



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 09/22/2023 | Report No: ESRSA02987



I. BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Dominican Republic	LATIN AMERICA AND CARIBBEAN	P180349	
Project Name	Program To Support The Strengthening Of The National Health System		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	9/25/2023	11/30/2023
Borrower(s)	Implementing Agency(ies)	Estimated Decision Review Date	Total Project Cost
		8/24/2023	200,000,000

Proposed Development Objective

Improve the capacity of public healthcare providers to deliver quality services, with an emphasis on maternal and neonatal care, and strengthen the public health stewardship capacity in the Dominican Republic.

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 Activities

Health outcomes in the DR have shown improvements in the last two decades, but the country still lags behind the Latin America and Caribbean (LAC) region, particularly in maternal and neonatal outcomes. Despite declining trends in maternal mortality globally, the maternal mortality ratio in the DR has been increasing (from 80 in 2000 to 95 in 2017) and is higher than the LAC regional average of 74 deaths per 100,000 live births in the same year. This high maternal mortality ratio can lead to far-reaching and long-lasting effects on women’s health, economic opportunities, and social and political power. Likewise, the DR suffers from an under-five mortality rate that is more than double the LAC regional average (34 per 1,000 live births in 2020, compared to a regional average of 16) and a neonatal mortality rate that is 2.5 times higher (the DR had 23 deaths per 1,000 live births in 2020, compared to LAC’s average of nine the same year). This worrying performance takes place in a context of epidemiological transition, and as non-communicable diseases (NCDs) place increasing pressure on the health system, there is an even greater need to improve these basic health outcomes.

Public Disclosure



The limited capacity to deliver quality public health care services begins at the primary level of care. The Ministry of Public Health and Social Assistance (MISPAS) certifies that healthcare providers are licensed or “habilitated” according to minimum standards related to infrastructure, equipment, human resources, and documentation. However, several public health centers do not have an updated license, underscoring the substantial gap in basic quality assurance. Common concerns cited include infrastructure that does not meet minimum required standards (insufficient space, storage, warehouses, etc.) and multiple occupational hazards for workers. The lack of habilitation also means that a hospital cannot bill insurance for services provided to their beneficiaries, resulting in a net financial loss for both the facility and the National Health Service.

The PDOs of the Project are to: (a) improve the capacity of public healthcare providers to deliver quality services, with an emphasis on maternal and neonatal care, and (b) to strengthen the public health stewardship capacity in the Dominican Republic. The Project is structured around four components: (1) strengthening the capacity to deliver quality public healthcare services; (2) strengthening the stewardship and public health oversight function of the MISPAS; (3) reinforcing health information systems and digital health tools; and (4) project management.

Component 1. Strengthening the Capacity to Deliver Quality Public Health Care Services. This component will finance activities aimed at improving the capacity of public health care providers to deliver quality services. Project financing will mainly support (a) investments in health infrastructure, equipment and documentation that are necessary to enable targeted public health providers (both hospitals and primary health centers) to obtain their MISPAS habilitation certification (i.e., licensing); and (b) the implementation of an integrated strategy to improve the quality of maternal and neonatal care in targeted health facilities.

Component 2. Strengthening the Stewardship and Public Health Oversight Function of the MISPAS. This component focuses on investments aimed at strengthening the stewardship and public health oversight function led by MISPAS at the central level and implemented through its DPS/DAS at the local level. The component includes investments to improve DPS/DAS and MISPAS HQ in terms of infrastructure and equipment, increase storage and distribution capacity, and strengthen the skills of MISPAS personnel through capacity building. The component also includes strategies to improve management and care models and activities to improve the knowledge generation capacity of the MISPAS.

Component 3. Reinforcing Health Information Systems and Digital Health Tools. This component can be considered as transversal, as it contributes to enhancing the capacity to deliver quality public health care services, as well as to strengthening the stewardship and public health oversight functions of the MISPAS. Activities of component 3 include contributing to the development of a unified electronic health record system and to the MISPAS digital transformation process through investments in health information systems and digital tools and technological infrastructure.

Component 4. Project Management. This component would finance the coordination, implementation, and management of project activities, including fiduciary tasks, environmental and social risk management, and monitoring and evaluation (M&E).

D. Environmental and Social Overview

D.1 Overview of Environmental and Social Project Settings



The Dominican Republic is well known for its abundant natural resources and biodiversity on which the economy relies. Its geographical location, beaches, and productive landscapes have enabled robust development within the agricultural and tourism sectors. However, the country is highly vulnerable to extreme natural events. Potential losses from natural disasters can damage private and public infrastructure including housing and disrupt businesses and the provision of basic services. This vulnerability is being exacerbated by climate change, rapid and unplanned urbanization, and natural resource degradation. Over the past years the country has expressed a strong commitment to improving their environmental commitment towards the sustainable development pathway.

Climate change impacts in the Dominican Republic can have far-reaching consequences for the entire health system, encompassing both health care facilities and health information systems. Rising temperatures and extreme weather events, such as hurricanes and floods, can damage health care infrastructure, disrupt service delivery, and compromise the functionality of medical facilities. Additionally, changing weather patterns can lead to the spread of vector-borne diseases, like dengue fever and malaria, while increasing the incidence of heat-related illnesses. The strain on health care facilities due to increased demand for services, coupled with the challenges of treating climate-related health conditions, can overwhelm the health system's capacity. Furthermore, climate change-induced disruptions can undermine health information systems, hindering data collection, disease surveillance, and effective response planning. Therefore, addressing the impacts of climate change on the health system is crucial to ensure the provision of adequate and resilient healthcare services.

Socioeconomic inequality remains relatively high but has been substantially reduced: the Gini index for income inequality in 2000 was 51.5 and has been steadily reduced in time reaching its lowest level of 39.6 in 2020. The poverty rate increased during 2021, reaching 23.9 percent, representing over a 300,000 people falling into poverty since the pandemic crisis began. The crisis also prompted food insecurity in one in every three households by the end of 2021, which will have a negative effect on the current health indicators. The DR suffers from an under-five mortality rate that is more than double the LAC regional average (34 per 1,000 live births in 2020, compared to a regional average of 16) and a neonatal mortality rate that is 2.5 times higher. Adolescent pregnancy remains high in the Dominican Republic, there are approximately 2 million adolescents between the ages 10-19, constituting 19% of the country's total population. The current adolescent fertility rate of 96 births per 1000 women aged 15-19 is the highest in LAC. Most of these pregnancies are unplanned or unwanted. Laws criminalizing abortion create pervasive fear and drive abortion underground, forcing women and girls to resort to unsafe measures to end unwanted pregnancies.

The Dominican Constitution recognizes the Dominicans' rights to participate in the political decision-making process, the 176-07 Law adopted in 2007 promotes citizens' participation in overseeing municipalities' activities through their right to submit grievances, organize and participate in consultations, referendums, and participatory budget initiatives. Despite the Dominican's strong legal framework on citizen engagement, there are several implementation weaknesses such as unequal access for all groups. Estimating the total population of immigrants in the country is difficult given the large number of undocumented migrants that reside in the country, but approximately around 5.6 per cent of the country's population is made up of foreign immigrants. Although people of Haitian origin continue to be the most represented migrant population in the DR, there has been a significant increase in the number of Venezuelans in the country in recent years. The DR receives people in increasingly vulnerable conditions who, due to their degree of social and economic vulnerability, cannot apply for regularization. Sexual and gender-identity



minorities are estimated to be overrepresented among the poor and migrant populations. Other groups of the population without identity record include boys and girls between the ages of 0 and 5: in the poorest quintile of the population close to 40% of the boys and girls do not have their birth registered, cannot apply for identity card and would be in the future deprived of basic services including health. With regard to the elderly, in order to expand access to healthcare, SENASA has gradually expanded its coverage. As of September 2019, it benefited more than 1 million people aged 60 and over. Practically the entire population aged 60 and over has a birth certificate and national identity card.

Solid waste generation in the Dominican Republic has been recognized as one of the country's main environmental problems, posing severe health risks to the general population. Currently, solid waste management is mostly limited to collection and final disposal. There is very limited monitoring and information available with regards to solid waste generation and management, including treatment and/or elimination. Though biomedical waste generated from hospitals and other health care facilities is usually separated with varying degrees of success before collection and transport takes place at the hands of the municipalities, it is generally disposed of together with common non-hazardous municipal waste in the final disposal sites, carried out through hundreds of unregulated open-air dumps throughout the country, the majority of which lack any control or management infrastructure and are inadequately located. Consequently, there are increased risks of spread of disease derived from infection to municipal solid waste management crews and scavengers ("buzos" as they are known colloquially, in the final disposal sites) because of lack of personal protection equipment, as well as adverse effects on the surrounding environment mainly due to spillage in public areas during collection and transport. The project will support a number of different waste management related measures described under ESS3 below.

D.2 Overview of Borrower's Institutional Capacity for Managing Environmental and Social Risks and Impacts

The Ministry of Health and Public Assistance (Ministerio de Salud Publica y Asistencia Social, MISPAS for its acronym in Spanish) will implement the Project through its Directorate of Development and Sector Management (Direccion de Desarrollo y Conduccion Sectorial, DDCS) and the Ministry of Housing and Buildings (MIVED) will implement the project through its Directorate of Planning and Development (Dirección de Planificación y Desarrollo). MIVED will be implementing all civil works (construction and rehabilitation) under components 1, whereas MISPAS will be responsible for any construction under component 2 and the construction of a datacenter under component 3. For all new construction, the necessary construction standards will be met to guarantee universal accessibility. MISPAS will be implementing all other activities (e.g., TA) and will be responsible together with SNS for the use and operation of the buildings and infrastructure constructed or rehabilitated by MIVED. Though the Ministry of Economics, Planning, and Development (MEPYD) doesn't have an implementing role, their participation in the project is essential as they approve all public investments (in this case, they also subscribe to the inter institutional agreement between MISPAS, MIVED, SNS, and MEPYD specifically designed for the implementation of the proposed project).

The DCS is tasked with executing projects with multilateral development funds and has previous experience with establishing and supporting a PIU. Though the DCS has prior experience implementing Bank financed projects in compliance with the Bank's IPF environmental and social safeguards policies, as is the case of the already completed Health Sector Reform Second Phase Adaptable Program Loan (P106619; a Category C project under the safeguards policies that closed in 2016 with a satisfactory safeguards performance) this will be the first project that will be implemented by MISPAS under the Environmental and Social Framework (ESF). The MIVED is a Ministry created in



June 2021 after restructuring the previous Housing and Construction Ministry (MINPRE) created in 1966. Part of the administrative and technical staff has been absorbed by MINEV. MIVED's structure includes environmental and social departments, is fully staffed, and has started offering services in design, construction, and supervision of construction and building projects; there is no demonstrated experience with ESF.

There will be two Project Implementing Units (PIU), one in MISPAS that will have an Environmental Specialist and a Social Specialist dedicated full time to the project's E&S risk management, implementation of E&S instruments, monitoring, and reporting, as well as a technician in charge of the project's Grievance Redress Mechanism, and another PIU in MIVED, that will have appointed full time minimum an Environmental Specialist and a Social Specialist. The specific roles and responsibilities of the PIUs will be established to provide overall project coordination and day-to-day execution will be detailed in the Operations Manual. This information will differentiate the involvement and responsibilities of the PIU's related to the work needed to be carried out during implementation (construction and operation) which will include fiduciary and administrative support on financial management, procurement, monitoring and evaluation, and environmental and social risk management for the Project. To ensure effective coordination among the institutions involved in project implementation, an inter-institutional agreement will be agreed during implementation to establish the responsibilities of MISPAS, MIVED, SNS, and the Ministry of Economy, Planning, and Development (MEPyD). There will also be a Steering Committee composed by relevant representatives from these institutions.

During project preparation, the Bank has further assessed the capacity of the DCS/MISPAS and MIVED to manage environmental and social risks and impacts and has identified specific capacity building needs related to the implementation of ESF as described in the ESCP. Based on the needs and scope of the activities to be financed, the Project will be required to have supervision firms actively monitor the implementation of site specific ESMPs for civil works to ensure adherence to the ESF and the nation legislation as relevant.

Component 4 will specifically include activities and funding to strengthen the Borrower's capacity (MISPAS and MIVED) to undertake assessments, implement mitigation measures, monitor, and report on project and E&S instruments implementation. Training in E&S is foreseen for this operation: E&S risk management, requirements of all relevant ESS, implementation and reporting on E&S instruments, and also specific topics, such as hazardous solid waste management (including biomedical waste), Gender Based Violence, addressing needs of People with Disabilities. E&S training and additional E&S capacity building during implementation are reflected in the ESCP.

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

A. Environmental and Social Risk Classification (ESRC)

Substantial

A.1 Environmental Risk Rating

Substantial

The environmental risk rating for the project is considered substantial at this stage, considering the following factors:
a) The project will finance a large number of infrastructure and civil works related to health investments (i.e., renovation and equipment of the MISPAS Headquarters, expansion, rehabilitation and equipment of targeted



hospitals, rehabilitation and equipment of existing CPN, renovation and equipment of existing DPS/DAS, that meet selection criteria, construction of new CPN and DPS/DAS, construction and equipment of storage centers in the prioritized provinces of amongst others Santiago, Duarte, and Gran Santo Domingo). The scope, design, and exact location of the infrastructure activities to be financed is currently unknown and will not be defined until project implementation; and b) MISPAS' and MIVED's limited capacity on environmental aspects and no previous experience implementing IPFs under ESF, that will require close support from the Bank during implementation. Key environmental risks and impacts are expected to occur resulting from activities related to the construction and operational phases and are expected to be site-specific, short-term, and effectively avoided, minimized, or mitigated subject to the establishment of a proper E&S management system within the project. Some of the key negative potential impacts during the construction and operation phases of the project may include: (i) vegetation and soil loss from construction activities; (ii) generation, management and disposal of non-hazardous and hazardous solid waste, including biomedical waste during operation; residual construction materials waste, and hazardous materials from demolitions; generation of solid waste from residual construction materials; (iii) potential temporary drainage impacts related to excavation and temporary stockpiling of excavated material; (iv) nuisance related to dust generation, vibration, noise and odors; (v) generation and discharge of wastewater from civil works; (vi) temporary disruptions to local traffic during the construction phase; (vii) health and safety risks to the project workforce and local communities in the surrounding areas of the project activities, including from exposure to hazardous materials and wastes and the possibility of additional disease outbreaks as well as risks of spread of contagious or communicable diseases, including the COVID-19 virus and outbreaks of malaria, dengue or cholera; (viii) direct and indirect impacts from natural hazards (earthquakes, tsunamis, landslides, extreme heat, cyclones and floods) that may occur in the project intervention areas; and (ix) occupational health and safety (OHS) hazards for the workforce during construction and operation of infrastructure to be financed by the project.

A.2 Social Risk Rating

Substantial

The social risk rating is Substantial at this stage, due to a combination of the following factors: (i) labor influx caused by the civil works could lead to impacts on the local population, including SEA/SH risks, especially if project workers do not strictly adhere to the code of conduct as described in the LMP and referred to in their contracts; (ii) potential cases of land acquisition and economic displacement (permanent or temporary) required for the carrying out of civil works and constructions such as foreseen under component 1 and 2; (iii) community health and safety risks, especially the increased risk of accidents for the local population as a result of construction works and movement of vehicles and machinery; (iv) security risks for health personal in areas known for gang violence; (v) risks of exclusion and discrimination of those who are not locals or people with overlapping vulnerabilities (for example migration status (especially the Haitian migrants), age, gender, disability status, sexual orientation, or gender identity; (vi) while the project will benefit through component 3 (Reinforcing Health Information Systems for Better Management) many users who are currently forced to navigate through complex bureaucratic processes to access specific services, the improvement of digital services could lead to limiting access to public services for groups of population without access to Internet; (vii) supporting integrated actions to strengthen the quality of maternal and neonatal services might encounter cultural barriers, e.g., cultural beliefs and practices may be a barrier to implementing integrated actions, particularly in communities where traditional practices are deeply ingrained; and (viii) technical assistance under component 3 involves strengthening existing health information systems (e.g., for hospital and PHC management, integrated sanitary authorizations, maternal and prenatal attention, medical emergencies SISMED911), developing new ones (e.g., for management of the habilitation process, management of medicines and supplies), and extending the use of the information platform for registration and management of data, implies that robust data security and protection protocols and measures, especially in relation to sensitive personal data, will need to be in place and will



be addressed by the project. In addition to the above, the social risk rating for the Project reflects MISPAS and MIVED limited experience with social risk management and the Bank’s ESF.

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

B.1 Relevance of Environmental and Social Standards

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Relevant

ESS1 is relevant. Currently, the precise definition of the locations and the scope and design of project interventions and infrastructure to be financed under Components 1 and 2 is lacking; however, final scope and designs will be defined during implementation once the feasibility has been completed. Thus, the core project instrument to assess and manage E&S risks and impacts will consist of a project-level Environmental and Social Management Framework (ESMF). Given the short time frame for the preparation of this Project, the Borrower has prepared, consulted, and disclosed prior to Appraisal, a preliminary E&S Risk Analysis which details the risks and impacts of the main activities to be carried out under all Components, general E&S mitigation measures, as well as an annex with the ToRs for the preparation of the ESMF and the Resettlement Planning Framework (RPF). During implementation, the E&S Risk Analysis will be further revised and used as input to the ESMF to be prepared during implementation. Both, the ESMF and RPF will be required to be prepared consulted, disclosed, and adopted within 90 days of project effectiveness date. In addition, the Borrower also prepared an Environmental and Social Commitment Plan (ESCP). No construction, expansion and/or rehabilitation activities shall commence until these instruments have been finalized, consulted, disclosed and are deemed acceptable by the Bank.

The ESMF to be prepared during implementation will be in line with the ESSs and the World Bank Group (WBG) Environment, Health, and Safety (EHS) Guidelines, and it will identify and evaluate positive and negative, direct and indirect impacts E&S risks and impacts and will outline general E&S mitigation measures in accordance with the mitigation hierarchy. The ESMF will include E&S Screening Checklists for risk classification of site-specific project activities, which will set forth the requirements for site-specific Environmental and Social Management Plans (ESMPs) to be prepared once subproject activities are defined, and locations known. The ESMF will include generic E&S procedures based on the ESF requirements, the EHS Guidelines, and other Good International Industry Practices (GIIP) that can be easily adapted to the site-specific ESMPs (SS-ESMPs). SS-ESMPs for construction and operational stages will be prepared and will use as a basis any existing applicable national plan or procedure. Operational stage SS-ESMPs will address waste management, OHS, and ERP, among other aspects, and will be reviewed and strengthened to meet the requirements of the ESF and the EHS Guidelines. The ESMF will include considerations in line with the World Health Organization (WHO) and other GIIP for the safe management of waste (non-hazardous and hazardous) that may be generated during implementation, as well as measures for the safe management of materials associated with cold-chain and other transportation and storage related activities as part of the strengthening of the storage and distribution capacity of goods, supplies and sanitary products of the MISPAS supported by the Project.

Given that the DR is highly vulnerable to natural hazards such as earthquakes, tsunamis, landslides, extreme heat, cyclones, and floods, the ESMF will include a natural disaster risk assessment to inform and guide the Emergency Preparedness Response Plan that will be prepared. This plan will be prepared based on existing requirements and emergency management practices of the country.

Public Disclosure



Extreme climatic events can exacerbate health threats and limit the health system’s functionality by: (a) destroying or forcing health facilities to temporarily close; (b) causing power outages and/or evacuations that disrupt care; (c) and/or limiting access to care because of damaged roads, etc. The Project design takes these expected climate impacts into consideration by directly including adaptation measures within the design of civil works and information systems, and by increasing the capacity to deal with such events and support the vulnerable population. For the civil works under Components 1 and 2, these include, for example, improved drainage to prevent flooding, and emergency management plans in the event of climate disasters. Project investments under Component 3 (Health Information Systems) support the digitalization and development of a comprehensive health information system and are therefore designed to (a) ensure the continuity of epidemiological surveillance and provision of care during a climate shock; and (b) support effective management of outbreaks and vector-borne diseases.

The ESMF will include an Infectious Disease Prevention and Response Procedure (IDPRP) for potential communicable infectious diseases which could affect project workers, including COVID-19. These procedures will be in line with the EHS Guidelines, GIIP including WHO and Pan American Health Organization (PAHO) guidance. The ESMF will also include an Occupational Health and Safety Plan (OHSP) as described in ESS2 below and a GBV action plan. The ESMF will identify the differentiated risks and impacts of the project on persons with disabilities, measures to prevent and mitigate such risks and describe how the Borrower will apply the principles of universal access in the design and construction of new buildings and structures and if feasible also design of rehabilitation of existing structures, consistent with the Bank’s guidelines.

Site-specific ESMPs (SS-ESMPs) will be prepared, proportionate to the E&S risks of the potential infrastructure work to be carried out. The scope and depth of the SS-ESMP will be decided at the time of the screening. These shall be consulted and disclosed before launching the corresponding bidding process and will be included in the bidding documents and subsequent contracts. Based on these SS-ESMPs, the selected contractors will develop and implement their own contractor’s ESMPs (C-ESMPs). Engineering and design plans will be grounded in existing national laws and the ESF and will consider climate-resilient aspects tailored to the country and proposed project activities. Throughout the operational phase of the health facilities and storage centers, the PIU/MISPAS will adopt and implement the SS-ESMPs, which will include an Emergency Preparedness Response Plan, Occupational Health and Safety Plan (OHSP), and an Integrated Waste Management Plan (for non-hazardous and hazardous waste), among others as needed. These SS-ESMPs will be proportionate to the nature and scope of activities that each facility and storage implements.

Vulnerable groups identified include people with disabilities, elderly, pregnant women, pregnant adolescents, victims of GBV, SEA/SH, and undocumented population, including migrants (in particular from Haitian origin), rural communities, and afro descendants. These groups and mitigating measures towards their participation and access to benefits are well defined in the draft SEP. Organizations representing the interests of the vulnerable groups were amongst the stakeholders for consultation processes to be carried out by the Client.

The proposed technical assistance activities to be financed by the project will aim to strengthen the country’s public healthcare services, including the strengthening of the quality assurance system, the stewardship and public health oversight function of the MISPAS, and the reinforcement of health information systems, including cyber security, the development of guidelines, protocols, and models aimed at improving maternal and neonatal care outcomes and the development of a strategy that promotes a more gender-sensitive stewardship function of the MISPAS and the



adoption of a gender approach in health policy, plans, programs and projects. The ToRS for each technical assistance will be reviewed by the Bank to ensure that these are prepared in a consistent manner with the ESF requirements; the requirements set out under footnote 13 of the WB ESF Policy, as well as paragraphs 14–18 of ESS1 will be applied to all technical assistance activities as relevant and appropriate to the nature of the potential risks and impacts. Activities implemented by MISPAS following the completion of the project that are not financed by the WB, or activities that are not directly related to the technical assistance provided under the project, will not be subject to the WB ESSs.

ESS2 Labor and Working Conditions

Relevant

ESS2 is relevant. The project activities will involve contracted field staff and supervisors, experts, and consultants, including trainers and facilitators. In accordance with ESS2, the Borrower will develop, publish, and adopt a stand-alone Labor Management Procedures (LMP) within ninety (90) days of the project's effective date.

Although labor considerations will be limited to the standard aspects considering worker well being and health and safety, the LMP will include a code of conduct acceptable to the World Bank to mitigate the risk of sexual exploitation and abuse (SEA)/sexual harassment (SH) or misconduct in the workplace or when engaging with communities. There is no risk of potential forced or child labor use in this project since all workers to be hired will be over 18 years old. The LMP will describe processes to ensure this is averted and managed accordingly. In addition to identifying potential SEA/SH impacts and establishing the proper mitigation and response mechanisms, the LMP will describe how the Borrower applies the principle of equal opportunity and fair treatment in the employment of project workers, avoids gender discrimination, and promotes women's empowerment. The Borrower will ensure to provide appropriate measures of protection and assistance to address the vulnerabilities of project workers during the construction and operational phases of the project, including specific groups of workers such as women, people with disabilities, and migrant workers.

The LMP will assess national labor-related laws related to public service and related human resource policies, labor law, and institutional roles related to enforcement of the laws, including recruitment, discipline, appraisals, and dismissals, and identify any gaps that may exist with ESS2 requirements, and define measures to overcome such gaps. The LMP will describe the standards on labor and working conditions for project workers on terms and conditions of employment, nondiscrimination, and equal opportunity, occupational health and safety, and measures to protect the workforce, specifically including persons with disabilities and highlighting the need for reasonable accommodation. Separate GRMs for work-related grievances will be provided to project staff and consultants, including necessary considerations for confidentiality and whistle-blower protection. These GRMs will be described in the LMP.

To ensure the health and safety of workers during the construction and operational phases of the infrastructure to be financed by the project, the ESMF will include an Occupational Health and Safety Plan (OHSP) in line with the WBG EHS Guidelines and national legislation. The OHSP to be part of the Project's ESMF will include procedures for the construction phase of the infrastructure to be financed, as well as for their operational stage. The PIU/MIVED will be responsible for overseeing OHS compliance during the construction phase (falls, electrical shock, noise, vibration, exposure to hazardous substances, among others), while the PIU/MISPAS during the operational phase (handling of non-hazardous and hazardous materials in health facilities and storage centers). In specific, the OHSP will include guidance for the selection of Personal Protective Equipment (PPE) required for construction and operation, incident/accident investigation and reporting, recording and reporting of non-conformances, emergency preparedness and response procedures, and continuous training for workers. The ESMF will also include an Infectious Disease

Public Disclosure



Prevention and Response Procedure (IDPRP) for potential communicable infectious diseases, including COVID-19, which could affect project workers and will include measures for prevention, infection control, and case management of infectious diseases. The Emergency Preparedness Response Plan as part of the ESMF will include emergency prevention, preparedness, and response arrangements in the event of any social, labor related and/or natural disaster situation that could take place or evolve during project implementation. Bidding documents for all investments will include OHS requirements, a worker Code of Conduct, and requirements for other labor issues such as labor influx, non-discrimination, equal opportunity, and prevention of all forms of forced labor. The Borrower will be actively monitoring these processes throughout the project cycle to ensure adherence to the standard.

The LMP will be applicable to direct and contracted workers of the Project. In case members of the PIUs will be civil servants assigned by MISPAS and MIVED to the project, the limited coverage of the ESS2 for this type of workers will be described in the LMP. The need for training for project workers, including on workers' codes of conduct, the OHSP, and ERP will be included in the ESCP.

ESS3 Resource Efficiency and Pollution Prevention and Management

Relevant

ESS3 is relevant as there are potential sources of pollution from the construction and operation of the project activities under components 1 and 2. Pollution prevention and management – specifically medical waste management – is an important activity under the project. Medical wastes and chemical wastes resulting from the operation phase can have an adverse impact on the environment and human health if not properly handled, transported, and disposed. Importantly, investments under Component 1 will consider mitigation measures related to waste management, particularly for solid waste (i.e., needles, vaccine vials). These include the installation of temporary waste storage sheds or booths as part of building designs, improvements in personal protection equipment and waste management practices for workers and the revision of the waste disposal circuit at each health facility (CPNs and hospitals).

The ESMF to be prepared during implementation will assess the institutional, organizational, and technical capacity of the MISPAS, MIVHED, and the SNS to manage non-hazardous and hazardous waste, including an assessment of the infrastructure, facilities, and specialized service providers for the collection, treatment, and disposal of hazardous waste (including biomedical waste) and propose measures to address any gaps where necessary. The ESMF will include specific measures, training and supervision considerations to manage the solid waste to be generated during the construction works and subsequently during the operational phase of the health facilities and storage centers. For such needs, the ESMF will include a General Waste Management Plan focused on civil works to be implemented by PIU/MIVED and PIU/MISPAS and an Integrated Waste Management Plan specifically designed to manage different types of non-hazardous and hazardous waste (including biomedical waste) during the operational stage to be implemented by PIU/MISPAS. The Integrated Waste Management Plan will build upon the National Integrated Waste Management Plan mentioned in the General Law of Integrated Management and Co-processing of Solid Waste (225-20). All subsequent SS-ESMPs to be prepared during implementation shall include an Integrated Waste Management Plan proportionate to the type of activities that are undertaken on a daily basis. Once the construction stage is finalized, the PIU/MISPAS will be responsible for the preparation, adoption and implementation of the correspondent Integrated Waste Management Plan, which will require to have specific measures based on the needs of the health facilities and storage centers, and will be included in the Operational stage SS-ESMPs. The ESMF will further explore the need of survey to be conducted to have a better understanding of the waste generated on a daily basis at the project's level of incidence. The project will also include strengthen the institutional capacity related to waste management as detailed in the ESCP.

Public Disclosure



The ESMF will assess the risks associated with the strengthening of the storage and distribution capacity of goods, supplies and sanitary products of the MISPAS which may include expanding the storage capacity, modernizing the cold chain, and improving distribution capacity and logistics, among other things. The preliminary E&S Risk Analysis assesses the risks and impacts derived from these activities. Specific mitigation measures, including those to ensure the safe management of chemicals and other materials associated with cold-chains and hazardous waste, following WHO's and other international good practices will also be outlined in the ESMF and subsequent SS-ESMPs.

Interventions funded under component 1 will also observe environmental sustainability criteria, as they will include, for example, drinking and wastewater filter systems.

The Project will also generate construction waste from excavated soil and debris, as well as hazardous waste such as hydrocarbon oils from construction machinery and vehicles. These types of wastes will also be considered in the General Waste Management Plan to be part of the ESMF, and subsequently in the SS-ESMPs to be implemented by the PIU/MIVED. Any waste generated by construction activities will be disposed of according to national regulations, the EHS Guidelines, and in line with this ESS. Waste management will also include the decommissioning existing facilities and potential requirements for site remediation (including of soil, if applicable). All E&S instruments will be required to include specific measures for the management of hazardous materials as a result of the potential decommissioning activities, as well as for the rehabilitation and construction of all civil works envisioned as part of the project.

The project design will be geared to incorporate best practices to reduce discharge and waste and is not expected to imply major potential for air pollution, disturbance by noise, or other forms of pollution. Regarding hazardous materials, it is not expected to be a large user or generator of these materials and measures will be taken to ensure the minimization of adverse impacts on human health and the environment including proper storage, handling, use, and disposal of hazardous, flammable, or potentially contaminating wastes. Rehabilitation may involve managing hazardous materials such as asbestos, lead, and others, for which the management and disposal shall follow the General Waste Management Plan in the ESMF, and requirements set out in the General and sector specific WBG's EHS Guidelines. These requirements, as well as those related to OHS, will be an integral part of TORs and contracts signed with consultants and constructors.

Soil removal and clearance of vegetation may occur from new construction, renovation, expansion, and rehabilitation financed by the project. All construction materials needed for the infrastructure works (sand, stones, timber, etc.) will be obtained from licensed quarries and certified timber suppliers.

Air emissions and noise may be generated during the construction phase from the use of heavy vehicles, machinery, and construction activities for both, rehabilitation, and new infrastructure work. The ESMF will consider mitigation measures, which may include dust suppression and vehicle maintenance, to minimize the impact of air emissions and to minimize and manage the noise levels, such as applying standard restrictions to hours of site work.

Energy efficiency: The project will include climate-smart technologies, and the procurement and mobilization of energy efficient equipment will be considered where possible. This will include energy-efficient heating, ventilation, and air conditioning (HVAC) systems and other energy and cost saving investments such as insulated glass windows, light-emitting diode (LED) lights, and lighting control measures (e.g., dimming, occupancy sensors, daylighting). The potential emission reduction of GHG resulting from use of climate-smart technologies and energy efficient equipment will be



assessed during project implementation as more detailed information of the selected technologies for the health facilities and storages is known.

ESS4 Community Health and Safety

Relevant

ESS4 is relevant given that all project activities may expose communities to health and safety risks, especially if there are communities that are immediately close to the construction sites and activities. Labor influx risks related to community health and safety are foreseen in this project. The Borrower will ensure that measures are in place to reduce the risk of gender based violence (GBV) and/or sexual exploitation and abuse (SEA)/sexual harassment (SH) as a part of project activities that imply community engagement. The ESMF, and subsequent ESMPs, will address the risks that may arise from interaction between project workers and local communities. For one, the PIU/MIVED will raise awareness of such risks amongst communities in the area of construction sites (as part of the overall stakeholder engagement program), and will communicate expectations regarding appropriate conduct, together with disciplinary measures to contractors and their employees, and the dissemination of grievance mechanism channels to submit complaints. All measures will be described in detail in a GBV Action Plan for project construction and operation phases as part of the ESMF. Furthermore, contracts will include the requirement for workers to sign a formal code of conduct. Procedures and a model Code of conduct will be included in the ESMF and LMP prepared by the Borrower and will also apply to project construction and operation phases.

Other risks include community exposure to waterborne, water-related, and vector-borne diseases, for instance due to inadequate water storage practices at construction sites. The project activities involving public gatherings will be designed taking into account relevant WB and local public health requirements in the context of the COVID-19 pandemic. Additional potential risks will be assessed in the ESMF, which will outline processes for the detailed project screening and the definition of measures to safeguard community health and safety during project implementation.

It is likely that some of the civil works to be financed by the project will take place in high-crime areas, posing security risks of site-specific activities and the potential need for ensuring the protection of project personnel and/or property through the support of national police forces and by socializing project activities and benefits with gang leaders. Fences and security systems around the project sites, as well as secured storage places for the construction equipment during the construction period, will be assessed and considered in the E&S instruments.

Construction works may result in a significant increase in movement of heavy vehicles for the transport of construction materials and equipment, in a context where road damage has diverted local traffic to limited routes, increasing the risk of traffic-related accidents and injuries to workers and local communities. The reconstruction works will demand special measures, to be outlined in the ESMF, to reduce road accidents involving project vehicles during construction, more so in areas with already limited road infrastructure which are usually occupied by pedestrians. SS-ESMPs will include traffic management plans and measures for local communities to ensure pedestrian safety, as well as requirements for the adoption of signage and safety barriers in or near construction zones and safe storage arrangements for construction machinery and equipment. Nuisances caused to local communities from noise, dust, and vibration resulting from the use of construction machinery and vehicle movement during construction works causing disturbance to nearby homes will be addressed in the ESMF, and SS-ESMPs will be required to include specific measures to reduce the impacts from these activities, as necessary, to ensure adherence to this Standard. The ESMF will also address community risks associated with waste management issues during the construction/implementation phase, including e-waste and medical related waste as part of long term operations considerations.

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It may be possible that some of the civil works to be financed by the project will be situated in sensitive locations, including those with risk of extreme weather, slow onset events, or seismic fault zones (e.g. sea-level rise causing coastal flooding; drought, areas affected by land degradation making them less resilient to floods, landslides and mudslides, and earthquakes). The ESMF will include a natural disaster risk assessment and will outline general mitigation measures to be included as necessary in subsequent SS-ESMPs.

Universal access will be considered as part of the design of any new constructions and rehabilitations and will be defined in detail in the ESMF.

Given the project will include construction, rehabilitation and improvements of existing public buildings, the ESMF will also include Life & Fire Safety (L&FS) considerations consistent with the Banks guidance. SS-ESMPs to be prepared during implementation will also include specific L&FS considerations to be followed during the construction, rehabilitation and improvement works as well as during the operation phase of the interventions (health facilities and storage centers) to be financed by the project, as needed. L&FS considerations will need to comply with national legislation and local fire codes and the General EHS Guidelines and ESS4.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

Relevant

ESS5 is relevant. To manage the risks associated with involuntary resettlement in the Project, the Borrower will develop, publish, and adopt a Resettlement Planning Framework (RPF) in line with ESS 5 requirements within ninety (90) days of the project's effective date and no activities or subproject that might lead to land acquisition, temporary or permanent physical or economic displacement can be implemented until the RPF and respective RAP has been developed, consulted and approved, as reflected in the draft ESCP. The borrower has prepared and disclosed TORs for the RPF as an annex to the E&S Preliminary Risk Analysis. The Preliminary E&S Risk Analysis includes the risk assessment of potential land acquisition, temporary and/or permanent economic displacement and/or involuntary resettlement that could be derived from the Project. Subsequently, this assessment will be used as input to the ESMF and RPF to be prepared. A framework approach was chosen as at the concept stage the scope, type of works, and locations of project works are not yet defined, and consequently, the magnitude of involuntary resettlement, including land acquisition and cases of physical and economic permanent and/or temporary displacement that may be caused by the project, cannot be yet ascertained.

As mentioned under Environmental Risk Rating, there is a large number of civil works and constructions foreseen under Components 1 and 2 and economic displacement resulting from temporary restrictions to basic services (schools, health centers, etc.) and local business and commercial establishments is to be expected. Depending on the nature of the impacts, some of them may fall within the provisions of ESS5 on physical and/or economic displacement. However, there may be some types of impacts, such as the cases of mobile vendors who recently arrived in the area and/or after the RAP's cutoff dates, or who are indirectly affected by the project and therefore not covered under ESS5, particularly those associated to temporary impacts during construction works. Measures for such cases will be addressed and included as part of the ESMF and the SS-ESMPs, under the provisions of ESS1.

The RPF will guide the preparation of any potential Resettlement Action Plans (RAP) for sub-projects. The RAPs will need consulted and disclosed in accordance with ESS5 and ESS10 to be approved by the Bank and must be implemented before any related physical works commence. The Bank Team will guide the Borrower in ensuring the RPF includes



strong mechanisms to ensure meeting on ESS5 standards flows vertically to contractors, that there are strong supervision procedures that can be strengthened by strong community monitoring mechanisms especially in hard to access areas, and that training will be provided not only for the PIU E&S specialists but also for the contractors to ensure that they are aware of the environmental and social mitigation measures.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

Relevant

ESS6 is relevant. Project activities under Component 1 and 2 are not expected to have a negative impact on biodiversity as these are not expected to be located within or in the proximity of any critical or sensitive natural habitats, including designated National Protected Areas and their buffer zones. Nevertheless, given that the exact location of new infrastructure (construction of CPN, DPS/DAS, storage centers) have yet to be identified, the project will prioritize investments in modified habitats that do not have significant biodiversity values. The ESMF will include a screening process to ensure that project activities do not alter or cause destruction or degradation of any critical or sensitive natural habitats, especially forests and wetlands. During implementation, as the exact locations for these civil works become available, the SS-ESMPs to be prepared will include biodiversity considerations, including measures for the selection of alternatives for the siting of the new infrastructure, to ensure these are in adherence to the requirements of this ESS. The project will not support activities within protected areas unless: (a) those activities are permitted under the protected areas' management plans; (b) adequate capacity exists to ensure effective implementation of that management plan; and (c) site-specific screening and assessment has determined that the activities do not have the potential to lead to the loss, conversion or degradation of natural habitats. Rehabilitation works for CPN and targeted hospitals, as well as the renovation of DPS/DAS and the MISPAS Headquarters to be financed will take place within existing footprints, while the specific location of new infrastructure will be determined during implementation.

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

Not Currently Relevant

ESS7 is not relevant. There is no population in the DR that complies with the four criteria for Indigenous Peoples as set out under ESS7.

ESS8 Cultural Heritage

Relevant

ESS8 is relevant. Adverse impacts on cultural heritage, whether tangible or intangible, could arise as a result of construction activities that may involve soil excavations that could expose artifacts, human or ecological elements that may be beneath land surface, as well as from the siting and operation of ancillary facilities (quarries or borrow pits, laydown areas, workers camps, etc.) The ESMF will include provisions for screening and assessment of any known sites of cultural or historical importance which may be impacted locally, as well as identification of any sites of cultural/social importance for local communities. Screening procedures and Chance Finds Procedures will be included in the ESMF and will be incorporated into the SS-ESMPs as deemed necessary. All construction contracts will also include a Chance Finds clause which will require contractors to take protective measures in case cultural heritage sites are discovered during construction.

ESS9 Financial Intermediaries

Not Currently Relevant

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ESS9 is not relevant.

ESS10 Stakeholder Engagement and Information Disclosure

Relevant

ESS10 is relevant. To address and outline actions that ensure broad consultation and inclusive participation during project preparation and implementation, the Borrower prepared, consulted, disclosed, and adopted a draft Stakeholder Engagement Plan (SEP). An updated and finalized version will be completed and consulted within 90 days of project effectiveness date.

The draft SEP identifies affected, and interested parties as well as vulnerable groups and outlines timelines and methods for consultation and continuous engagement throughout project implementation that is based upon meaningful consultation, participation, and disclosure of information. Vulnerable groups identified for this operation include people with disabilities, elderly, pregnant women, pregnant teenagers, victims of GBV, SEA/SH and importantly undocumented population in the DR, including migrants (in particular from Haitian origin), rural population, and afro descendants; these are detailed in the draft SEP as well as mitigation measures to ensure their participation and access to project benefits. Taking into account that the estimated total number of persons with disabilities in the Dominican Republic is 1.24 million people, or approximately 11.9 percent of the national population, additional measures to facilitate the meaningful participation of stakeholders with disabilities have been detailed in the draft SEP and the PAD.

The draft SEP describes the consultation process during preparation and implementation. As long as the realities of the COVID-19 outbreak persist, the advised physical distancing, protocols and restrictions that are in place in the Dominican Republic will be complied with; stakeholder engagement activities are designed to minimize close contact and in accordance with WB, national, and WHO protocols.

During April 12 and 13, 2023, four (4) significant consultations were carried out by the Client. These consultations involved 117 people, 60% women and 40% men. A variety of interest groups participated, such as directorates and departments of MISPAS and SNS, government institutions, neighborhood and community councils, doctors, nurses, and administrative staff of the DAS, other government institutions, NGOs, the Dominican Medical Association, the Dominican Society of Psychiatry, CODIA, universities, pharmaceuticals, international organizations, and representatives of vulnerable groups. The objectives of the consultations were to present and receive feedback on: (i) the background, objectives and scope of the project; (ii) the findings on the preliminary analysis of environmental and social impacts and risks; and (iii) the draft SEP and its proposed Grievance Mechanism. The results of these multi-stakeholder consultations were positive, since they allowed a better understanding of the needs and expectations of the interested parties, as well as a clearer identification of the opportunities and challenges that the project presents. In general, the different stakeholders were satisfied with the design of the project and highlighted the importance of prioritizing and strengthening Primary Health Care. The need to involve other medical specialties, such as psychologists, and to train health personnel in psychiatric issues was identified. Participants mentioned that it is important to train MISPAS and SNS personnel in issues of gender violence, adolescent pregnancy, and training in mental health at the first level of health, for the care of older adults and victims of violence. Physical accessibility to the centers where health services are provided for people with disabilities and the elderly was also identified as an important issue to be addressed by the project. A recurrent concern in all consultations is the inadequate management of hospital waste. Non-compliance and lack of surveillance of national regulations for the proper management of waste in health facilities was identified as a significant risk. There is no classification of hospital waste, these are burned, buried or mixed with other waste,

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generating environmental contamination and cytotoxic waste and are a risk to the health of health personnel and the community in general. This feedback was used to complement the Preliminary E&S risk assessment and the draft SEP.

The draft SEP describes how the project will establish a culturally appropriate and inclusive GRM to respond to complaints throughout the project lifecycle and designed to respond to any Project grievances which will be built upon existing GRMs operated by the MISPAS and SNS. The draft SEP will describe measures and channels that will be made available at different sites and the means to socialize it. The current GRMs used by MISPAS and SNS include the national GRM (311 system), Decentralized Information Access Offices established by SNS at Health Centers (DPS/DAS) and for the purpose of the project, will include channels easily accessible and identifiable at the sites of civil works. The existing systems allow anonymity. To make the GRM accessible to vulnerable groups, the use of Creole and English for migrants and specific features for accessibility to people with disabilities are described in the draft SEP. The PIU/MISPAS will undertake day-to-day management of GRM, which will establish the different ways in which users can submit their grievances, which may include submissions in person, by phone, text message, mail, email or via a website, boxes at construction sites. The PIU/MISPAS will manage a central registration of all project related grievances in order to report adequately to the Bank (as detailed in the ESCP). The draft SEP sets out the length of time users can expect to wait for acknowledgment, response and resolution of their grievances, transparency about the grievance procedure, governing structure, and decision makers; and an appeals process (including the national judiciary) to which unsatisfied grievances may be referred when the resolution of grievance has not been achieved.

B.2 Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

B.3 Other Salient Features

Use of Borrower Framework No

None

Use of Common Approach No

None

C. Overview of Required Environmental and Social Risk Management Activities

C.1 What Borrower environmental and social analyses, instruments, plans and/or frameworks are planned or required during implementation?

Within 90 days of project effective date, the Borrower will develop, consult and disclose: (a) an ESMF, (b) an RPF (c) Labor Management Procedures, (d) an updated SEP, and (e) an E&S Training Plan. These instruments will be reviewed and approved by the Bank.

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III. CONTACT POINTS

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