical waste at designated sites. Considerations for resource efficiency will guide the procurement and operation of vehicles and cold-chain facilities. The procedures for realizing energy and resource efficiency would be documented for each civil work activity in a site-specific ESMP. Waste water, used chemicals and solid waste generated from quarantine facilities and laboratories will be treated and discharged as per the standards and measures by WHO.

### **ESS4 Community Health and Safety**

Apart from injury from sharps and syringes on landfills and open dumps, medical and general wastes from the laboratories, hospitals, and quarantine and isolation centers have a high potential of carrying micro-organisms that can transmit diseases the community at large if they are is properly disposed of. There is a possibility for the infectious microorganism to be introduced into the environment if not well contained within the laboratory or due to accidents/ emergencies e.g. a fire response or natural disasters (e.g., earthquakes). The project design (subcomponent 1.1) includes investments to strengthen bio-safety measures. The OHS procedures in the ESMF will outline:

- Procedures for Risks Communication and Community Engagement (RCCE) as per WHO Guidelines to create awareness about hazards associated with medical waste.
- Measures to prevent or minimize the spread of infectious diseases.
- Emergency preparedness and response measures.

Laboratories, quarantine and isolation centers, and screening posts will follow respective procedures with a focus on appropriate waste management of contaminated materials as well as protocols on the transport of samples and workers cleaning before leaving the work place back into their communities. Vehicles conveying vaccines and logistics across the country may cause disturbances, increase air and noise pollution, and exposure to traffic accidents.



The operation of the quarantine and isolation facility at the Sukraraj Infectious Disease Hospital and other facilities in the provinces will be implemented in a way that both the wider public, as well as the quarantined patients, are treated in line with international best practice as outlined in WHO guidelines referenced under ESS1.

The likelihood that project activities will generate or exacerbate the risks of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) is low. Nonetheless, all facilities that will receive funds and support from the project will adopt basic measures to prevent and deter workers from engaging in SEA/SH. The borrower has committed to working with the Bank to develop and implement an SEA/SH Action Plan. The plan will promote gender-sensitive messaging, provide separate infrastructure such as segregated toilets, and implement a mandatory Code of Conduct (CoC) for workers and staff. The above activities for preventing and minimizing risks to community health and safety will be an integral part of the SEP with focus on creating awareness and promoting safe community conduct. RCCE activities as proposed in the SEP will include messages aimed at reducing the potential for social tension.

In situations where security personnel are used to protect project-financed facilities (e.g. quarantine and isolation facilities and stores) and/or assist in vaccine deployment, the participation of such personnel will be governed by a memorandum of understanding (MoU) between the MoHP and the security services. The MoU will set out the arrangements for the engagement of the security services and spell out requirements for compliance with the ESCP and provisions of the ESMF. The MoHP will ensure that the personnel observe a CoC, taking into consideration the needs of quarantined persons.

The project will adopt the parent project's SEA/SH Prevention and Response Plan, which is based on an existing institutional structure within MoHP for responding to SEA/SH incidences comprised of a health sector One-Stop Crisis Management Center (OCMC) and a GRM helpline.

#### **ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement**

This standard is Not Relevant for this project. All civil works to be carried out under the parent project and this AF involves existing facilities and properties located on land that belongs to the GoN and/or titled to the beneficiary hospitals and facilities without encumbrances. Rehabilitation of cold-chain facilities and medical stores will occur within existing facilities, without the need for additional land. Whilst the project is not expected to induce population displacement. Screening of subprojects will be undertaken to determine potential informal occupants or users of premises that are targeted for rehabilitation works. Any restrictions on land use and access to ecosystem services which is connected to the project implementation will be undertaken through voluntary and good faith negotiations between the parties. In the unlikely event of permanent land acquisition in connection with any project activities that have not yet been identified, this standard will become relevant and used to inform the preparation and implementation of Resettlement Action Plan(s) (RAPs) . RAPs will address compensation and livelihood needs of Project-Affected Persons (PAPs).

#### **ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources**

No major construction or rehabilitation activities are expected in this project and all works will be conducted within existing facilities. Hence, no impacts on natural habitats and biodiversity are expected. Accordingly, this standard is not considered relevant.



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

Nepal’s population includes indigenous peoples (e.g., Gurung, Tharu, Rai, etc) whose collective identity and presence is consistent with the characteristics that are specified in paragraphs 8 and 9 of ESS7. Official statistics indicate that this groups constitute approximately 36 percent of the population. The proposed AF activities do not present adverse impacts on indigenous people. However, there is a potential for marginalizing indigenous and vulnerable people in accessing vaccines and vaccine related information. Vaccine deployment and delivery when available could confront local perceptions as well as cultural protocols and local medicinal practices of IP groups. In the event of an outbreak of COVID among IPs, the necessity for patient isolation and quarantine, social distancing, and prohibition of transmission amplifying events (e.g. funerals, cultural events, etc) could pose material effects on the cultural, ceremonial, or spiritual aspects of indigenous groups. Accordingly, this ESS is considered relevant for this project. Given the scope of the project, some of the project activities - disease surveillance, public health education, and RCCE - may be carried out among indigenous groups. All project-financed activities will be carried out with due respect for the rights, dignity, aspirations, identity, culture and livelihoods of IPs. Training and capacity building for health care workers under the project will ensure that care is provided for all, regardless of ethnicity and social status, and with due care, taking into account the cultural and ethnic protocols of IPs. The relevant aspects of ESS7 will be adopted to ensure full participation and consultation of IPs throughout the project implementation, and to create culturally-sensitive mechanisms by which IPs can raise concerns or seek redress for project-related grievances. Consultations and vaccination campaigns will be conducted through partnership with relevant IP/SSAHUTLC organizations and traditional authorities. The project activities (i) will not undertake forced vaccination; and is (ii) not expected to induce adverse impacts on land belonging to indigenous groups and are not expected to cause relocation of such groups or cause material changes to their ways of life.

**ESS8 Cultural Heritage**

This standard is currently considered Not Relevant as expected rehabilitation works will not involve significant earth movement, excavation, or other activities that could have an adverse impact on cultural heritage. In the unlikely event of construction or the movement of earth in connection with any project activities that have not yet been identified, a chance finds procedure will be prepared and integrated into the ESMF for the project. There is a risk that vaccination programs could impact intangible cultural heritage of indigenous people, i.e. traditional medicinal practices. This risk is not expected to materialize as such cultural practices tend to co-exist with conventional medical practices including vaccination programs. When implemented, the proposed COVID vaccination program will not carry out forced vaccination.

**ESS9 Financial Intermediaries**

No financial intermediary is involved in the project

**C. Legal Operational Policies that Apply**

<b>OP 7.50 Projects on International Waterways</b>	No
<b>OP 7.60 Projects in Disputed Areas</b>	No

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**B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts**

**Is this project being prepared for use of Borrower Framework?** No

**Areas where “Use of Borrower Framework” is being considered:**

The project will not use borrower framework, but will comply with all country regulations related to the project.

**IV. CONTACT POINTS**

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**Borrower/Client/Recipient**

Borrower: Government of Nepal

**Implementing Agency(ies)**

Implementing Agency: Ministry of Health and Population

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**VI. APPROVAL**

Task Team Leader(s):	Sangeeta Carol Pinto, Manav Bhattarai
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Public Disclosure