



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

Date Prepared/Updated: 02/12/2021 | Report No: ESRSAFA120



**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: Nepal 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	2/1/2021	3/18/2021

**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
<b>Total Proposed Financing</b>	<b>0.00</b>

**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]**

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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 strengthen Nepal's health systems and improve the country's overall epidemiological capacity to undertake surveillance and response to COVID-19 and other infectious diseases. The activities are targeted at the federation and implemented proportionally at the federal, provincial and local levels based on epidemiological needs of the country. In all, about 194 hospitals (including the Patan, Bir and Sukraraj hospitals) with over 1146 ICU beds are designated for case management of COVID-19 patients. With funds and technical support, the parent project helped to enhance Case Investigation and Contact Tracing (CICT) at the national and provincial levels; strengthened over 47 acute care health facilities with isolation capacity; increased the national COVID-19 testing capacity from one laboratory (national public health laboratory) to 82 laboratories across the country; and financed over 40 new/rehabilitated ICU beds and facilities in selected public hospitals for managing public health emergencies. Risk communication messages are delivered to the public through multiple channels including media briefings, radio, televisions, mobile and online applications, and posters at locations in cities and villages across the country. In addition, two call centers have been established to share reliable information about



COVID-19 with citizens and to handle complaints made through the call centers. At the last project implementation support mission, the overall project performance was rated satisfactory, albeit with a moderate satisfactory rating for the project’s environmental and social (E&S) performance due to delays in hiring E&S Specialists, reporting lapses on environment and social issues, and the inability of the MoHP to apply the national waste management standard across the country.

In October 2020, the MoHP, with technical support from the German Development Agency (GIZ), developed and adopted a National Health Care Waste Management standards and procedures which also includes methods for disposing vaccines waste. These standards are used to guide medical waste disposal at the central and provincial hospitals under the Parent Project. Additional technical support from UNICEF has enhanced the capacity of the MoHP to implement RCCE activities as outlined above. Nonetheless, human resource capacity (in terms of staff and skills sets) for implementing and reporting on the Environmental and Social Management Framework (ESMF) and Stakeholder Engagement Plan (SEP) is constrained thereby limiting oversight and reporting on the environmental and social compliance as per the ESCP.

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 the National Deployment and Vaccination Plan and WHO’s Fair Allocation Framework with considerations for vulnerable and marginalized populations. As the COVID vaccine is new, 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 especially so for women, high poverty rates, and inadequate access to healthcare services remain constraints. Experience from the parent project suggests limited community support for CICT activities due to stigma from neighbors. 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. 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.

As per the government’s NDVP, the vaccination program is voluntary, and provides opportunities for individuals to participate on their own volition without coercion. With regards to mandatory vaccination, the task team has no sufficient information to determine whether or not the government may impose mandatory vaccination on some groups. As information becomes available, the risks related to mandatory vaccination will be considered and mitigated. Also, 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, and requires strengthening as additional impacts are expected to emerge with the proposed AF activities. Under the parent project, the direct responsibilities for implementing the ESMF, SEP, ESCP and other E&S risks mitigation measures were placed with regular MOHP staff ( specifically the Nursing and Social Security Division (ND), Management Division (MD), the Epidemiology and Disease Control Division (EDCD) and the National Health Education, Information and Communication Center), with provisions for recruiting Environmental and Social Specialists to augment the responsible staff. This arrangement has proven ineffective due to fragmentation of staff time across technical aspects of the operations and their limited awareness and familiarity with the World Bank’s environmental and social standards. The provision for recruitment of trained and experienced Environmental and Social Specialists did not also materialize, resulting in limited staff time and capacity for adequate oversight and reporting on environmental and social compliance. The capacity of the MoHP to implement its Health Care Waste Management Procedures across all health care facilities in the country is also limited due to budget and



human resource constraints. However, the hiring of an environmental and social specialist each to support the HEOC is in process and will provide dedicated staff time for E&S risk management.

The implementation of the AF will continue to be through the MoHP, the Department of Health Services (DoHS) and their institutional bodies as is the case for the parent project. Specific to environmental and social commitments, the Health Emergency Operation Center (HEOC) in coordination with the following units of the DoHS - Management Division (MD), Curative Services Division (CSD), National Health Education, Information and Communication Center (NHEICC) and the Nursing Services Division (ND) – is responsible for managing the environmental and social (E&S) impacts of the project activities. The MD and CSD provides oversight for environmental impacts including medical waste management, ensures control and compliance with national infection control and waste management standards, and ensure contractors and service providers adhere to OHS procedures; whilst the HEOC working with NHEICC and ND will coordinate social impact management, RECCE activities, and respond to grievance and complaints. The process of hiring dedicated two E&S Specialists (one environment and one social) to augment capacity at the HEOC is in progress and expected to be completed within two months of project effectiveness. The Bank and other development partners are responding to these challenges. Component 3 of the project (both parent and AF) will provide funds for hiring the E&S specialists and support logistics for E&S operations. The SEP for the parent project which was disclosed on August 31, 2020 has been revised and disclosed on February 4, 2021 to service the AF, and include additional activities for creating awareness about vaccines and to help facilitate vaccine acceptance. Similarly, the ESMF for the parent project which was also disclosed on the same date as the SEP is scheduled to be revised and disclosed prior to effectiveness of the AF. All key E&S commitments have been noted in the AF ESCP and will be monitored for compliance by the Bank task team. A capacity assessment will be conducted by the Bank task team during project implementation and, if necessary, additional E&S specialists will be recommended and/or capacity development training provided for the project.

The National Health Care Waste Management standards and procedures which had been developed with technical support from GIZ, 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 GIZ is providing additional support, including training and equipment, to help strengthen health care waste management systems in 13 hub hospitals. UNICEF provides 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. At this phase of project preparation, the institutional capacities of GIZ, UNICEF and WHO are considered adequate based on routine engagements and discussions on the various subject matters related to their technical support and leadership of various aspects of the project. The MoHP also developed a Gender Equality and Social Inclusion section/unit (GESI) to address gender considerations and to promote the inclusion of women, Dalits, Indigenous Peoples, persons with disability and other excluded communities in the formulation, implementation of health policies and programs.

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**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 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 . 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; starting with health workers - largely women, other essential workers, elderly people (60+ years) and persons with co-morbidities that are highly susceptible to COVID-19. Overtime, the rest of the population will be vaccinated as more vaccines are procured. . Additional funds will be dedicated towards training more health care workers on the vaccination program and the risks communication issues. 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. These risks factors are largely predictable and reversible, although controlling them and addressing their impacts are routinely constrained due to budgets, logistics and technical constraints. As in many other jurisdictions, medical waste from vaccination programs are known in Nepal. However, the COVID vaccine, unlike other vaccines are targeted at the whole population and expected to produce significant quantities of medical waste in syringes and used vials. Even with technical support from GIZ, anecdotal evidence suggests that the management of medical waste at the provincial and local levels in Nepal is particularly challenging given that the health facilities at these levels are poorly resourced and without adequate human resource capacity. The COVID-19 pathogen is particularly dangerous in nature and require careful and proper handling. GIZ is continuing to provide support on capacity for medical waste management focusing on training and equipment. Other environmental impacts which have become apparent and predictable through the parent project are: (i) community health and safety (CHS) 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)waste generation.

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 practices from the parent project has enabled the MoHP to develop basic procedures and experience in managing medical waste. As noted above, the support from the World Bank task team and development partners like GIZ, WHO, and UNICEF, will enable the MOHP to improve capacity in managing these notable risks and impacts overtime.

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. The review process will be guided by the World Bank Group’s Environmental, Health and Safety Guidelines and all relevant WHO Protocols on epidemics such as COVID-19, relevant national laws and regulations.

**Social Risk Rating**

Substantial

Similar to the environmental risks, social risks of the AF project is rated Substantial due to potential for excluding vulnerable and marginalized groups, and the probability that the government may deploy security personnel to protect logistics, storage and personnel during the COVID vaccination program. There are contextual risks with implications for the project, and include the potential for inequitable 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 and the risks of reprisals against healthcare workers. Vaccine deployment plans could also leave women behind, considering the larger male mortality of COVID. The likelihood that security personnel may be used as indicated in the NDVP (2021), presents risks in relation to excess and arbitrary use of force. 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,

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religious and cultural norms) affecting vaccination behaviors. Other social risks includes the potential for creating or exacerbating the: (i) improper disposal of medical waste 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 (ii) social tensions which may arise from inequities and exclusion from vaccination. These risks are predictable, localized, and can be managed using routine/existing regulations and enhanced measures that will be spelt out in updating the ESMF, and implementing the ESMF (once updated and disclosed), SEP and ESCP thoroughly. In response to the risks associated with security personnel, the MoHP in collaboration with the Ministry of Home Affairs, will ensure security personnel trained on appropriate protocols and codes of conduct will be deployed for vaccine storage and transportation. Vaccine transportation tracks will be tracked by GPS systems to deter and detect diversion. MoHP and the Home Affairs ministry will monitor, document and resolve concerns regarding lapses in the conduct of security personnel whilst enforcing compliance with the code of conduct.

To ensure equitable vaccine access, the targeting criteria for vaccination has been designed to prioritize vulnerable and marginalized populations as the third tier of priority population following health and essential workers and persons with co-morbidities. The MoPH will be guided by its Gender and Social Inclusion (GESI) Guidelines to inform 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 and duly reflected in the government’s vaccine deployment plan. In line ESS 10, the MoHP has updated the parent project SEP to ensure 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 complement RCCE activities under component 2, and respond to the specialized information needs of disabled and vulnerable populations. No land acquisition or involuntary resettlement is expected.

The overall Environmental and Social Risks Classification of the AF is based on the activities under project components 1, 2, and 3. In the event that an eligible emergency is activated under CERC (component 4), this classification will be revised relative to emerging risks that may occur with the CERC. In such circumstances, the ESMF and other risks mitigation plans will be revised accordingly.

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

### **B.1. General Assessment**

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

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

The AF will extend 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 and safe deployment of COVID vaccines. At the same time, the project extends some substantial environmental, health and safety (EHS) risks to direct workers, contracted workers and local communities. The risky nature of the pathogen which are being used in the project-supported laboratories and quarantine facilities present safety concerns to health workers and volunteers. Healthcare-related infections due to poor adherence to OHS standards can lead to illness and mortality among health and laboratory workers. The over 82 laboratories and health facilities (including the National Public Health Laboratory (NPHL), Patan, Bir, and Sukraraj hospitals, that provide diagnostic testing and patient isolation generate biological and chemical waste, and other hazardous byproducts. With support from the AF, these laboratories and facilities will continue to process COVID-19 specimen with the potential to cause COVID infections, serious illness and lethal harm to the laboratory staff and to the community.





Thus, administrative and containment controls as noted in the parent ESMF will be enhanced to minimize these risks and impacts. 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. Without adequate planning and service delivery, disadvantaged or vulnerable groups could be further marginalized from accessing the services that are provided by this project.

Under 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 ESMF, when revised, will follow good international practices in COVID-19 diagnostic testing and handling the medical supplies, disposing of waste, procurement and deployment of vaccines, 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 will not be supported by the project. The WBG's EHS Guidelines for Health Care facilities, 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.

Major social risks that are anticipated in this project include concerns related to the use of security personnel to secure vaccine transport and personnel; 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 NDVP (2021) the activities to be financed by the AF are inherently designed to prioritize people with health vulnerabilities and the larger eligible population. The ESMF, when revised, 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 project suppliers and executing agencies will prepare and implement the ESMPs. As an additional control measure, activities that are screened as high E&S risk, are not eligible for project support. There will be no forced vaccination. With regards to mandatory vaccination, the task team has information to determine whether or not the borrower might impose mandatory vaccination on any groups. When information is available, the risks related to mandatory vaccination will be assessed and mitigated appropriately.

The draft NDVP (2021) provides sufficient guidance on the entire COVID vaccination program and outlines key measures for appropriate targeting, vaccine transportation and storage, vaccine deployment and security, as well as training of vaccination and support teams. Significantly the plan articulates broader plans for managing waste and anticipates the potential for occurrence of Adverse Events Following Immunization (AEFIs) including contraindications which may cause serious illness vaccine recipients; and has outlined measures to address such situations.

In addition to managing health and environmental concerns, the MoHP commits in the ESCP to continued stakeholder engagement, maintaining 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 has been updated to include specific consultation and engagement activities that will help create awareness about COVID





vaccines and the government’s vaccine deployment plans. The updated SEP reflects new AF activities and aim to (i) facilitate 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 (iii) prevention of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH).

### 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 has been updated and disclosed on February 4, 2021, with strategies and plan for creating awareness about COVID vaccines and to help generate vaccine acceptability by reversing rumors and addressing fears. The SEP conveys messages that discourages attacks against health workers and clarifies that no forced vaccination is supported by the project. 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 will be translated into Nepali and other local languages. Prior to effectiveness and implementation of the AF, the updated ESMF will be consulted upon and disclosed to relevant stakeholders. The SEP acknowledges 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 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 also includes 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

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**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. 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 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) and hazardous materials. Transport of vaccines and operation of light and refrigerated vehicles can also present the risks of accidents to drivers and community members; albeit marginal and insignificant risk. Given the scope of labor-related risks, a stand-alone labor management plan will not be provided. However, the update of the parent project ESMF will include 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 update as new guidelines 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. The project will provide accessible grievance mechanism to allow workers to raise workplace concerns 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 centers 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, discharge of contaminated water and fluids, chemicals and hazardous materials, and other material waste from laboratories and quarantine and isolation centers such as 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 will increase and overwhelm the prevailing limited capacity for management of health care waste. With support from GIZ, the MOHP is improving its capacity to manage waste from medical facilities. As noted above, a national healthcare waste management standard and procedures has been developed. Yet, these procedures are only being implemented at selected hub facilities located at the central and provincial capitals, leaving out other facilities dotted across the country due to budget and resource constraints. Project-supported hospitals and health facilities will follow the procedures outlined in the ESMF, WHO COVID-19 Guidelines. The hospitals will apply the National Health Care Waste Management standards in disposing off used vials, syringes, and other vaccine-related waste. In line with the NDVP, the project will provide funds and logistics (under component

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1 and 3) that will allow health facilities to implement health care management procedures and adhere to the procedures outlined in the NDVP – mainly using incinerators to dispose off waste. The ESMF (to be updated) 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 energy efficiency will guide the procurement, operation and monitoring of equipment and cold-chain facilities. 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 to the local populations if they are not properly disposed of. There is a possibility for the infectious microorganism to be introduced into the environment if such organisms are not well contained within the laboratories or escape from source due to accidents e.g. a fire incidents or natural disasters (e.g., earthquakes). The project design (subcomponent 1.1) includes investments to strengthen bio-safety measures. The OHS procedures in the parent ESMF outlines measures to prevent and minimize the spread of infectious diseases as well as Emergency preparedness and response measures. Another community health concern in the project include the potential for individuals to experience adverse events (including serious contraindications and illnesses) following vaccinations, although these events rarely occur. The MoHP will closely monitor, track and respond to adverse events including provisions for compensation. This would be done with reference to the guidelines in the WHO Global Manual on Surveillance of Adverse Events Following Immunization (2014).

Laboratories, quarantine and isolation centers, and screening posts will follow respective procedures for managing contaminated materials as well as protocols on the transport of samples. Workers will be mandated to clean before leaving the work place. 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. Operators of project-financed equipment and vehicles will be trained/oriented on safe operation of equipment and vehicles and the national road safety regulations.

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 work site ethics and protocols to prevent and deter workers from engaging in SEA/SH. The MoHP has committed to working with the Bank to develop and implement an SEA/SH Action Plan. The plan will promote gender-sensitive messaging 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.

Based on the NDVP, security personnel - mainly the police and/or military – may be used to provide security for vaccine transport, storage and to protect vaccination crews throughout the vaccination program. The Nepal military with a history of participating in UN missions is aware about basic human rights issues in humanitarian missions and are regularly trained on mission-related protocols. As such the risks related to human rights abuses through the



proposed vaccination programs is considered moderate and manageable. As indicated in the NDVP, the deployment of security, where relevant, will be governed by the procedures set out in the plan, allowing the MoHP and the Ministry of Home Affairs to ensure that only personnel trained on Code of Conduct and respect for human rights are deployed for project purposes. Consistent with the NDVP, the MoHP commits to specific requirements of the ESCP including ensuring that security deployments are done in accordance with the relevant requirements of the World Bank’s Environmental and Social Standards (ESSs) and the ESCP . The MoHP and the Home Affairs ministry will monitor, document and resolve potential concerns regarding the lapses in the conduct of security personnel whilst enforcing compliance with the code of conduct.

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**

Based on the scope of the parent and AF activities, this standard is Not Relevant for managing risks of the project at this phase of project preparation. The project will not finance any civil works and is not expected to invest in activities that will cause land acquisition and involuntary resettlement. 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 such circumstances, negotiations will be conducted in line with the objectives and requirements of this standard and without coercion. In the unlikely event of land acquisition and involuntary resettlement 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 construction or rehabilitation activities are expected in this project. Hence, no impacts on natural habitats and biodiversity are expected. Accordingly, this standard is not considered relevant. The ESCP requires prior screening of activities for project support and will determine activities that will be implemented making sure that activities that present risks to sensitive biodiversity will be excluded.

**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.

Public Disclosure



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. The principles and parameters to guide project activities among IP groups will be set out in the revised ESMF. Training and capacity building for health care workers under the project will emphasize the need to provide care for the priority and eligible population, regardless of ethnicity and social status, and with due considerations for the cultural 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 organizations and traditional authorities. Based on the information available, 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. With regards to mandatory vaccination, the task team has information to determine whether or not the borrower might impose mandatory vaccination on any groups. When information is available, the risks related to mandatory vaccination will be assessed and mitigated appropriately.

**ESS8 Cultural Heritage**

This standard is currently considered Not Relevant as no civil works will be financed by the project and no excavation is anticipated. 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. However, 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. The proposed COVID vaccination program will have protocols in place to prohibit forced vaccination of any community.

**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

**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

Public Disclosure



**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**

**World Bank**

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**Borrower/Client/Recipient**

Borrower: Government of Nepal

**Implementing Agency(ies)**

Implementing Agency: Ministry of Health and Population

**V. FOR MORE INFORMATION CONTACT**

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**VI. APPROVAL**

Task Team Leader(s):	Sangeeta Carol Pinto, Manav Bhattarai
Practice Manager (ENR/Social)	Christophe Crepin Cleared on 12-Feb-2021 at 10:47:38 GMT-05:00
Safeguards Advisor ESSA	Agnes I. Kiss (SAESSA) Concurred on 13-Feb-2021 at 09:27:43 GMT-05:00