Health System Performance Strengthening Project (HSPSP)- Additional Financing:

DEVELOPMENT OF AN ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK AND HEALTH WASTE MANAGEMENT PLAN

LIST OF ACRONYMS AND ABBREVIATIONS

CHDA	Community Health and Development Agents (Agentes de Desenvolvimento Comunitário e Sanitário, ADECOS)
CHW	Community Health Workers
DHIS2	District Health Information Software 2
DNPAIA	Direcção Nacional de Prevenção e Avaliação de Impactes Ambientais/ National Directorate for Prevention and Evaluation of Environmental Impacts
DNSP	Departamento Nacional de Saúde Pública (National Department of Public Helath)
EIA	Environmental Impact Assessment
ENA	Estratégia Nacional do Ambiente (National Environmental Strategy)
ESMF	Environmental and Social Management Framework
GDP	Gross Domestic Product
HCWMP	Health Care Waste Management Plan
HSPSP	Health System Performance Strengthening Project
IP	Indigenous People
MHSS	Municipal Health Services Strengthening
LMIC	Lower Middle Income Country
MINAMB	Ministério do Ambiente/ Ministry of Environment
MoH	Ministry of Health
MPLA	Popular Movement for the Liberation of Angola
NHS	National Health System
MoE	Ministry of Environment
MoH	Ministry of Health
PASSII	*Projecto de Apoio ao Sector da Saúde* (Health Sector Support Project)
PCU	Project Coordination Unit
PIU	Project Implementation Unit
PNGA	Programa Nacional de Gestão Ambiental (National Environmental Management Programme)
PRSMS	Municipal Health Services Strengthening Project
SADC	Southern African Development Community
SNS	Sistema Nacional de Saúde (National Health System)
UNDP	United Nations Development Programme
UNITA	National Union for the Total Independence of Angola
WHO	World Health Organisation

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EXECUTIVE SUMMARY

The Government of Angola and the World Bank prepared a health project to strengthen the delivery of quality primary health care services at the provincial and municipal level. The project will also work on strengthening the MOH capacity, empowering the national level in its strategic stewardship role of advocating for the health sector across different levels of the system. The project has four components, which will be implemented over a five-year period from 2018 to 2023.

Component 1: Improving the quality of health services delivery in target provinces. This component would support activities at the provincial and municipal level to improve the quality of the health care services in the target provinces and municipalities and will finance the development and implementation of a Performance Based Financing (PBF) pilot in five municipalities.

Component 2: Strengthening system-wide enabling elements that support delivery of quality health services. This component aims to support institutional strengthening across the national health system such as the strengthening of data collection and use for improved evidence-based decision-making, the implementation of normative instruments and regulations for the health sector, as well as those that have more of systemic characteristic, such as the updating and development of national policies and plans for human resources for health.

Component 3: Supporting the capacity to respond and prevent public health emergencies. The component will provide surge funding to finance response efforts directed at preventing an outbreak from becoming a deadly and costly pandemic. The component will only be triggered in the case of a public health emergency and when certain actions, as agreed by the Government and Bank teams, are met.

Component 4: Project management, monitoring, and evaluation. This component supports project implementation by the MOH, including project management, fiduciary tasks and Monitoring and Evaluation (M&E).

The Envionmental and Social Management Framework was publicy disclosed at infoshop and MoH website in Dezember 8, 2017.

Additional Financing

Angola has transitioned from receiving support from the Global Vaccine Alliance (GAVI). However, the country has been identified as being “at risk of successful transition” due to current low immunization coverage and other governance, financing and programmatic challenges. HSPSP project has been identified as the most efficient way to significantly impact immunization coverage at the municipal level. As such the Additional Financing (AF) will finance the expansion of the geographic coverage of the HSPSP to an additional 13 municipalities located in four provinces. The HSPSP finances the delivery of the maternal

and child health services package in 21 rural municipalities located in the provinces of Luanda, Bengo, Kuando Kubango, Uige, Malanje, Moxico, and Uige while the AF would finance the delivery of the child health services package to an additional 13 urban/peri-urban municipalities in the provinces of Luanda, Cabinda, Cuanza Sul and Benguela.The HSPSP AF shall remain Category B due to the nature and scale of the anticipated environmental and social impacts which will be minor and localized. Most of these impacts and risks are related to both occupational health risks to workers and environmental health risks to residents and workers adjacent to the health units. Workers are also likely to be exposed to significantly higher levels of contaminants as they are in direct contact with the healthcare facilities and Units, As such, the AF will trigger OP/BP 4.01 and no new safeguard policies have been triggered. The additional financing will only cover the activities in component 1, and as such the ESMF and HCMP have been updated and a summary of the safeguard instruments will be publicized in

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Project description (scope of the AF)

1. The Health System Performance Strengthening Project AF will expand the geographical area covered by HSPSP to finance the delivery of child health services package which includes key interventions such as complementary nutrition, fortification (vitamin A, iron and folic acid tablets), immunization, health check-ups, treatment of minor ailments, and referral services. The AF will cover additional 13 municipalities in 4 provinces. The 13 new municipalities are: Benguela, Cubal, Lobito in the province of Benguela; Cabinda in the province of Cabinda; Cela and Sumbe in the province of Cuanza Sul; and Belas, Cacuaco, Cazenga, Kilamba Kiaxi, Maianga, Sambizanga, and Viana in the province of Luanda.

Project beneficiaries

The additional 13 municipalities in the provinces of Luanda, Cabinda, Cuanza Sul and Benguela represent a total population of 9,324,468, of which 396,290 are children under five. Of the 396,290 children under five in these 13 municipalities, 125,511 are not immunized.

Institutional arrangements

The MoH will have overall responsibility for project implementation. The National Department of Public Health (DNSP) will be responsible for the day-to-day implementation of the project. A specific Project Coordination Unit (PCU) within the MOH will be established that will be physically housed in the DNSP offices. The implementation of ESMF and HCWMP and the preparation of other safeguard instruments will be under the responsibility of the environmental and social safeguards focal point. The E&S focal point shall also be responsible for obtaining the necessary permits and environmental licences from the MINAMB and prepare a report on safeguards compliance to be shared with the PCU and WB.

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Lessons learned from MHSSP

2. The additional financing will strengthen the original project´s original Project Development Objective (PDO), which is to increase the utilization and the quality of health care, services in Target Provinces and Municipalities.

Although training activities on biosafety and waste management were carried out,there were issues concerning the implementation and monitoring of te prepared waste management plans for the provinces. One of the issues identified was the staff turn-over. While this is inevitable, sufficient attention needs to be paid to establish a system for hand-over of responsibilities as staff move from one position to the next.

1 INTRODUCTION

Decades of civil war and strife following the end of colonial rule in Angola left the country in a dire state without a properly functioning healthcare system. Evidence for this is in the form of a reportedly poor healthcare infrastructure and very lopsided health metrics (i.e. high child mortality rates, high maternal mortality rates, high prevalence of underweight children, as well as high fertility rates which are higher than those of other countries in sub-Saharan Africa – see Table 1). In addition, Angola has very poorly developed agricultural infrastructure, as well as lack of decent roads and dilapidated buildings owing to lack of investment during the many years of the prolonged civil war. The state of infrastructure, as with that of other useful socioeconomic metrics, lags that of comparable countries in sub-Saharan Africa and even among so called Lower Middle Income Countries (LIMC), of which Angola is a member.

The focus of this study is the health sector in Angola and hence the statistics quoted will be primarily on the healthcare sector.

TABLE 1: HEALTH STATUS INDICATORS FOR ANGOLA

Indicator	Measure	Angola		Sub-Saharan Africa	
		Source	*Data*	*Source*	*Data* (*year*)
Life expectancy	Life expectancy at birth	WHO 2004	38 (male) 42 (female)	WHO 2004	47 (male) 49 (female)
Infant mortality rates	Infant deaths per live 1,000 births	MCS 2001 IBEB 2008	115.7 150	WDI 2009	79 (2007)
Under 5 mortality rates	Child deaths per 1,000 live births	MICS 2001 WDI 2007 IBEP 2008	250 158 195	WDI 2009	124.9 (2007)
Maternal mortality ratio	Maternal deaths per 10,000 live births	UNDP 2007 WDI 2009	1,400 – 1,700 1400	WDI 2009	832 (2005)
Fertility rates	Number of babies per woman through the end of childbearing period	WHO 2004 UNICEF 2007	6.7 5.8	WDI 2009	4.9 (2007)
Prevalence of underweight children >5 years	Low weight by age > 2 standard deviation from	MICS 2001 UNICEF 2007	31% 16%	WHO	24.9 (2001)

	average				
HIV prevalence	Prevalence of HIV among adults (15 – 49-year-old)	UNGASS 2010	2.0%	UNAIDS 2008	5.7 (2007)

***Source**:* Connor Catherine, Denise Averbug, and Maria Miralles. July 2010. *Angola Health System Assessment 20/20*, Abt Associates Inc.

TABLE 2: POPULATION AND DEMOGRAPHIC STATISTICS FOR ANGOLA VS AFRICA FOR THE YEAR 2017

Year 2017	Angola	Africa
% change	3.37	2.55
Yearly change	970,730	31,197,515
Migrants	0	-462,112
Median age	16.5	19.4
Fertility	5.58	4.66
Density (p/km^2)	24	42
Urban population %	37.1	40.2
Urban population	11,047,226	505,429,407
Country share of world population (%)	0.39%	16.6%
Global rank	48	2

Source: http://www.worldometers.info/world-population/angola-population/

Public spending on health and infrastructure has decreased since 2013 owing largely to dependence of the country on earnings from the petroleum sector. The extended period of lower oil prices over the past year or so has put pressure on the revenue of the Angolan government (which is still dependent on oil in the absence of meaningful economic diversification), resulting in added pressure on the delivery of services and reconstruction efforts. It is worth noting that countries with a similar economic profile to that of Angola (i.e. Nigeria, Venezuela – government revenues are dependent on earnings from oil) have been similarly affected. This means there is less money for investment in important social infrastructure and services such as education, healthcare, etc. Unfortunately, these are the areas that need priority investment in a country such as Angola, which desperately needs assistance in reducing poverty and rebuilding infrastructure damaged during the long-drawn-out civil war.

Project description

Through a partnership with the Global Alliance Vaccine Initiative (GAVI), an Additional Financing (AF) of US$9.7 million to the HSPSP will focus on strengthening the delivery of child health services. Thirteen municipalities in four

provinces have been selected to receive GAVI additional financing to support the delivery of child health services, with a focus on integrating immunization services to primary health care service delivery. The 13 municipalities are: Benguela, Cubal, Lobito in the province of Benguela; Cabinda in the province of Cabinda; Cela and Sumbe in the province of Cuanza Sul; and Belas, Cacuaco, Cazenga, Kilamba Kiaxi, Maianga, Sambizanga, and Viana in the province of Luanda.

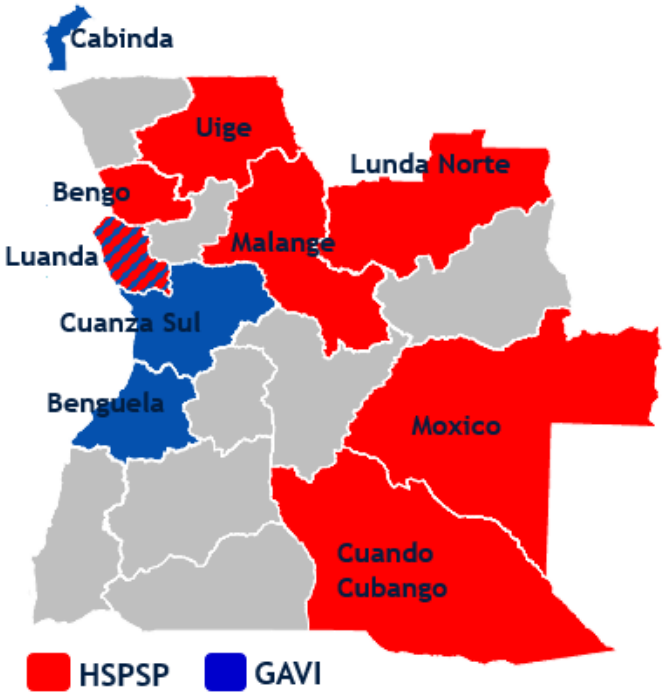

Figure 1: Targeted provinces under HSPSP and GAVI financing .

3. . These 13 targeted urban/peri-urban municipalities in the four provinces concentrate 50.8 percent of the country's non-immunized children and represent a total population of 9,324,468, of which 396,290 are children under five. Of the 396,290 children under five in these 13 municipalities, 125,511 are not immunized – that is 32 percent of under five children in these 13 municipalities are not immunized (125,111/396,290). However, when compared to the total number of under/non-immunized children under-five at the national level (246,736), the 13 target municipalities concentrate 50.8% of the non-immunized children across Angola (125,111/246,736).
This integrated package includes key interventions such as complementary nutrition, fortification (vitamin A, iron and folic acid tablets), immunization, health check-ups, treatment of minor ailments, and referral services.

To protect people and the biophysical environment from negative impacts and minimize the potential damage of such impacts on the environment, the HSPSP-AF will be guided by an ESMF and a separate HWMP. The ESMF will outline the institutional

arrangements and related environmental training needs for the implementation and monitoring of the mitigation measures of anticipated projects' environmental and social impacts.

The potential environmental and social impacts associated with the Project have been highlighted, and suitable mitigation measures to offset the potential negative impacts have been recommended to the project proponent. Recommendations have also been made with regards to the need to improve the institutional capacity of the entities responsible for each of the sub-components to continue integrating environmental and social considerations in the related projects.

Project Implementation Arrangement

The Successful implementation of projects identified in the HSPSP will follow the framework laid out in this ESMF to contain or minimise any negative environmental and social effects that may arise.

This will require coordination between all the groups/stakeholders with interest in the success of the projects. Among others, the key stakeholders will involve the Ministry of Environment (i.e. who has overall responsibility for environmental sustainability and for ensuring that subprojects are licenced and guided by conditions in the ESMP); the Ministry of Health (who will have overall responsibility for the HSPSP-AF), through the National Department of Public Health (DNSP) who will be responsible for the day-to-day implementation of activities and subprojects under the HSPSP, some of which will require licensing or to follow appropriate environmental protocol; as well as Provincial Administrations and Municipalities who will be the primary beneficiaries of the healthcare projects. It is expected that National Governmental Organisations (NGOs) and funding faith-based groups will also be important as well and will need to be identified during project screening.

We envisage an active role for the MoE or a dedicated resource (i.e. Environmental Control Officer) appointed to advise the PIU on environmental measures identified in the ESMF and the HCWMP, which will be a separate document focusing purely on medical waste generated as part of activities related to improved access to medical services. These sets of documents can provide a basis for determining whether licensing is required for specific project activities or whether the generic mitigation measures provided are sufficient to guide project implementation (in cases where no EIAs are required).

Objectives of the Environmental Social Management Framework (ESMF)

The Project Development Objective (PDO) is to increase the utilization of and the quality of healthcare services in target provinces and municipalities across Angola.

1) The first component entails improving the quality of health services in target Provinces. the cost of component 1 will increase by US$9.7 million from US$65 million to US$74.7 million. . This component would entail supporting activities at the provincial and municipal levels to improve the quality of healthcare services as well as the development of a results-based financing (RBF) pilot in two selected provinces.

    a. The first sub-component of this project is on the improvement of the quality of maternal and child healthcare services at the provincial and municipal levels.
    b. The second subcomponent entails piloting RBF (US$10.0 million) to support the delivery of healthcare services through a performance focus at the provincial and municipal level contexts.

Comment: Interventions to improve the level of healthcare service provided involves renovations of already-existing sites and provision of vaccinations and medical services/supplies to hospitals and clinics. This will not involve activities which are going to have a detrimental effect on the environment and may in fact have a positive effect on the overall status of health and economic wellbeing in Angola.

2) The second component of the project entails strengthening the stewardship of the National Health System (NHS) to support the delivery of quality health services (US$25.0 million). This component aims at strengthening institutions across the national health system to improve the quality and coordination of healthcare services delivered at the municipal, provincial, and national levels.

Comment: Strengthening the NHS involves coordination of services provided by the MoH, Provinces, and Municipalities in the provision of healthcare services. Among others, this involves coordination and sharing of resources among primary healthcare service providers such as municipal healthcare units, health posts and health centres.

3) The third component aims to support the capacity to respond to and prevent public health emergencies through the provision of surge funding to finance response efforts directed at preventing outbreaks from potentially becoming deadly pandemics. This component will only be triggered in case of public health emergencies and when certain actions agreed to by the Government and Bank teams are met/ not met. This component resembles an emergency response plan of sorts which will only be triggered during cases of emergencies and will detail response actions and measures to be implemented during such emergencies.

4) The fourth component is Project Management, Monitoring and Evaluation (US$10M). This component supports project implementation by the Ministry of Health (MoH), including project management, fiduciary tasks, as well as Monitoring and Evaluation (M&E).

The project components are focused primarily on improving the quality of healthcare service in healthcare facilities across Angola. Over and above improving the capacity of institutions and the personnel who deliver the service, a key issue of concern is the extent to which healthcare workers and society in general can be exposed to medical waste as well as the appropriate treatment or disposal thereof. Although renovations and upgrades of equipment/facilities may be necessary in already-existing sites, this will be undertaken in line with generic mitigation measures outlined in this ESMF and it is considered unlikely that there will be a need for environmental licensing preceded by detailed Environmental Impact Assessment applications.

2 METHODOLOGY USED TO PREPARE THE ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK (ESMF)

The ESMF was prepared on the basis of extensive literature on environmental and social conditions in Angola as well as lessons learned from studies conducted in the country over the years. It must be acknowledged that information sources were limited as there was a dearth of reliable information during the years of protracted civil war in the country. Lesson learned from projects implemented in other countries in the SADC region (i.e. Mozambique, South Africa) were taken into account in the preparation of this report.

The review of legislative context of Angola provided a means of comparing requirements in the country against the benchmark of World Bank policies and sustainability guidelines. Benchmarking country legislation and regulations against WB Safeguards is a key requirement of all world Bank funded projects.

Although not conducted yet up to this point, we have made provision for extensive stakeholder engagements to be followed when finalising this ESMF to garner input from stakeholders across the country. Necessarily, this will involve key stakeholders such as government departments and provinces/municipalities, NGOs, research institutes, communities in the affected communities or the target project areas, with overall guidance and direction provided by the World Bank who are the funders of the project. In summary, the key stages in the preparation of the ESMF included the following:

1) Extensive literature review on environmental and social conditions in Angola to gather lessons and the overall framework of the project;
2) Review of the legislative framework for Angola against the World Bank and IFC sustainability framework/guidelines;
3) A public participation framework designed to feed into the project and garner input from interested and affected parties;
4) Preparing the ESMF and ESMP as well as screening tool to consolidate information and inform implementation framework for the identified project (s).

3 OVERVIEW OF ANGOLA'S ENVIRONMENTAL POLICIES, LAWS, PROCEDURES, REGULATORY AND ADMINISTRATIVE FRAMEWORKS

Environmental Framework Legislation for the Republic of Angola

The Constitution of the Republic of Angola (*Lei Constitucional da República de Angola*) was first signed into law in 1992, replaced in 2010, and provides the basis for the Environmental Framework Act through Article 39. Article 39 enables environmental protection and conservation, and the right to a healthy and unpolluted environment (SADC Environmental Legislation Handbook, 2012[1]).

In further detail, Article 39 (Environmental rights) provides that:

1. Everyone has the right to live in a healthy and unpolluted environment and the duty to defend and preserve it.
2. The state shall take the requisite measures to protect the environment and species of flora and fauna throughout the national territory, maintain the ecological balance, ensure the correct location of economic activities and the rational development and use of all natural resources, within the context of sustainable development, respect for the rights of future generations and the preservation of species.
3. Acts that endanger or damage conservation of the environment shall be punishable by law.

The constitutional articles above are very important for the achievement of sustainable development goals in the country. Owing to the history of Angola (i.e. being ravaged by civil war for the better part of its post-liberation history), the achievement of sustainable development goals is especially more important given the dire need to improve the quality of life of people and the environment (and hence the need for the project to improve the capacity of the health system). Indeed, the Articles are concerned with the conservation and protection of natural resources, biodiversity and a healthy environment, with a view to maintaining the natural ecological balance and meeting basic human needs.

The Ministry of Environment is responsible for the development and coordination of the country's environmental policy and for implementing the National Environment Management Programme (*Programa Nacional de Gestão Ambiental (PNGA).* As the

[1] Walmsley, B & Patel, S, 2011. Handbook on environmental assessment legislation in the SADC region. 3rd edition. Pretoria: Development Bank of Southern Africa (DBSA) in collaboration with the Southern African Institute for Environmental Assessment (SAIEA).

authority responsible for the implementation of the Environment Framework Law, No. 5/98, the Environmental Licensing Law, No. 59/07, and all associated Regulations, the Ministry is also responsible for the review and regulation of environmental impact assessments (EIAs), which are a primary tool for sustainable development. Depending on the type of project to be developed, the EIA report should also be approved by the appropriate line ministry. This ensures that the EIA not only addresses the requirements of the Environment Framework Law and the Decree on Environmental Impact Assessment, but also relevant sectoral legislation.

3.1.1 The National Environmental Management Programme

The National Environmental Management Programme (PGNA). Finalised in 2009, with the assistance of the United Nations Environment Programme (UNDP), the PGNA emphasises the need for an environmental management strategy to protect the environment, even though most of Angola's natural resources are still largely intact. Importantly, the Environment Framework Law recognises that the implementation of the PNGA should be the responsibility of all sectors of government whose activities may have an influence on the environment, all private individuals and organisations that make use of natural resources, as well as those individuals who may use resources unsustainably and cause pollution.

3.1.2 National Directorate for the Prevention and Evaluation of Environmental Impacts

Responsibility for EIA falls under the National Directorate for the Prevention and Evaluation of Environmental Impacts (*Direcção Nacional de Prevenção e Avaliação de Impactes Ambientais*), which, among other things, is responsible for reviewing and commenting on draft EIA reports. The granting of an Environmental Licence for a proposed project is based on the results and recommendations of the EIA for that project. If required, the Ministry of Environment invites different institutions and stakeholders to give comments and make suggestions on the final report. Although there are efforts to identify partners for this process, the Ministry currently retains full control of the EIA process, and there is no decentralization of decision-making to lower government levels.

Important Decrees for environmental management and other relevant policies:

- **The National Development Plan (PND) for 2013-2017** is the first medium-term plan elaborated in the framework of the new Constitution of Angola following

approval of the Basic Law of the National Planning System. This Plan also includes a period of great importance for the country's future. It is at the mid-point of the National Long-Term Development Strategy "Angola 2025". Following efforts to redevelop the country after decades of civil war, Angola is entering a phase of modernisation and sustainable development premised on stability and growth, as well as respect for human life. The literacy and training of Angolans in technical and professional fields as well as high education has been identified as a basis for sustainable, equitable and rejuvenated development of Angola.

- **Decree 39/00 on Environmental Protection for the Oil Industry** (*Protecção Ambiental para a Indústria Petrolífera*). This decree was gazetted in October 2000 and regulates environmental practices in the oil industry in the Angolan marine and terrestrial environemnts.
- **The National Environmental Strategy** (*Estratégia Nacional do Ambiente* (ENA). The Strategy is a guiding framework closely related to the PNGA, which aims to identify the main environmental problems in Angola and address them in order to achieve sustainable development goals. The ENA is geared to meet Angola's needs but also reflects the goals and objectives of the United Nations Conference on Environment and Development. Thr ENA is seen by some as Angola's '**Agenda 21'**.
- **Angola 2025: Long-Term Strategy (Estratégia de Longo Prazo).** This strategy document and reviews the significant challenges in Angola (i.e. very low human development, weak economy, inadequate health and education services, regional inequality, etc.) and establishes strategic options up to the year 2025. The plan considers the possible growth of various sectors and the main activities to realise this growth. The plan has been revised to include stakeholder aspirations and input.
- **Strategy to Combat Poverty (2003)**. The government has developed a strategy to combat poverty, following an ongoing process of reconstruction and national development. The overall objective is to improve the conditions of Angolan citizens, in particular those who are vulnerable, by getting them to participate actively in the socioeconomic development process.
- **National Biodiversity Strategy and Action Plan (2006)**. The government approved this Strategy (Resolution No. 42/06 of 26 July 2006) to guarantee the conservation and sustainable use of biological components to enable the fair and equitable sharing of the benefits of the use of biological resources. Its objective is to incorporate measures for the conservation and sustainable use of biological resources as well as the fair and equitable sharing of the benefits arising out of biological resources for the benefit of all Angolans.
- **The Environment Framework Law** of 1998 (*Lei de Bases do Ambiente), No. 5/98 of 19 June 1998*. This Act is based on Article 39 of the Angolan

Constitutional Law and provides the framework for all environmental legislation and regulations in Angola. It gives the definitions of important concepts, such as the protection, preservation and conservation of the environment, the promotion of quality of life, and the use of natural resources. The Law incorporates the main international sustainable development declarations and agendas (e.g. Agenda 21), and establishes citizens' rights and responsibilities. **Article 14** allows for the establishment of environmental protection areas and the setting of rules for those areas, including the identification of activities that would be prohibited or permitted in protected areas and their surroundings. **Article 16** of the Law makes provision for mandatory EIAs for all undertakings that may have an impact on the balance and wellbeing of the environment and society. **Clause 2 of this Article** states that the government will develop more specific legislation on EIAs. This was accomplished when the **Decree on Environmental Impact Assessment was passed in July 2004**. **Article 17** deals with the issue of environmental licensing and **Article 18** with auditing. These steps are based on the guidelines provided by the World Bank.

- **Decree on Environmental Impact Assessment.** The aim of the Decree on Environmental Impact Assessment (*Decreto sobre Avaliação de Impacte Ambiental), No. 51/2004 of 23 July 2004*, is to ensure better environmental protection, particularly in terms of human activities likely to have an impact on the environment (such as mining, civil construction and the exploration of natural resources), by" a) *Providing regulations to supplement the Environment Framework Law on EIAs, in particular on the procedures and mechanisms to be used in EIAs*; b) *Establishing norms for conducting an EIA for public and private projects, which, due to their nature, dimension or location, might have significant*
- *environmental and social impacts*; and c) *Establishing which projects should be subject to an EIA, what elements are to be included in the EIA, the nature and extent of public participation*, *the entity responsible for compliance with these legal requirements, and the EIA monitoring process*.
    - **Article 3**: Provides definitions, including what is meant by environmental audit, EIA, Environmental Impact Study, public consultation, etc.;
    - **Article 4**: Indicates which projects require an EIA and which might be exempted from an EIA, such as those aimed at national defence and security;
    - **Article 6**: Indicates the kind of information that needs to be included in the EIA;
    - **Article 10**: Explains the procedure for public consultation and indicates that the costs of such consultations should be covered by the project proponent;
    - **Article 16**: Indicates what is considered an infraction of this Decree;

- **Article 17**: Sets out the penalties for various offences; and
- **Article 22**: States that environmental audits shall be conducted.
- **Article 7** of the Environment Framework Law does, however, refer to the development of a National Environmental Management Plan and its implementation.

- **Decree on Environmental Licensing**. Decree No. 59/07 on Environmental Licensing came into force on 14 October 2007. This Decree provides additional legislation to supplement Decree No. 51/04 on EIAs by providing guidance on topics such as: which project should be subject to an EIA; what elements are to be included in an Environmental Impact Study; the nature and extent of public participation; the entity responsible for compliance with these legal requirements; and the EIA monitoring process. It also indicates that only Angolan-registered environmental companies can submit an Environmental Impact Study for approval.
- **Environmental Damage Regulations.** Decree 194 of 2011 is titled Environmental Damage Regulations. It is applicable to all sectors, including the petroleum and mining industries. Highlights of the Regulations include the following: a). The polluter pays principle; b). Strict liability (regardless of culpability) for environmental damage; c). Powers of the regulatory authority (the Ministry of Environment) to prevent or reduce the risk of environmental injury, including requiring businesses to develop prevention programmes and make disclosures in case of an imminent threat to the environment; d). Financial guarantees being payable for remediation or compensation of environmental damage in the form of insurance policies, bank guarantees, company reserves or other mechanisms; e). Individuals and non-governmental organisations granted legal standing to pursue legal action (including class action suits) to avoid, remedy and/or obtain compensation for environmental damage; and f). Strict penalties, including fines that can reach US$100 million, as well as cancellation of Environmental Licences.

3.1.3 Permits and licences

In terms of Chapter 2 of the Decree on Environmental Licensing, the following licences are required:

a) **An Environmental Licence** is required for all activities that, because of their nature, location and scale, may have a significant environmental or social impact. The Environmental Licence is issued on the basis of the findings of an EIA and is required before the issuance of any other permits or licences under other laws.

b) **An Environmental Installation Licence** is issued by the Ministry of Environment to authorise the setting out and change of works, in accordance with the specifications contained in the project.

c) **An Environmental Operations Licence** is a document issued by the Ministry of Environment, which, subject to verification of compliance with all the requirements of the Environmental Impact Study, permits an undertaking or activity to operate and allows for the integration of the activity into the area of interest.

3.1.4 Offences and penalties

In terms of Article 26 of the Decree on Environmental Licensing, a person who constructs, implements or alters any installation without an Environmental Installation Licence, or anyone who alters a system of production without the relevant licence, will be liable of an offence and subject to a fine. The fines are based on the value of the project, as follows:

Value of project	Quantum of fine
Less than Kz 90,000	10%
More than Kz 90.000 and less than Kz 500,000	7%
More than Kz 500,000 but less than Kz 1,000,000	5%
More than Kz1,000,000	3%

In addition, the competent authority can suspend, embargo or interdict the operation or activity, and notify the public ministry and the line ministry accordingly (**Article 27**). **Article 16** of the EIA Decree specifies the following as offences that are liable to a fine ranging between US$1,000 and US$1 million, depending on the seriousness of the case:

- The installation, start-up or extension of an activity in breach of the EIA Decree and any related Regulations;
- Obstruction or non-collaboration with the environmental auditing team, as per Article 22(5);
- Breach of the conditions of the Environmental Licence; and
- Non-compliance with the recommendations of the Environmental Impact Study.

In addition, offenders may have their machinery or equipment seized, have their operations closed down, and/or be prevented from tendering for government contracts (**Article 17**). **Decree No. 1/10 on Environmental Audits** specifies that penalties

payable for offences are a minimum of US$1000 and a maximum of US$1 000 000 for any of the following:

- Obstruction of or failure to cooperate with registered environmental auditors;
- Non-compliance with the recommendations of a previous audit;
- Working without complying with environmental regulations; and
- Acting as an environmental auditor without being registered.

3.1.5 EIA Guidelines

Most major development projects make use of the World Bank guidelines in order to fulfil country and lender-specific requirements.

In terms of **Article 29 of the Decree on Environmental Licensing**, only specialists and mid-level or senior technical staff registered in terms of the Decree may perform EIAs in Angola. Individual environmental consultants, environmental consulting companies and consortia may register with the Ministry of Environment. A certificate of registration will be issued within 30 days of the date of receipt of the application. In order to register, the individual applicant must submit the following, in terms of **Article 30**: a) Name, nationality, profession, office location, residential address and tax number; b) Academic and professional registration certificates; c) Curriculum vitae listing environmental consulting experience and knowledge of the environmental situation in Angola; and d) A declaration that s/he is not an employee of or contractor to the competent authority.

3.1.6 EIA procedure in Angola

The Environment Framework Law establishes a broad rationale for the kinds of projects that are subject to an EIA, stating that an EIA is compulsory when actions “interfere with the social and environmental equilibrium and harmony”. Activities are listed in the Annex to the EIA Decree and are categorised according to the following sectors:

- Agriculture, fisheries and forestry;
- Extractive industries, such as petroleum, mining and dredging;
- Energy industry;
- Glass industry;
- Chemical industry;
- Infrastructure projects; and
- Other projects.

No scoping phase is required for projects in Angola. The EIA Decree specifies the activities that are required during the EIA process, as well as the contents of the EIA report. The activities required as part of the Environmental Impact Study are set out in **Articles 6 and 7 of the EIA Decree**. The Environment Framework Law (Article 16) and the EIA Decree (Article 9) specify the following contents of an EIA report:

- A non-technical summary of the project;
- A description of the planned activities, including all technological alternatives as well as the no-go option;
- A general description of the state of the environment of the chosen locations for the project;
- Summary of opinions and comments obtained from public consultations;
- A description of possible environmental and social changes caused by the project;
- An indication of the measures envisaged to eliminate or minimise negative social and environmental effects; and
- An indication of the systems envisaged for controlling and monitoring the activity.

All projects listed in the Annex to the EIA Decree 51/2004 are subject to a public consultation programme organised by the Ministry of Environment, as prescribed in Article 10 of the EIA Decree. The public consultation process, to be undertaken by the responsible ministry, comprises the following steps:

- Release of the non-technical summary of the EIA report to the interested and affected parties (as defined in Article 3 of the Decree);
- Consideration and appraisal of all presentations and comments relating to the proposed project; and
- Compilation of a brief report within eight days of the completion of the consultation period, specifying the steps taken, the level of public participation, and the conclusions that may be drawn.

The consultation process must take place over a period of five to ten days and the costs must be borne by the developer.

3.1.7 Review of EIA reports

Once completed, the EIA reports and any supporting documents must be sent to the relevant line ministry. Within five days of receiving these documents, the line ministry must forward such documentation to the Ministry of Environment. The review is conducted by the Directorate for the Prevention and Evaluation of Environmental Impacts (DNPAIA) and the line ministry relevant to the project in question. For projects

in urban areas or that affect human settlements, the minister responsible for planning should also be included in the review process. Within 30 days from the date of receipt of the documents, the EIA Directorate in the Ministry of Environment must evaluate the EIA report. If a favourable opinion is received, the Ministry of Environment shall issue an Environmental Licence. If there is insufficient information in the EIA report, the Ministry of Environment may request additional information before it can make a decision. If, however, a negative opinion is received from the Directorate, the project cannot be authorised or licenced. The final decision must be made public.

3.1.8 Environmental monitoring and audits

According to Article 22 of the EIA Decree, the Ministry of Environment is responsible for monitoring the implementation of the EIA in specific projects and must decide on the imposition of fines in the case of non-compliance (i.e. for those projects which do not comply with EIA rules and recommendations or which otherwise have a negative impact on the environment). **Decree No. 1/10 on Environmental Audits, gazetted in January 2010**, establishes terms under which environmental audits take place. Article 18 of the Environment Framework Law states that any activities that take place without the necessary environmental and social mitigation, and from which environmental damage is observed, are subject to environmental auditing. The Decree explains types of audits that may be conducted, and that such audits must be conducted by authorised public or private bodies. It makes provision for the registration and accreditation of environmental auditors. The costs of the audits are carried by the entity being audited.

3.1.9 Other relevant environmentally-related legislation in Angola

TABLE 3: OTHER RELEVANT LEGISLATION IN ANGOLA

Legislation	Key elements	Responsible authority
Fisheries Act (Lei das Pescas), No. 20/92 of 14 August 1992	• The Act regulates fishing in marine and interior waters. The Act establishes the principle that fisheries are for public use and stipulates quotas consistent with the conservation of marine resources, adjusted according to available fishing potential and season. • It regulates the fishing industry with the aim of achieving sustainable development.	Ministry of Fisheries
Biological and	• This innovative Act is very comprehensive	Ministry of

Aquatic Resources Act, No. 6-A/04 of 8 October 2004	and emphasises the need for policies aimed at preserving and regenerating biological and aquatic resources. • It is also a mechanism for the harmonisation of different legislation on marine resources, particularly on fisheries and aquaculture activities. • The Ministry of Fisheries has to be consulted before the implementation of any project pertaining to the exploitation of natural resources within inland waters. • The Act considers it a crime to discharge any objects or substances that are likely to cause serious damage to biological resources. It further states that any individual or collective person that causes damage to the environment has to repair the damage and indemnify the state. • The Act was developed as part of the government's policies on environmental protection and the sustainable use of natural resources. It draws on the Constitution and the Environment Framework Law. The Act also considers international instruments such as the United Nations Law of the Sea, the Convention on Biological Diversity, and the Southern African Development Community (SADC) Protocol on Fisheries. • The Act considers biological and aquatic resources as important food sources for subsistence, economic activities and renewable resources. • The most important part of the Act in relation to environmental protection is Title II, which deals in its five chapters with measures for the protection of biological aquatic resources and the marine environment. • This legislation included the Hunting Regulation (*Regulamento de Caça*), Decree	Fisheries

	No. 2873 of 11 December 1957, Forestry Regulation (*Regulamento Florestal*), Decree No. 44 531, and National Parks Regulation • (*Regulamento de Parques Nacionais*), Decree No. 10 375 of 15 October 1958. • In its annexes, Decree No. 40 040 included a list of mammal and bird species whose hunting was considered illegal. • Decree No. 43/77 of 5 May 1977 approved the structure of the Ministry of Agriculture and defined five different categories for protected areas, namely national parks, strict nature reserves, partial reserves, regional nature parks and special reserves. This differentiation of categories does not include issues such as rural community use of wildlife or the conservation on heritage sites and important monuments. • This legislation is was reviewed through a Food and Agriculture Organization project known as Participatory Formulation of Policy and Legislation on Forest, Wildlife and Protected Areas.	
Decree on Soil, Flora and Fauna Protection, No. 40 040 of 1955	• The first legislation on nature conservation and the establishment of protected areas for different purposes (initially for hunting and later for nature conservation) was issued on 20 January 1955 through Decree No. 40 040 (published in the Official Bulletin on 9 February 1955). This Decree covered aspects related to soil, fauna and flora protection, conservation and use of game, and the establishment of national parks, nature reserves and controlled hunting areas. It pioneered the establishment of the Nature Conservation Council (*Conselho de Proteção à Natureza*) to control protected areas and develop enabling legislation. • This legislation included the Hunting Regulation (*Regulamento de Caça*), Decree	Ministry of Agriculture

	No. 2873 of 11 December 1957, Forestry Regulation (*Regulamento Florestal*), Decree No. 44 531, and National Parks Regulation (*Regulamento de Parques Nacionais*), Decree No. 10 375 of 15 October 1958. • In its annexes, Decree No. 40 040 included a list of mammal and bird species whose hunting was considered illegal. • Decree No. 43/77 of 5 May 1977 approved the structure of the Ministry of Agriculture and defined five different categories for protected areas, namely national parks, strict nature reserves, partial reserves, regional nature parks and special reserves. This differentiation of categories does not include issues such as rural community use of wildlife or the conservation on heritage sites and important monuments. • This legislation was reviewed through a Food and Agriculture Organization project known as Participatory Formulation of Policy and Legislation on Forest, Wildlife and Protected Areas.	
Mining Code (Código Mineiro), 23 September 2011	• The Mining Code of 2011 repeals a number of old laws relating to mining, such as the Law of Mines (Lei das Minas), No. 27 of 1979, the Geological and Mining Activities Law, No. 1 of 1992, and the Diamond Act, No. 16 of 1994. The new Mining Code amalgamated these (and other laws) into a single set of regulations, with the intention of providing easier access to applicable laws and harmonising, to the extent possible, the rules and procedures that apply to particular activities. • The Code applies to all mining activities (such as prospecting, mining and commercialisation) that take place in Angola and all maritime areas that are subject to the Angolan jurisdiction. It does not apply to	Ministry of Geology and Mines

	hydrocarbons, whether in liquid or gas form. • The Code further provides that, in consideration for granting mining rights, the Angolan state shall be entitled to compensation, in the form of a participation of not less than 10% in the company that conducts the activities and/or allocations in kind of the minerals to be extracted. • The Code contains specific rules for mining activities that involve strategic minerals. Gold, diamonds and radioactive minerals are currently designated as strategic minerals, although the Angolan Executive can designate others. • All mineral resources that can be found in Angola and within the maritime boundary of Angola are deemed the property of the Angolan state. However, the minerals explored and extracted by holders of mining rights are the property of these parties in accordance with the terms of their concession. • Mining rights can be granted for the following activities: o Prospecting for specific minerals; o Mining of specific minerals; o Prospecting and exploitation of minerals for civil construction; and o Artisanal mining. • The Mining Code imposes a number of obligations on the holders of mining rights regarding the exercise of their rights. These include obligations in the areas of: o Hygiene, health, security and training; o Environmental protection; o Use of soil; and o Use of explosives.	
Land Use Planning and Urban	• After independence, issues relating to land use planning and urban management were not considered a priority in terms of the	Ministry of Environment

Development Act, No. 3/04 of 25 June 2004	development of new legislation. Most of the legislation on this issue was inherited from the colonial period and is thus outdated and inefficient. • The existing legislation on territory, town and country planning and urban issues is fragmented and not in line with scientific and technological progress. • In addition, the growth of the main cities, particularly from urbanisation in the coastal areas as result of the war and migration in search of urban opportunities, has exacerbated problems in the management of urban areas, leading to overcrowded and dilapidated cities. • The lack of integrated and coordinated plans to respond to the growing number of people, which is associated with the inefficient development and growth of the cities, has motivated the development of this law. • The Act adopts a concept of integrated planning, which not only includes socio-economic aspects but also attempts to create synergies in the relationship between the city and the countryside. It calls for the establishment of a decentralised system to coordinate land use planning.	Ministry of Agriculture
Land Law, No. 9/04 of 9 November 2004	• This Law deems land the property of the state and proposes the following multiple uses for the land: ○ A shelter and home for the inhabitants of Angola, which implies the existence of an appropriate urban planning system; ○ A source of natural resources that can be used for mining, agriculture, forestry and land planning; and ○ A support for economic, agricultural and industrial activities.	Ministry of Environment

	• The Land Law contains a number of aspects related to the environment, which are important to foster sustainable development and the improved use of the soil and natural resources. The Law refers to various other pieces of environmental legislation, with particular emphasis on the Environment Framework Law. • The other legislation is used to support mechanisms for the implementation and enforcement of certain Articles and clauses of the Law. • It presents two land classifications, namely urban land (areas for the construction of buildings) and rural land (areas for agriculture, raising livestock, forestry and mining). The ministry dealing with land planning and environment is the government institution that declares such land, based on a proposal from other government entities dealing with similar issues. This is the case for the establishment of mining and oil schemes and the industrial sector. The government decides on the establishment of protected areas (total and partial reserves) for specific purposes, such as environmental protection, national security, preservation of monuments, and historical sites. These reserves include both coastal areas (e.g. territorial sea, contiguous zone, economic exclusive zone, islands and estuaries) and land areas (e.g. roads, inland borders, airports and ports, and military bases).	
Water Law (Lei das Águas), No. 6/02 of 21 June 2002	• This Act states the priorities for the use of surface water resources in Angola. It enables the State Secretariat to ensure environmental protection and conservation of areas of partial protection. It provides a list of water management principles,	State Secretariat for Water

	particularly the harmonisation of the water management policy with land use planning. • The Act calls for the development of a General Plan for the Development and Use of Water Resources in Basins. • It further notes that water resources are state property. • Article 6 gives the right to the organ of state responsible for water affairs to ensure the preservation and conservation of areas of partial protection. • The Act describes a number of principles of water management that the government should put into practice. These include: the right of individuals and entities to access water; integrated management of water resources; institutional coordination and community participation; the harmonisation of the water management policy with land use planning and environmental policies; water as a renewable resource for people; and the relationship between pollution and social and financial issues. • The Water Law encourages the development of a new administrative policy for the water sector, which includes a decentralised system of control over the use of water, as well as for the protection of water resources and the environment. In the implementation of such a policy, the government aims to achieve a number of objectives, namely to ensure access to water resources; ensure a continuous balance between the availability of water resources and demand; promote research activities and the sustainable use of existent water resources; ensure proper sewage systems; and regulate the discharge of domestic effluents.	
Law on Internal	• This Law regulates control over internal	State

Waters, Ocean and Exclusive Economic Zone (Lei sobre águas interiores, oceanos e zona económica exclusiva), No. 21/92 of 28 August 1992	waters and lakes. • It also regulates the use of natural resources, the protection of the marine environment, the promotion of scientific marine research, and the use of artificial structures.	Secretariat for Water
Local Municipalities Act (Lei das Autoridades Locais), No. 17/99 of 1999	• The Act establishes that local governments are responsible for the promotion of development, basic sanitation, environmental protection and land management.	Provincial and local authorities
Oil Activities Decree (Decreto Lei das Actividades Petrolíferas), No. 39/00 of 10 October 2000	• The Decree states the need to regulate oil exploration activities in a way that ensures sustainable development. • It recognises the important role of oil in the Angolan economy and its impact on the environment, and calls for the compulsory implementation of EIAs for any offshore or onshore project.	Ministry of Petroleum
Petroleum Activities Law, No. 10/04 of 12 November 2004 Including: Petroleum Activities Waste Management, Removal and Disposal, Executive Decree No. 8/05; Petroleum	• This Act includes principles of economic policies, particularly for the protection of national interests, the promotion of the workforce, the valuation of minerals, and environmental protection. • It establishes the exclusivity principle for the national petroleum concessionary Sonangol, by giving Sonangol the right to use natural resources through the establishment of partnerships with other foreign companies. • Article 7/2 states that all petroleum operations must be conducted carefully, by considering the safety of people and infrastructure as well as the protection of the environment and the conservation of nature.	Ministry of Petroleum

Activities Spill Notification Procedures, Executive Decree No. 11/05; Management of Operational Discharge during Petroleum Activities, Executive Decree No. 12/05	Furthermore, Article 9/3 notes that rights for petroleum operations can only be granted if measures are in place to ensure the sovereignty of the country, safety, environmental protection, research and the management and preservation of natural resources, including the living and non-living aquatic biological resources. • Article 24 on Environmental Protection indicates that all companies involved in petroleum operations, including Sonangol, have to implement appropriate measures to ensure environmental protection and preservation. This includes health, water, soil and subsoil, air, biodiversity preservation, flora and fauna, ecosystems, landscapes, atmosphere and cultural, archaeological and aesthetic values. In addition, Article 24/2 requires plans on environmental preservation, EIA plans, rehabilitation plans and environmental audits to be submitted to the competent authorities within the established timeframes.	
Decree on Environmental Protection for Petroleum Activities, No. 39/00 of 10 October 2000	• This Decree, which is administered by the Ministry of Petroleum, aims at protecting the environment from petroleum exploration and production activities. It defines the environment as including, inter alia, fauna, flora, soil, water, landscape, cultural values, atmosphere and the like, and is applicable to activities both off- and onshore (Article 3). • In regulating petroleum activities in a way that ensures sustainable development, the Decree recognises the impact of these activities on the natural environment. It also calls for compulsory implementation of EIAs as an important instrument for ensuring environmental protection in any project. It provides details on the EIA process, with an	Ministry of Petroleum

	emphasis on the procedure for obtaining an Environmental Licence from the Ministry of Urbanisation and Environment (Article 6). • The government is developing complementary legislation to this Decree, including on the management of operational discharges; the management, collection and treatment of waste; and the procedures for the notification of oil spills. • Other legislation for the petroleum industry include an Executive Decree on the procedures for waste management (No. 8/05 of 5 January 2005), an Executive Decree on the procedures for oil spill notification (No. 11/05 of 12 January 2005), and an Executive Decree on procedures for the management of operational discharges (No. 12/05 of 12 January 2005)	

4 OVERVIEW OF THE WORLD BANK'S SAFEGUARD POLICIES TRIGGERED

Summary

The World Bank's Environmental and Social Safeguard Policies are considered a cornerstone of its support to sustainable poverty reduction projects. The policies require governments receiving funding from the World Bank to address certain environmental and social risks in order to receive Bank support for investment projects. As a rule, the WB policies include requirements that projects should include such as the need for environmental and social impact assessments, consulting with affected communities about the impacts that such projects would have, as well as the need for the livelihoods of affected people to be restored (i.e. either re-establish their pre-existing conditions or improve upon them). The effectiveness and overall positive impacts of projects and programs supported by the Bank has substantially increased as a result of the attention focused on these policies. Safeguard policies have often provided a useful platform for the participation of stakeholders in project design, and have been an important instrument for building ownership among local populations.

The World Bank's key Operational Policies and associated Bank Procedures are critical to ensuring that potentially adverse environmental and social consequences are identified, minimized, and mitigated, and receive attention during the Bank's project preparation and approval processes. These Operational Policies or Safeguards include:

- OP 4.01 Environmental Assessment;
- OP 4.04 Natural Habitats;
- OP 4.09 Pest Management;
- OP 4.11 Cultural Heritage;
- OP 4.12 Involuntary Resettlement;
- OP 4.10 Indigenous People;
- OP 4.36 Forests;
- OP 4.37 Safety of Dams;
- OP 7.50 Projects on International Waterways;
- OP 7.60 Projects in Disputed Areas.

The World Bank, through its Disclosure Policy BP 17.50, requires that all Safeguard documents are disclosed in the respective countries as well as at the WB's Infoshop prior to the appraisal of a project or for fast-tracking Initiatives prior to the signing of a Grant Agreement.

Safeguard Policies triggered by the Project

As detailed in the project description section, the Health System Performance Strengthening Project (HSPSP) will focus primarily on improvement of health services and is not expected to include extensive civil works such as the construction and rehabilitation of facilities (i.e. expect where deemed absolutely necessary to facilitate the provision of health services – such as building of clinics, health facilities, etc.).

Where there will be civil works involved, these will trigger the need for the relevant safeguards to avoid or minimize negative environmental and social effects. Consequently, the HSPSP AF is expected to trigger the following World Bank Operational Policies: Environmental Assessment (OP/BP 4.01);

Table 4: Safeguard Policies triggered by the Project

Safeguard Policies Triggered by the Project	Yes	No
• Environmental Assessment (OP/BP 4.01)	**X**	
• Natural Habitats (OP/BP 4.04)		X
• Pest Management (OP 4.09)		**X**
• Physical Cultural Resources (OP/BP 4.11)		**X**
• Forests (OP/BP 4.36)		**X**
• Safety of dams (OP 4.37)		**X**
• Indigenous Peoples (OP/BP 4.10)	**X**	
• Involuntary Resettlement (OP/BP 4.12)		**X**
• Project on International Waterways (OP/BP 4.50)		**X**

4.1.1 OP 4.01 Environmental Assessment

The aim of OP 4.01 is to ensure that World Bank-financed projects are environmentally and socially sustainable, and ensure better decision making through the integration of environmental and social impact considerations throughout the different phases of development project and actions (i.e. design, planning, and implementation). The main objectives of Environmental Assessment (EA) is to ensure the consideration of environmental aspects (air, water, and land), human health and safety, social aspects (involuntary resettlement, local communities and cultural heritage), as well as consideration of trans-boundary and global environmental effects such as climate change. OP 4.01 is applicable whenever a proposed project or actions have the potential to cause negative environmental effects to the surroundings.

The projects are classified into one of the following four categories depending on the type, location, sensitivity and scale of the project and the nature and magnitude of potential environmental impacts.

- **Category A**: A proposed project is classified as Category A if it is likely to result in significant adverse environmental impacts that are sensitive, diverse, or unprecedented. These impacts may affect a more extensive area than the sites or facilities where physical activities take place. The Environmental Assessment for a Category A project examines the potential negative and positive environmental impacts, compares them with those of other feasible alternatives (including the situation without the project.) and recommends necessary measures to avoid, minimize, mitigate or compensate for adverse impacts and improve the environmental performance impacts. For a Category A project, the proponent is responsible for preparing a report, usually an Environmental and Social Impact Assessment (ESIA) with its respective Environmental and Social Management Plan (ESMP) or environmental auditing as required.

- **Category B**: A proposed project is classified as Category B if its potential adverse environmental impacts on human populations or environmentally important areas, including aquatic ecosystems, forests, grasslands and other natural habitats, are less adverse than those provided for Category A projects. These impacts are specific to the project site; few if any of them are irreversible, and in most cases the identification of mitigation measures is faster for projects of this Category than for Category A. Just as is the case for Category A projects, the potential negative environmental impacts are examined and recommendations made on measures needed to prevent, minimize, mitigate or compensate for adverse impacts and improve environmental performance. For simple projects with minimal social and environmental impacts, the preparation of the Environmental and Social Management Plan based on the ESMF is sufficient. Likewise, the drafting of a Resettlement Plan based on QPR may also be sufficient.

- **Category C**: A proposed project is classified as Category C if the possibility of adverse environmental impacts is minimal or non-existent. In addition to the preliminary environmental analysis, it does not require any additional action for a project of Category C status.

- **Category FI**: A proposed project classified in Category FI engages investment funds from the World Bank through a financial intermediary, in subprojects that may result in adverse environmental impacts.

The Municipal Health Services Strengthening Project out of which the current ESMF for the HSPSP was born had been allocated a Category B status and it is expected that some of the projects that will be implemented under the current project will retain the

Category B classification. Category B classification means that such projects are likely to have significant environmental and social impacts which will be site site-specific and can be mitigated or avoided with an Environmental and Social Management Plan or through improved design and layout of the project. Potential negative environmental and social impacts are likely to result from rehabilitation and construction-related activities, which may include soil, surface and groundwater pollution, air pollution, loss of vegetation, health and safety issues, as well as noise, dust, and disruption of social and cultural practices. Some of the impacts, if not properly mitigated, have the potential of affecting far more extensive areas, beyond the Project sites or the areas where physical activities will occur.

Once specific subprojects have been defined, an evaluation through a simple environmental and social impact assessment (ESIA) and an Independent Social and Environmental Management Plan based on the results of the analysis/ social and environmental screening will be prepared by experts in social areas, health and safety for specific areas of implementation of the Project. The costs for carrying out such evaluation will be included in the Project budget. The results of the selection and the determination of categories of sub-projects will be confirmed and approved by the Ministry of Health to verify compliance with the Angolan EIA legislative framework. The current ESMF is elaborated to focus on those potential environmental and social effects likely to occur during the planning/ improvement and or operational activities associated with the HSPSP project areas.

4.1.2 World Bank Policy on Disclosure of Information

As part of the World Bank's recognition of the right to information, the institution has developed information disclosure policies which generally contain the following elements: principles of disclosure; exceptions to disclosure; routine disclosure; and request-driven disclosure. Disclosure of documents (including a summary of the project, and a summary of Environmental Assessment) should be in the local language, at a public place accessible to project-affected groups and local non-governmental organizations. In-country disclosure of information is the responsibility of the borrower, in this case the Ministry of Health. Disclosure in the InfoShop is the responsibility of the World Bank.

Documents that need to be disclosed include:

- Integrated Safeguards Data Sheet
- All Safeguard mitigation plans:
    - Environmental Assessment/ Environmental Management Plan
    - Indigenous Peoples Plan

- Natural Habitats

Timing of Disclosure and Consultation

- Draft documents should be made available to stakeholders well in advance of consultations;
- All required public consultations should be completed, and draft or final documents disclosed prior to the project Appraisal;
- Final documents (incorporating results of consultations) should be disclosed for the record.

For the present ESMF document, information disclosure will be initiated by advertisement of public participation meetings to be held in the affected project areas which will still be determined. The meetings will provide an opportunity for stakeholders to provide comments and useful inputs to be taken into consideration when planning and implementing the proposed HSPSP subprojects. As the EMSF has now been drafted, it is proposed that the disclosure process be through continued interaction with stakeholders using contact details that will be gathered during public meetings. Email communication shall be used to notify stakeholders that the ESMF document has now been drafted and it is available for comment. A hyperlink will also be provided to a site where the document will be stored and can be downloaded. The E-mail to be sent to stakeholders will also include the executive summary of the ESMF (Portuguese version), wherein stakeholders shall be invited to provide further comments as required. Newspaper advertisements will also be distributed targeting the most widely distributed and read newspapers in each region to inform stakeholders of the availability of the ESMF document for review. The Ministry of Health will assist with nominating relevant officials to whom comments can be sent by stakeholders. Additionally, the MoH shall ensure the availability of the full ESMF in Portuguese in its offices in all cities.

5 GAPS IN ANGOLA LEGISLATION AND IN THE WORLD BANK SAFEGAURD POLICIES

The major gap identified is in relation to the lack of clear procedures and norms for handling health, safety and security for both the local population of a particular project area and/ or the project workers. Although the Angolan legislation does include measures for safety in the workplace which will be used for workers in the healthcare facilities associated with the HSPSP AF, it is proposed that the International Finance Cooperation (IFC) Performance Standards[2] are recommended in order to bridge the gaps that exist in procedures for health, safety and security. This section provides a description of the specific standard on health and safety to guide the project proponent throughout all phases of implementation of the project, and also provides some guidance on what mitigation measures should be taken.

Performance Standard 4 (PS 4) recognizes that project activities, equipment, and infrastructure often bring benefits such as employment and access to services. However, projects also have the potential of increasing exposure to risks and impacts arising from equipment accidents, structural failures, and releases of emissions and hazardous materials. Local inhabitants of the project areas may also be affected by impacts on their surroundings, exposure to diseases, and the use of security personnel.

The objectives of the PS 4 are to:

- avoid or minimize risks to and impacts on the health and safety of the local community during the project life cycle from both routine and non-routine circumstances; and to
- ensure that the safeguarding of personnel and property is carried out in a legitimate manner that avoids or minimizes risks to the community's safety and security.

The PS 4 requires that risks and impacts to the health and safety of the affected community during the design, construction, operation, and decommissioning phases of projects are identified and that preventive measures to address such impacts are put in place. Where the project poses risks to or adverse impacts on the health and safety of affected communities, an Action Plan ought to be prepared and disclosed by the project proponent.

[2] IFC Performance Standard on Environmental and Social Sustainability: https://www.ifc.org/wps/wcm/connect/c8f524004a73daeca09afdf998895a12/IFC_Performance_Standards.pdf?MOD=AJPERES

The following should be considered when assessing the potential risks related to health, safety and security:

- Infrastructure and Equipment Safety;
- Hazardous Materials Safety;
- Environmental and Natural Resource Issues (such as floods/ landslides etc.);
- Community Exposure to Disease (such as water-borne illnesses etc.);
- Emergency Preparedness and Response.

The project proponent should assess the potential risks and impacts from project activities and inform affected local populations of significant potential hazards in a timely manner. It is also the responsibility of the project proponent to support and work with the project affected population and the local government structures to respond to any emergencies that may arise. For the purposes of implementation of this ESMF, potential health, safety and security impacts associated with the project have been identified, and mitigation measures have been recommended in the section that follows.

6 POTENTIAL ENVIRONMENTAL AND SOCIAL IMPACTS DUE TO PROPOSED PROJECTS

Summary

Potential impacts associated with the HSPSP projects include construction and upgrade of laboratories which would lead to adverse impacts such as direct impacts on sites, the generation of solid and liquid waste, the generation of medical waste and the disposal thereof, as well as occupational risks faced by workers in the healthcare facilities or during construction/renovations of laboratories and infrastructure.

It is expected that any potential negative environmental and social impacts associated with the proposed HSPSP activities and subprojects will be localized and of short-term duration, and can be significantly offset or minimized through adequate planning and a through implementation of ESMP by contractors and workers in the healthcare facilities (i.e. those responsible for the improvement works or any construction-related projects).

Any construction activities related to the improvement or rehabilitation of healthcare facilities may result in negative environmental and social effects (e.g. on habitats, soils, workers, Indigenous Peoples and inhabitants, etc.). Most direct impacts will be related to site clearance and disturbance of habitats associated with the rehabilitation or upgrade of laboratories/facilities, especially in cases where new infrastructure is considered necessary.

With regards to the rehabilitation of existing infrastructures, potential negative impacts are likely to be related to contamination of air and water sources which may pose impacts on the natural environment as well as human health. Considering that the main activities of the proposed program will be conducted in urban/ built up areas where healthcare facilities are located, some of the indirect impacts will be related to public nuisance, including disruptions of public access, disruptions of traffic, noise and dust emissions, as well as health and safety issues that may be experienced by workers in the healthcare facilities. Occupational hazards that healthcare workers may be exposed to include unsafe working conditions, stress as a result of taking care of sick people who themselves are vulnerable, risks of infections if not wearing suitable protective clothing/attire or not having proper immunisations against diseases, as well as general hazards as a result of lack of suitable training on healthcare procedures and hygiene.

Negative Impacts

In general, it is expected that negative environmental and health and safety impacts will involve temporary disturbances in smaller areas and with limited permanent effects that can effectively be mitigated through the implementation of an ESMP at project level.

Negative impacts on the biophysical environment identified during the construction phase vary between low to moderate. All potential impacts on biology are low, except for the loss of vegetation cover and plant diversity, which is considered to be of high importance, dropping to moderate following implementation of mitigation measures. Most of the impacts applicable during the construction period can be mitigated to the greatest extent possible.

The negative socioeconomic impacts identified are mostly of low intensity or insignificant, and can be reduced significantly after implementation of the proposed mitigation measures. The impacts will come up during both the construction and operational phases of the project.

The main impacts related to health and safety during the pre-construction phase is mostly related to the design of buildings such as clinics and healthcare posts, amongst others. It is therefore necessary that the following safety measures are taken into consideration:

- availability of fire extinguishers and/or fire alarm systems and appropriate storage areas for chemicals;
- hazardous and flammable materials to reduce risks;
- Local inhabitants and workers should be informed of all safety measures;

- Signals and the necessary signage should be placed close to potential areas of danger.

The key impacts likely to result from the proposed activities are summarized as follows:

a) Direct impacts of the construction/rehabilitation phase:

- Contamination of soils, ground and surface water as a result of chemicals (oils, fuels and lubricants from machinery and vehicles working on site, remains of paints, etc.) particularly on sites located near waterways – can be minimized through adoption of an EMP that details suitable mitigation and management measures to be taken, as well as use of suitable clothing and protective equipment.
- Air and noise quality may be affected as a result of construction activities – these can be mitigated by following existing Regulations and the EMP.
- Public nuisance and health impacts resulting from inadequate disposal of solid wastes.
- Increased risk of work-related accidents as a result of lack of use of personal protective equipment by workers during the construction phase.
- Regarding Health and Safety aspects, projects can be implemented without any significant risks and impacts, provided that the Health and Safety requirements stated are implemented.
- For any construction works, it is highly recommended to hire local workers wherever possible. This will improve acceptance of the project by local residents in project areas even if they do not benefit directly from the improved healthcare facilities.
- Spread of HIV/AIDS during the construction phase of healthcare infrastructure may perpetuate poverty in the municipalities by impacting on the most economically-productive members of society– this can be mitigated through awareness raising and conscientize workers about the socioeconomic risks at play.

b) Indirect impacts during and after construction/ rehabilitation works:

- The contractor should establish all the necessary means for waste water and solid waste collection, which should be available during and after the construction phase. This is to ensure that the water used during the project is not contaminated and does not expose workers and inhabitants to health risks;
- It is anticipated that indirect impacts will be related to nuisance and these will include disruption of public access, disruption of traffic (including pedestrians), noise and dust emission, public safety issues, disruption of access to public and private property including residential and commercial areas located in proximity of the sites;

- Differences in the visual appearance of the area (as a result of the construction of new infrastructures such clinics, healthcare posts or any other healthcare facilities, among others).
- Noise and dust emissions which may lead to impacts on human health particularly in the communities living in proximity to project areas;
- Disruption of public access affecting pedestrian and traffic during the construction activities particularly in the towns, and in sensitive locations such as schools, markets and health facilities;
- Poor sanitation in construction areas which can be mitigated/ avoided with the provision of adequate washing and toilet facilities close to the works.
- Involuntary resettlements resulting from the construction of new infrastructure which may affect particularly single women and households headed by children especially in peri-urban areas;

c) Direct and indirect impacts during the operational phase of the healthcare facilities:

A large part of the work will involve capacity building and capacitating workers who will deliver healthcare services in the healthcare facilities. This will entail making contact with patients and children and administering vaccines and medication as appropriate. The major risk to healthcare workers will be in the form of:

- Increased occupational health risks and infections experienced by workers or nurses who administer vaccines and medication;
- Risk of spread of diseases for workers dealing with primary healthcare and maternal/child healthcare cases;
- Exposure to water- borne, water based, water-related, and vector- borne diseases, and communicable diseases;
- Exposure to medical waste (hazardous) generated during the operational phase of the project as well as adequate disposal in licenced facilities or lack thereof.

A mitigation measure to offset the risk of impacts during the operational phase of the project may be in the form of taking suitable preventative measures to minimise the risk of infections or contracting diseases. In addition, increased collaboration between the different parties involved in the project (i.e. Affected Communities, local government agencies, Provinces and the MoH, other relevant parties) in their preparations of response plans to respond effectively to emergency situations (i.e. such as health emergencies and spikes in infections or spread of diseases such as malaria, typhoid, etc.), especially when their participation and collaboration are necessary to respond to such emergency situations.

7 CUMULATIVE IMPACTS

Cumulative impacts are limited to those impacts generally recognized as important on the basis of scientific concerns and/or concerns from Affected Communities. Examples of cumulative impacts include: incremental contribution of gaseous emissions to an airshed; reduction of water flows in a watershed due to multiple withdrawals; increases in sediment loads to a watershed; interference with migratory routes or wildlife movement; or more traffic congestions and accidents due to increases in vehicular traffic on community roadways.

In the context of the HSPSP, situations such as overall decrease in health status across the country as measured by different metrics (i.e. high rates of cholera, malaria, typhoid, HIV AIDS infections, malnutrition, etc.) may be regarded as cumulative impacts of the lack of or a deteriorating health system in the country. It can be argued that the lack of cumulative effects may be an indication of improved health status in the country and thus the success of this project. There will thus be no cumulative impacts experienced if all the management measures identified in the ESMF and ESMP as well as guidelines in the OPs are implemented successfully to contain or offset the identified impacts. In addition, project-specific EMPs that go hand in hand with Environmental Licences will detail any cumulative measures considered relevant to specific projects and how such can be prevented.

8 MITIGATION MEASURES

The table below presents some generic mitigation measures considered important to the success of the HSPSP overall. Much more specific mitigation measures will be project-specific and will be identified during the course of EIA studies or much more specific ESMP that will be prepared to address specific circumstances and context of projects. When the project scope has been fully defined, it will be much easier to prepare ESMP's responding to particular projects based on specific impacts envisaged for particular projects.

TABLE 5: SUMMARY TABLE OF POTENTIAL IMPACTS OF THE PROJECT AND MITIGATION MEASURES

Potential Negative Impacts		**Mitigation Measures**
Vegetation and Soils	Vegetation clearance and soil disturbances	Reinstatement of vegetation cleared following completion of works; rehabilitation of sites disturbed soils immediately after completion of works.
Quality of water	During all types of construction or rehabilitation works, residual waters, chemicals and oils are discharged. These have the potential of adversely affecting underground water and soils in the areas where the project is implemented. ▪ Pollution of underground water ▪ Variations in water levels ▪ Pollution resultant from the lack of effective management in the water catchment areas ▪ Salt Intrusion	During construction works: Measures include: proper storage of hazardous chemical products at the Project sites. Other measures include adequate drainage of water and/or other liquid wastes used during construction and operation phases of the Project. All products used during the Project should be nontoxic and biodegradable. The use of chemical products such as oils, lubricants and fuels should be limited and controlled/ supervised. Drainage systems in the Project sites should be equipped with a water/ oil separator.
Air pollution	Dust/ toxic	Mitigation measures include watering

	chemicals in the air during construction or rehabilitation works	surfaces to reduce dust and reduce usage of chemicals (toxic). Reduction of wind speed with the use of wind breaks and covering dirt roads with tar. Some low-cost mitigation measures include: ▪ Wetting exposed surfaces with water to minimise the spread of dust; ▪ Adequate preparation of construction material such as cement; ▪ Reduction of speed limits and/ or access to roads that lead to the project areas; ▪ Ensure regular maintenance of vehicles and equipment used on sites; ▪ Avoid starting fires in open areas.
Risk of work-related accidents during construction/upgrade of equipment	Risks of accidents likely to increase in construction or upgrade sites	▪ It is important that workers are inducted and receive the necessary training prior to resumption of work activities to minimise the risks of accidents related injuries. ▪ The EMP for each construction site ought to include suitable training for staff on health and safety measures and work conduct as well as activities that are allowed/not allowed.
Social conflicts	Potential for social conflicts between workers (from other areas) at site and members of local community	Mitigation measures include: ▪ Ensure that the proposed construction/rehabilitation works are carried out by members of the community residing in the specific municipality where the project is undertaken, and priority be given to local construction firms with knowledge of the local social norms; ▪ As a rule, prioritise the recruitment of workers from communities where projects are implemented.
Noise and vibrations	Noise and vibrations are common during construction and rehabilitation works, and these can be	Mitigation measures include: ▪ Choosing less noisy equipment and making use of equipment that is in good conditions

	exceeded	▪ Usage of silencers to reduce vibrations of equipment during construction phases ▪ Where necessary, reduce construction time and the running speed of noisy equipment ▪ Planning and logistics should be appropriate – plan noisy activities for early hours of the day and inform local inhabitants of activities that will result in noise and vibrations. ▪ Monitor noise and vibrations and to ensure the sound ratings levels are kept at IFC/WB recommended levels for rural or urban areas as befitting of the context or conditions of the areas where projects are being implemented.
Water treatment	Liquid and solid waste will be produced during the construction and rehabilitation phases of the project.	Solid and liquid waste should be managed adequately to reduce adverse impacts on water and soils and to ensure safety in the Project area Hazardous/ toxic waste should be disposed-of correctly The contractor should categorise all waste, and should adopt the practice of recycling whenever possible.
Health of population in Project areas	Water-borne illnesses resultant from still waters/ waste water treatment.	Where water/ oil leaks occur, separators should be installed and cleaned regularly Solid waste should be covered to avoid contamination of water Guidelines and procedures on cleaning oil/ fuel/ chemical leaks should be made available Water leaks if unattended in the distribution systems can create permanent wet conditions, leading to the proliferation of mosquitoes in the beneficiary communities. MoH shall ensure that community sensitization is carried out on management of tap water in households. Regular monitoring and maintenance of water distribution network is also required for early identification of leaks and repairs.

Waste water treatment	Poor sanitation in construction or upgrade sites	Mitigation measures to offset this impact may include: ▪ Provision of adequate washing and mobile toilet facilities on project sites during construction or upgrade activities; ▪ All healthcare facilities to have suitable water-born or environmentally suitable sanitation facilities that meet applicable WHO standards.
Soil erosion	Increase in soil erosion and potential for landslides may occur.	▪ Implement appropriate soil erosion control measures such as minimising run-off, building terraces and diversions, etc. ▪ Combine civil construction, tree-planting and small earth movements to help stabilize soils, ▪ Establish protection zones in unoccupied areas or areas that become unoccupied when households are moved/ resettled; ▪ Mining of construction materials in borrow pits to be preceded by appropriate mining plan which identifies measures for site decommissioning and restoration plan
Climate change effects	Effects of climate change on overall health status and risks of spikes in diseases	The MoH ought to take into account anticipated impacts of climate change in Angola (i.e. .as per latest UNFCCC findings) and factor such impacts in the likelihood of spread of diseases as a result of shifts in habitats and incorporate this into the emergency response plans that will be part of this ESMF.
Health, safety and security	Incidents and accidents are bound to occur in the workplace	Safety and security measures in the workplace should include: ▪ Restrict access to construction sites and protect surroundings of the project area; ▪ Make provisions for security guards at entrances and exits of construction sites ▪ Ensure that workers know how to swim – where construction sites are close to water ▪ Make provisions for proper training on

		the use of equipment as well as training on health and safety procedures in the workplace to workers and provide safety equipment to workers (such as helmets, gloves, goggles, boots) etc. ▪ Prepare an emergency response plan ▪ Make provisions for a health unit and first aid for small works; for larger works arrangements for the use of ambulances and local medical facilities should be made, as required by the World Bank standard contracts: *In collaboration with local health authorities, the Contractor shall ensure that medical staff, first aid facilities, sick bay and ambulance service are available at all times at the Site and at any accommodation for Contractor's and Employer's Personnel. The Contractor shall appoint an accident prevention officer at the Site, responsible for maintaining safety and protection against accidents. This person shall be qualified for this responsibility, and shall have the authority to issue instruction".* ▪ Ensure that sufficient lighting is available for night works ▪ Establish speed limits at site areas to avoid accidents ▪ Distribute mosquito nets to project workers who remain on-site ▪ Liquid and solid waste should be disposed off-site ▪ Outbreaks of malaria, urinary infections and water-borne illnesses should be monitored ▪ Make provisions for access to potable water and washrooms during works and of water, sanitation and hygiene (WASH) programmes directed towards the local population of the areas covered by the project The WHO as well as the IFC Performance Standard 4 recommendations for health (in the case of the former), safety and security (in the case of the latter) in the workplace should be followed.

Socio-economic	Potential loss of land, interruptions in income generating activities	▪ Specific project areas or areas of work should be identified and chosen in a consultative and participative manner to avoid disturbances and negative social implications; ▪ Where possible, labour from local inhabitants of the project areas should be used to avoid/ reduce social conflict; ▪ Education and sensitization of workers and inhabitants on the prevention of HIV/AIDS should be organized. Condoms should be distributed to inhabitants and healthcare workers. ▪ Respect for local cultural habits and for religious and cultural areas.
Increased health risks and exposure to diseases	During the operational phase, healthcare workers likely to be exposed to infections and increased risks of contracting disease.	▪ Basic hygiene and preventative measures to be exercised by all healthcare workers; ▪ Suitable protective equipment to be worn at all times; ▪ All healthcare workers to receive comprehensive induction and training prior to starting with work; ▪ Each facility to have a health and safety plan to be used by all personnel.

9 ENVIRONMENTAL AND SOCIAL SCREENING PROCESS

Summary

The screening process described in this section is aimed at determining which activities (construction/rehabilitation/operational works) are likely to result in significant negative environmental and social effects with a view to determine appropriate impact mitigation measures for those activities, and ensuring the environmental sustainability of sub-projects undertaken in the Project areas, through effective monitoring of impacts during the construction/rehabilitation or operational phases. The outcome of the screening process will determine the extent of environmental considerations required preceding the carrying out of activities of the Project.

For the purpose of the construction/rehabilitation of civil works, an Environmental Screening Form (Appendix 2) has been considered. However, the form does not fully address some of the key environmental and social effects likely to result from the proposed activities. Thus, an Environmental and Social Screening Form (Appendix 3) has been devised to support environmental and social decision-making of the proposed works.

The form is also designed to be used by the persons involved in the implementation of the HSPSP overall and relevant decision makers, in order to identify mitigation measures for the activities likely to have adverse environmental and social effects, and identify the need for advanced environmental assessment.

The Form covers information which will help reviewers describe the bio-physical aspects and social conditions of the proposed sites for installation of the infrastructure, in order to identify the potential impacts of the activity on the environment and on the social settings, and to identify the need for mitigation or compensation measures, as may be appropriate.

Step 1: Site Screening

The Directorate for the Prevention and Evaluation of Environmental Impacts will appraise the project's plans and activities to identify the basic environmental and social issues associated with the development projects. The Directorate shall work in coordination with the project proponent or representatives thereof to determine the likelihood of the project to cause negative environmental and social impacts. Where relevant, the Directorate, together with other members of the team shall conduct a site visit with a view to verify the site conditions and hence determine what the potential environmental and social impacts associated with the projects are.

Subsequent to the site visit, the Directorate representatives will complete the Environmental and Social Screening Form presented in Appendix 4, in order to identify the potential environmental and social effects, determine their significance, categorize the activity and propose appropriate environmental impact assessment (EIA) by assigning the appropriate Category (A, B or C).

Step 2: Environmental Categories of the Activities

The criteria for categorization of the proposed activities for this ESMF is based on the World Bank's OP 4.01 for Environmental Assessment which is in many ways similar to the Angolan EIA regulations. Categorization will be preceded by filling the Environmental and Social Screening Form (Appendix 4) and the information gathered in this form will be used to assign the appropriate environmental category: A, B or C as described below. Environmental categorization of activities will be carried by the Directorate in consideration of the criteria below.

Box 1: Criteria for Environmental Categorization of the proposed activities

Category A: activities requiring an Environmental Impact Assessment; **Category B**: activities requiring an Environmental Impact Assessment (EIA) or/and an Environmental Management Plan (EMP); **Category C**: activities that are exempt from detailed environmental impact assessment, but which shall be implemented in observance of environmental management best practices.

Given the nature of the foreseen works, it is anticipated that most activities will fall under Categories B and C, given that the potential environmental and social impacts are site-specific, minimal, and which can be easily mitigated through a simple environmental management plan (for category B activities) and environmental management best practices for category C projects.

The project proponents will be required to fill the environmental and social screening forms of the proposed construction/rehabilitation works, propose adequate environmental classification of the activities, and communicate the results of the screening to the Directorate for the Prevention and Evaluation of Environmental Impacts and to the Environmental Ministry for decision-making.

Step 3: Carrying out Environmental Work

Following the analysis of the screening form and the categorization of the activity, and the determination of the level of environmental work required, the Directorate will make a recommendation on whether:

a) The Environmental Impact Assessment (EIA) is necessary;
b) A simple Environmental Management Plan is required; or
c) The project is exempted from environmental impact assessment but its implementation must be based on environmental management best-practices.

As per the proposed screening process, the following environmental work can be conducted:

a) Use of the environmental and social checklist (Appendix 3): The environmental and social checklist will be filled by the Directorate for the Prevention and Evaluation of Environmental Impacts/project proponent. This activity will take place in parallel to the preparation of plans and drawings of the proposed construction/rehabilitation works under the HSPSP

Category B activities may require only the application of mitigation measures indicated in the checklist.

b) Requirements for Environmental Impact Assessment: In case the results of the environmental and social screening process indicates the need for environmental impact assessment as a result of the complexity of the proposed activities under the HSPSP, EIAs will be carried out by an authorized consultancy firm, in line with the Regulations for Environmental Impact Assessment Processes administered by the Ministry of Environment, and in consideration of the Bank's OP 4.O1 for Environmental Impact Assessments.

Step 4: Review and Approval

The environmental and social screening forms as well as the EIA reports will be submitted to the Ministry of Environment for review and decision-making. In summary, the Ministry of Environment will be responsible for the following:

- Review of the results and recommendations submitted by the Directorate for the Prevention and Evaluation of Environmental Impacts based on the environmental and social screening form (Appendix 3);
- Review of the proposed mitigation measures presented in the Environmental Checklist (Appendix 3);
- Review the results of the conducted EIAs and EMPs to determine whether the relevant environmental and social issues have been properly addressed, and relevant mitigation measures have been put in place for the proposed civil works.

The Directorate will make recommendations for approval to the Ministry of Environment in consideration of the results of the review process.

In the case of approval of an EIA Report, an Environmental License will be issued in conformity with the requirements of the Decree and Regulations for Environmental Impact Assessment and Licensing to explicitly state how the findings of the EIA Report were used to make the final decision.

Once the environmental and social screening form has been approved by the Directorate, the project proponent and the Directorate will be notified and the development works can begin.

Step 5: Public Consultations and Disclosure

As per the EIA Regulations for Environmental Impact Assessment Process, public consultation is an integral part of the EIA activities and should be considered during and throughout the preparation of the EIA, in collaboration with relevant bodies and the Project Affected Persons (PAPs) and may include:

- Conducting one or more public (members of the community, government and non-government entities and other stakeholders) meetings with a view to present the proposed activities, and gather public views, concerns and expectations regarding the proposed project;
- Register all the issues raised and ensure that communication channels between the public and the project team are established with a view to gather public perception regarding the proposed project.

Public meetings must be preceded by a public announcement which clearly states where the meetings will be held, the date, and such notice must be publicized though the newspaper with the highest circulation figures form the area, or the most utilised communication medium (e.g. radio, TV, newspaper) 15 days before the meeting date. In certain cases, members of the public may require baseline information to gain an understanding of the project prior to the meeting date, to allow them to participate actively during the public meetings.

Public consultation should contribute to the elaboration of the reports by identifying the key issues which should be addressed in detail during the environmental assessment of the project’s activities. The results of consultations should be included into the EIA Report and it should be explicitly stated how these results have been used in the EIA report and in making the final decision of the EIA Report.

All relevant information necessary for the consultation should be provided to the public timely, prior to the consultation, and must be in a form and language understandable and accessible to the groups to be consulted. In terms of disclosure of information, all reports related to the consultation process, the environmental assessment and/or the ESMF and ESMP reports should be made available in a public place accessible to the affected and interested groups including non-governmental organizations. These reports should also be formally submitted to the World Bank in-country and subsequently the Bank makes them available in the InfoShop. Disclosure process for the ESMP should follow the same approach as proposed in the present ESMF.

For the purpose of the civil related works in the proposed HSPSP subprojects, it is proposed that the consultation with the public be carried out in the following two phases:

- During the completion of the environmental and social screening forms and the respective categorization of the activity
- During the detailed evaluation of environmental and social impacts.

The Environmental Ministry (through the DNPAIA) may also provide copies of the completed EIA Reports to the public for review and comments prior to issuing of the final decision. The Environmental Ministry (through the DNPAIA) will also involve other relevant bodies (provincial directorates of different line ministries, the district and the municipal governments, education and research institutions, NGOs, local associations etc.).

Step 6: Environmental monitoring and follow up

Environmental Monitoring intends to verify how effective and relevant the proposed mitigation measures are, and ensure their updating where relevant for continual improvement. For the purpose of the HSPSP subprojects, monitoring will be carried out by the DNPAIA, or the Ministry of Environment appointed persons.

Responsibilities for the implementation of the screening process

Table below summarizes the key stages as well as the relevant institutional arrangements to carry out the screening process, preparation and evaluation of the proposed activities and the final decision making, to allow the initiation of works.

TABLE 6: RESPONSIBILITIES FOR IMPLEMENTATION OF THE PROPOSED SCREENING PROCESS

Screening phase	Responsibility
Subprojects to be undertaken under the Health Services Performance Strengthening Project	**Project Proponent**
Environmental Categorization of the	**Project Proponent/DNPAIA**

activities (categories A, B, or C)	
Carrying out Environmental Work: i.e. implementing simple mitigation measures (Table on section 7.5), or, carrying out a separate EIA	
Review and Approval	The DNPAIA will review the reports submitted by the project proponent/ MoH and make recommendations to MoE for final decision making and issuance of licence.
Approval of (i) the screening results; (ii) the assigned environmental category; and (iii) recommendations to project proponent/MoH	**MoE (DNPAIA)**
Selection of the consultant in case of the need for a separate EIA	The MoH or its representatives will draft the EIA ToRs, and prepare criteria for hiring an authorized EIA Consultant, evaluate proposed candidatures, and select the most qualified consultant and submit the selected Consultant to the specific sector. Should the procurement be carried out through World Bank funds, appointments will be based on both quality (70%) and Cost (30%). The Proponent will make decision on the selection of the EIA Consultant, draft and award a Contract for the EIA Consultant.
Carrying out the Environmental Impact Assessment (EIA)	Authorized EIA Consultant
Approval of environmental assessment	MoE (DNPAIA)
Public Consultation and Disclosure	MoH or its appointed representatives will ensure that the results of the screening process and the EIA Reports are communicated to the public and made available to stakeholders including PAPs.
Monitoring	**Category C activities:** MoH or its appointed representatives will oversee the implementation of environmental management best practices under **Category C**. **Category B activities:** DNPAIA The Generic EMP foresees the position of Environmental Control Officer (ECO) who shall be appointed by the Project

	Supervisor to monitor, review and verify the implementation of the EMP (by the Contractor). However, in the case of this Project, this position is not warranted in terms of the potential negative environmental impacts of the Project. However, it is recommended that the responsibility for environmental compliance monitoring is vested in the Resident Engineer who shall be audited by the Environmental Engineer of MoH. The Resident Engineer may seek advice on environmental matters or delegate part of his environmental responsibilities to the Consultant.

10 GUIDELINES FOR ENVIRONMENTAL AND SOCIAL MANAGEMENT PLANS AND MONITORING REQUIREMENTS

Generic Environmental Management Plan

The generic environmental and social management plan has been prepared to guide the implementation HSPSP activities. This ESMP is generic in nature and addresses basic environmental and social issues associated with healthcare projects. The ESMP places emphasis on management of environmental and social issues associated with construction-related activities, with consideration for the operational phases of projects. The EMP does address occupational health and safety issues as well as the need to protect healthcare workers and communities living in the vicinities of the healthcare projects.

In order to properly address the range of environmental and social impact issues associated with healthcare projects, it is recommended that the generic ESMP be updated and shared with all interested stakeholders to reflect the need to address the environmental and social impacts during planning, construction, and the operational phases of the project.

Monitoring requirements

By nature, activities in the ESMP are subject to ongoing monitoring and adaptation to keep the ESMP relevant to the project and the conditions in the Environmental Licence. The Generic ESMP will suffice for most activities though for those activities for which there is an Environmental Licence in place, there will be a need to abide by the conditions and stipulations in the Licence to make sure that the project fulfils all the conditions of authorisation and operation.

More specifically, the monitoring and auditing programme must be customised to satisfy the stipulations in the Environmental Operations Licence.

Example of Generic Environmental and Social Management Plan: DISPOSAL AND TREATMENT OF MEDICAL WASTES

Medical waste is one of the most problematic types of waste for waste disposal and treatment especially in developing countries.

Waste generated within hospital premises has three main components:

- common wastes, for example, administrative office waste and kitchen waste;
- pathogenic or infectious wastes (including sharps);

- hazardous wastes (mainly those originating in the laboratories containing toxic substances).

The quantity of the first type of waste tends to be much larger than the second and third types.

Ideally, these three types of waste should be separated. However, separation is possible only when there is significant management commitment, in-depth and continuous training of personnel and permanent supervision to ensure that the prescribed practices are being followed. Otherwise, there is always a risk that infectious and hazardous materials will enter the common waste stream.

Sound practices for managing medical wastes include the following:

Source separation within the hospital

Source separation involves isolation of infectious and hazardous wastes from common wastes through colour coding of bags or containers. This requires a high level of commitment and thorough management monitoring.

Treatment of infectious waste through incineration

An incinerator is difficult and expensive to maintain. However a centralized incinerator could be maintained at a main hospital that provides services to clinics in one region. In addition, simple low cost incinerators have recently been developed for the safe disposal of hazardous medical wastes in developing countries and remote rural areas. These do not require a power source and are fuelled by wood.
In Angola the main hospitals are provided with incinerators.

Disposal in a dedicated hazardous waste land-fill site

Currently this is not an option in Angola as no hazardous waste sites are in operation. However, Angola intends to prepare a national medical waste management plan and this option may become available in the future but probably not during LDP.

Proper disposal of Medical wastes in the absence of incineration and landfill sites

In most urban and rural areas of Angola none of the above treatment systems are widely available, so final disposal of infectious and hazardous components of the wastes is necessary. In the absence of landfills specifically designed to receive special wastes, Medical wastes need to go to the local landfill or dump. In this case, close supervision of the disposal process is critical in order to avoid contact with waste pickers. Final disposal should preferably be done in a specially designated cell, which should be covered with a layer of lime and at least 50 cm of soil. When no other alternative is available for final disposal, Medical wastes may be disposed of jointly with regular wastes. In this case, however, Medical wastes should be covered

immediately by a meter thickness of appropriated cover material and always be placed more than two meters from the edge of the deposited waste.

Transport of waste

Waste must be transported away from the areas of generation at regular intervals or daily. Transport of waste from areas of generation must be done only by designated staff that should be fully aware of the hazards posed by the material they handle and of protective measures to be taken. They should be provided with adequate personal protective equipment and should be instructed to report any injury to the medical authorities.

Additional measures that may reduce the amounts of hazardous wastes generated in clinics and health posts include**:**

- *Take-back systems,* where vendors or manufacturers take back unused or out-of-date medications for controlled disposal.

- *Tight inventory control over medications,* to avoid wastage due to expiration dates (really a form of waste reduction).

The facility should be secure from trespassers and stray animal to prevent scavenging of hazardous wastes.

11 GRIVANCE REDRESS MECHANISM (NEEDS UPDATE)

Grievance redress mechanism for Indigenous San People as part of Indigenous People's Management Framework.

The Indigenous San populations in southern Angola were negatively impacted upon by the prolonged civil war especially in those areas that are littered with landmines, which became especially inhospitable for them to settle in. Different types of San groups are known to exist in Angola (estimates of around 3,400 were made in the book - *The Indigenous World, 2006*[3]). The San communities are known to occur in parts of the provinces of Huila, Cunene, Kuba Kubango, and Moximo.

Not enough time was devoted to conducting public participation process for the affected communities as part of this ESMF. Based on information gleaned from the literature, the San communities in southern Angola tend to experience social exclusion, discrimination and social exploitation. The majority were found to be highly vulnerable, impoverished and food insecure and reliant on food received in exchange for work that they undertake for their adjacent *Bantu* neighbours. Some of the communities relied on subsistence through foraging for resources. The San population face pressure from the Bantu neighbours with whom there is an uneasy relationship of servitude as a result of competition for resources (water for instance).

From the little contact that has been established with the San of Angola, they have proved very positive and open in welcoming support from outside. Experiences from San communities in adjacent countries reveal that generous funding from donors could help alleviate problems faced by the San and open ways for integration of aspects of their culture to the mainstream to allow San children to acquire education and skills. This would then enable the San to build their capacity, acquire relevant skills, gain confidence in order to fight for their rights and improve their lives.

These are some of the points that will be taken into account during formal surveys or liaisons with the San Community to prepare a formal Grievance Redress Mechanism that will be incorporated in the ESMP.

[3] *The Indigenous World, 2006*. International Work Group for Indigenous affairs, Copenhagen, Denmark.

12 TRAINING AND CAPACITY BUILDING REQUIREMENTS

The training ought to be extended to institutions in the healthcare sector as well. The ESMP will be simplified and used for training of institutions and healthcare workers who are involved in the project. In summary, the capacity building process will proceed as follows:

1) Review of lessons learned from the Municipal Health Services Strengthening project target areas and workers who were inducted into the programme;
2) Draw a training manual covering environmental and social issues in the ESMF, ESMP, and screening tools;
3) Draw up an induction manual for staff in the healthcare facilities incorporating all the social and environmentally-important issues highlighted;
4) Drawn up an overall training programme for staff on mitigation and management measures for all healthcare facilities in Angola focusing on the construction, upgrade and the operational phases of all projects in the healthcare facilities.
5) Draw up an accompanying monitoring and audit programme to test the successful implementation of the healthcare programme in the National Health System.

13 RECOMMENDATIONS

The ESMF details measures for the successful implementation of social and environmental sustainability considerations in the HSPSP in Angola. Specific recommendations to ensure success in implementation of the project include the following:

- For the overall project to meet its set objectives and sustainability considerations, it is very important that this EMF and the World Bank Safeguard Policies are applied diligently and successfully;
- The recommended training programmes must be prepared and implemented;
- Where EIAs are required based on the outcome of the checklist, this must be implemented in keeping with country legislation and environmental prescripts as outlined in this ESMF, and World Bank Safeguard Policies;
- It is recommended that the Ministry of Health takes the lead in customising training programmes and standardisation of these into the National Health `system to ensure consistency and improvement of the health system in the country;
- Ongoing monitoring of all health metrics to be carried out to determine if the interventions (i.e. HSPSP) are yielding positive results or if there is a ned for adaptation and improvements in order to ensure that resources are utilised optimally.

14 LIST OF INDIVIDUALS/INSTITUTIONS CONTACTED UNDER PUBLIC CONSULTATIONS

A list of individuals and institutions who will be contacted as part of the public participation process will be included in this section. The names and relevant contact details will be included in the table below:

TABLE 7: STAKEHOLDER DATABASE - ANGOLA HSPSP

Date	Name	Organisation	Contacts	Location	Comments
			Number		
			Email		
			Address		
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			Email		
			Address		

15 REFERENCES

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16 ANNEXES:

Environmental and Social Screening Checklist

Project title……..
Project number…….
Project type……..
Name of district for infrastructure rehabilitation/construction……
Name of Executing Agent……
Date: ……
Name of the Approving Authority ……

PART A: BRIEF DESCRIPTION OF THE PROPOSED ACTIVITIES

Please provide brief information on the type and scale of the construction/rehabilitation activity (total area, required land, approximate size of floor area).

_____
_____
_____
_____
_____

Please provide information regarding actions needed during the construction of facilities including support/ancillary structures and activities required to build them, e.g. need for borrow pits, energy and water pipes/lines installations, access road etc.

_____
_____
_____
_____

Please describe how the construction/rehabilitation activities will be carried out, including complementary activities and infrastructures and resources required e.g. roads, disposal site, water supply, energy requirement, human resource etc.

_____
_____
_____
_____

PART B: BRIEF DESCRIPTION OF THE ENVIRONMENTAL SITUATION AND IDENTIFICATION OF ENVIRONMENTAL AND SOCIAL IMPACTS

#	Environmental and social aspect	Yes	No	Don't Know
	Is the site zoned for the proposed land-use?			
	Are there any environmentally sensitive areas or threatened species (specify below) that could be adversely affected by the project?			
	Is there any intact natural forests?			
	Is there any surface water courses, natural springs?			
	Is the water table close to the surface? i.e. 0,5 m or less?			
	Are there any wetlands (lakes, rivers, swamp, seasonally			

Please describe the proposed infrastructures location, sitting; surroundings (include a map)

_____
_____
_____
_____

Describe the land formation, topography, vegetation in/adjacent to the activity area

_____
_____
_____

Estimate and indicate where vegetation might need to be cleared.

_____
_____
_____
_____

PART C: OTHER ENVIRONMENTAL ASPECTS

	inundated areas) in the proximity of the site?			
	Is there any area of high biodiversity?			
	Are there habitats of endangered/threatened or rare species for which protection is required under the Mozambican national law/local law and/or international agreements			
	Is there a possibility that, due to construction/rehabilitation works and subsequent operation of the infrastructure, the river and lake ecology will be negatively affected with regards to its water quality and quantity?			
	Is the site (or its complementary facilities) located within/adjacent to any protected areas designated by the government (national park, national reserve, world heritage site etc.)?			
	Is the infrastructure likely to alter any historical, archaeological, cultural heritage traditional (sacred, ritual area) site or require excavation near same?			
	Will the project involve any involuntary land acquisition?			
	Will there be any voluntary land acquisition?			
	Will the activities be located in any vacant public land?			
	Is the site located in any or near polluted area (near a waste dump)?			
	Is the site located in an area of steep slope and or susceptible to landslides or erosion of soils?			
	Is the site located to agricultural land?			
	Is the site located in the proximities of tourism activities?			
	Is the project site susceptible to natural disasters (flooding, fire, cyclones and earth quake)?			
	Is the site located in area of population concentration points (schools, markets, health facilities, water sources and commercial areas)?			
	Will the construction/rehabilitation activities result in the permanent or temporary loss of crops, fruit trees and household infra-structure (such as granaries, outside toilets and kitchens, livestock?			
	Will the construction/rehabilitation works interfere with or block access, routes etc. (for people, livestock and wildlife) or traffic routing and flows?			
	Will the operating noise level exceed the allowable noise limits?			
	Will the construction/rehabilitation works require large number of staff and labourers; large/long-term construction camp?			

	Will the activities result in emission of large amounts of dust, hazardous fumes?			
	Will the construction/rehabilitation works generate solid or liquid wastes? (including human excreta/sewage, asbestos)			
	If "Yes", does the architectural plan include provisions for their adequate collection and disposal, particularly asbestos?			
	Are the construction/rehabilitation activities prone to hazards, risks and could they result in accidents and injuries to workers during construction or operation?			
	Will the operation involve use of considerable amounts of natural resources (construction materials, water spillage, land, energy from biomass etc.) or may lead to their depletion or degradation at points of source?			
	Has public consultation and participation been sought?			

Name, job title, and contact details of the person responsible for filling the Form:
Name: ----------
Job title: ----------
Telephone numbers: ----------
Fax Number: ----------
E-mail address: ----------
Date: ----------
Signature: ----------

PART D: MITIGATION MEASURES

For all "Yes" responses, please briefly describe the measures taken to this effect. Subsequent to completion of the present Environmental and Social Screening Form, the analysis by the Directorate for the Prevention and Evaluation of Environmental Impacts will follow in order to classify the activity into one of the categories A, B or C.

Environmental and Social Field Appraisal Form

Civil work activity	Issue to be addressed	Yes	No
Construction/upgrade/operational activities	Are there agricultural lands in the proximity of the site (cultivated or non-cultivated lands) or any other natural resources likely to be affected by construction/rehabilitation works? Are there appropriate facilities to handle wastes resulting from the proposed construction/rehabilitation works? Will the construction/rehabilitation works require clearing of vegetation and excavation of soils? Will the use of local construction materials (borrow pit materials for brick manufacturing, need for firewood and timber harvesting) be required during the construction/ rehabilitation works? Are there pollution risks of surface and groundwater as a result of the proposed construction/ rehabilitation works? Are there suitable preventative measures to offset health and safety impacts (i.e. hand washing with soap/detergents/disinfectants?		

Where the option is 'YES' on any of the issues above, the mitigation measures in this ESMF should be investigated for appropriate response measures to be implemented.

Annex 2 – Minutes of the Meeting held at Escola Nacional de Saúde – Luanda 11 December 2017.

MINISTRY OF HEALTH
NATIONAL DIRECTORATE OF PUBLIC HEALTH
MUNICIPAL HEALTH SERVICES STRENGTHENING PROJECT (PRSMS)
PROJECT CORDINATION UNIT

HEALTH SYSTEM PERFORMANCE STRENGTHENING PROJECT (MHSS)
P160948

Enviornmental and Social Safeguards

MINUTES OF THE PUBLIC CONSULTATION UNDER HEALTH SYSTEM PERFORMANCE STRENGTHENING PROJECT (HSPSP)

PUBLIC CONSULTATION

ENVIRONMENTAL AND SOCIAL MANAGEMENT POLICES (ESMF) AND BIOMEDICAL WASTE MANAGEMENT PLAN (PGRB)

LUANDA, 11 December 2017

The Government of Angola, through the Ministry of Health, applied for funding from the World Bank to implement the "***Health System Performance Strengthening***" Project (also called HSPSP). The HSPS Project Development objective is to increase the use and the quality of Health Services in 7 Provinces, namely: Malanje, Uige, Lunda Norte, Moxico, Kuando Kubango, Bengo and Luanda (Icolo and Bengo Municipality), involving 21 Municipalities. The population of these 21 municipalities represent a total of 3.8 million people comprising about 13.5 % of the population of Angola. The project aims to improve the performance of 288 primary health care facilities (i.e. 117 health posts, 93 health centers and 22 municipal hospitals) in the target municipalities. The 288

identified primary health care units represent about 70% of the existing health units in the 21 municipalities as it was not possible to cover all facilities.

Under Decree No. 87/2012 of 24 February, approving the Public Consultation guidelines, in the process of Environmental Impact Assessment, a public consultation meeting was held on December 12, two thousand and seventeen in the City of Luanda, at Escola Nacional de Saúde Pública, with the aim of (i) providing information to the beneficiaries of the Health System Performance Strengthening Project; (ii) identifying the consequences of the projects in the natural environment and in the socio-economic sphere; (iii) recording the participants' contributions, expectations and concerns.
The meeting was led by the consultant, Mr. Eduardo Langa and were present in the meeting the Deputy Director, António Costa, Boaventura Moura, Pharmacist Lecturer, Pedro Izalino, Financial Administrative and Ana Leitão, Specialist in Environmental and Social Safeguards of the project.
After the presentations of the participants, the Consultant gave a brief information about the funding applied by the Government of Angola, approved by the World Bank with the objective of financing activities for improving and strengthening the performance of health services in seven Angolan provinces municipalities. It was also explained that this program will be implemented by the Ministry of Health, through the National Directorate of Public Health where a Project Management Unit will be installed, and the subunits will be installed in each province.
It was emphasized that the Health System Strengthening Project activities proposed for this funding are based on the activities carried out under the previous program / funding of the Municipal Health Services Strengthening projects, which ends in 2018 and has provided support in maternal-infant health services in municipalities, specifically in the immunization and maternal care.
It was also clarified that the implementation of these projects requires the development of an Environmental and Social Management Policy Framework (QPGAS) as well as a Biomedical Waste Management Plan (PGRB), tools that proactively identify the potential environmental and social impacts associated with the Improvement of the Health Services Performance Project. One of the objectives of the public consultation is to share with the participants the impacts already identified by the Consultant and to listen and register the participants' contributions regarding other environmental and social impacts associated with the activities to improve the tools to mitigate the negative impacts during the construction and implementation phase of the projects.
At the end of the presentation, the Consultant invited the participants to present their comments and suggestions and urged them to focus their interventions in identifying other impacts that could result from the implementation of the project which should be considered in the preparation of the QPGAS. And present the recommendations for the management of the environmental and social impacts component as well as the management of biomedical waste;

The participants commented on the subject of the meeting as following:

1. Mr António Costa, representing the School Director said:
   - For the construction of the Nacional School of Public Health, since this is a new construction, one of the actions to be considered is the fencing of the site, so that there is no interference with other activities in progress, as well as to guarantee safety of materials and equipment.
   - The school has access to electricity, however the water supply is made through Auto-tanks that supply the school regularly. The construction of a new pipeline which will guarantee the water supply for the institution is in progress.
   - The new project should address the issue of sanitation. At this moment the school does not have any sanitation system, and it is recommendable that with the construction of the new buildings it includes the item sanitation to benefit the whole school.

2. Mr. Boaventura Moura, Pharmacy Teacher, expressed the following view:

   - Firstly, regarding the solid waste management, it can be said that the waste produced at school is deposited in containers located outside the school premises.
   - There is a need to build a Wastewater Treatment Station (WWTP) and its sewage system that would serve the new and the existing buildings.
   - Regarding the management of expired medicines in the Angolan health system, there have been rare cases of expired medicines, there are procedures to be followed in cases of expired medicines. The health unit planning for to disposal of the expired medicines should proceed with the process of assisted incineration, preceded by an explanatory report clarifying the reasons for expiration of medicines. At the provincial level, the report is considered by the Governor, who have to authorize the assisted incineration of the medicines.
   - The Government has a plan to install incinerators in each province; at the municipal level, the municipality has the responsibility to take decision on the management of expired waste.
   - It is a concern that there is no Medical waste management system which causes most of this waste to be handled together with solid waste deposited in municipal dumps.

3. Dr. Ana Leitão - Specialist in Environmental and Social Safeguards, intervened in the following terms:

- The National School of Public Health is part of the financing granted by the World Bank, however there are several actions that should be implemented within the scope of the granted funding. The QPGAS and PGRB was a new point, different from what the Government had been following in its projects, having clarified that the documents will follow the existing procedures from of the World Bank, as the funding body and the Angola Government, as the recipient of credit.
- Dr. Ana Leitão also stressed that there is a need of gattering and present all the documents that confer the land ownership by Ministry of Health. She explained that it, should be taking into account the existence of these documents so as to prove the funding body that there are no other occupational interests of the space proposed for the construction of the National School of Health.
  In this context, Dr. António Costa, emphasized that the space was assigned to the Ministry of Health by the Religious Mission, and there are no signs of land conflict at the moment. On the other hand, Dr. Costa explained that there it was allocated a security guard for the site to ensure that the school area is not invaded.

After the meeting, there was a site visit to the area proposed for the construction of the health school. One of the findings is that a large amounts of rubble was deposited in the site, which will entail additional costs associated its removal to start the construction within the scope of the project. On the other hand, there are football fields whose future must be duly negotiated with a view to preservation or displacement to give place to the project works.

4. Dr. Ana Leitão thanked all the participants and announced that their contributions were registered and will be taken into account in the preparation of the environmental, social and resettlement management policy framework.

5. Dr. Langa, the Consultant and moderator of this meeting, also took the floor to thank all the participants for the valuable contributions and announced that another meeting with other stakeholders including those from the health sector of the provinces and municipalities covered by the project will take place.

Potenciais Impactos Extraídos das Discussões da Reunião Pública

Nº	Identified Impacts	Safegard Mesures
1	Need to ensure the school construction site, safety to maintain the integrity of the equipment and other construction equipments.	The tender documents must take into account the site safety measures from the contractor since the beginning of the project.
2	Need for Integration of the drainage and sanitation system in the design of the new project, including the construction of a Wastewater Treatment Plant (WWTP), which should also serve the existing buildings.	Ensure that the Executive Project contains sanitation and drainage infrastructures for the whole school. The discussion on this point should start from the present planning stage.
3	Water availability at school	The project should take into account the need for water, for construction as well as the daily needs of construction workers.
4	Treatment of Medical waste	The project should ensure that hazardous wastes from the health system (including obsolete medicines) are properly treated. In the context of Health System Performance Strengthening, the Government should, in parallel, adopt regulations aimed at improving the processes of treatment of hazardous Medical waste, including the installation of incinerators where feasible.
5		
6	Job opportunities for the locals can be minimal since the construction companies have their own labor. Employment of the locals would minimize conflicts between the project and local the residents.	Local public consultations / baseline studies are needed to determine the conditions for the implementation of the project. The EMP should recommend the hiring of labor, and 25% of the workforce should be women.
7	Extraction of building materials (gravel) has impacts on the environment	The QPGAS should provide recommendations to minimize the impacts of the extraction of these materials

Annex 3 – Minutes of the Meeting held at Escola Nacional de Saúde – Luanda 13 December, 2017.

MINISTRY OF HEALTH
NATIONAL DIRECTORATE OF PUBLIC HEALTH
MUNICIPAL HEALTH SERVICES STRENGTHENING PROJECT (MHSS)
PROJECT CORDINATION UNIT

HEALTH SYSTEM PERFORMANCE STRENGTHENING PROJECT (HSPSP)
P160948

Enviornamental and Social Safeguards

MINUTES OF THE PUBLIC CONSULTATION UNDER HEALTH SYSTEM PERFORMANCE STRENGTHENING PROJECT (HSPSP)

PUBLIC CONSULTATION

ENVIRONMENTAL AND SOCIAL MANAGEMENT POLICES (ESMF) AND BIOMEDICAL WASTE MANAGEMENT PLAN (PGRB**)**
LUANDA, 13 Dezembro de 2017

The Government of Angola, through the Ministry of Health, applied for funding from the World Bank to implement the "***Health System Performance Strengthening***" Project (also called HSPSP). The HSPS Project Development objective is to increase the use and the quality of Health Services in 7 Provinces, namely: Malanje, Uige, Lunda Norte, Moxico, Kuando Kubango, Bengo and Luanda (Icolo and Bengo Municipality), involving 21 Municipalities. The population of these 21 municipalities represent a total of 3.8 million people comprise about 13.5 % of the population of Angola. The project aims to improve the performance of 288 primary health care facilities (i.e. 117 health posts, 93 health centers and 22 municipal hospitals) in the target municipalities. The 288 primary health care units identified represent about 70% of the existing health units in the 21 municipalities as it was not possible to cover all facilities. Under Decree No. 87/2012 of 24 February, approving the general guidelines of the public consultation process in the Environmental Impact Assessment process, a public consultation meeting was held on

December 12, two thousand and seventeen in the City of Luanda, at Escola Nacional de Saúde Pública, with the aim of (i) providing information to the beneficiaries of the Health System Performance Strengthening Project; (ii) identifying the consequences of the projects in the natural environment and in the socio-economic sphere; (iii) recording the participants' contributions, expectations and concerns.

The meeting was led by the consultant, Mr. Eduardo Langa and were present in the meeting the authorities responsible for the health sector as presented in the attached list of participants hereof.

At the opening of the meeting, the Health System Performance Strengthening Project coordinator, Dr. Catarina Aragão, welcomed the participants, briefly explaining the objectives of the meeting. Following the participants' presentations, the Consultant gave a brief information about the credit applied by the Government of Angola, approved by the World Bank with the objective of financing activities for improving and strengthening the performance of health services in seven Angolan provinces municipalities. It was also explained that this program will be implemented by the Ministry of Health, through the National Directorate of Public Health where a Project Management Unit will be installed, and the subunits will be installed in each province.

It was emphasized that the Health System Performance Strengthening Project activities proposed for this funding are based on the activities carried out under the previous program / funding of the Municipal Health Services Strengthening projects, which ends in 2018 and has provided support in maternal-infant health services in municipalities, specifically in the immunization and maternal care.

It was also clarified that the implementation of these projects requires the development of an Environmental and Social Management Policy Framework (QPGAS) as well as a Biomedical Waste Management Plan (PGRB), tools that proactively identify the potential environmental and social impacts associated with the Improvement of the Health Services Performance Project. One of the objectives of the public consultation is to share with the participants the impacts already identified by the Consultant and to listen and register the participants' contributions regarding other environmental and social impacts associated with the activities to improve the tools to mitigate the negative impacts during the construction and implementation phase of the projects.

At the end of the presentation, the Consultant invited the participants to submit their comments and suggestions and urged them to focus their interventions in identifying other impacts that could result from the implementation of the project which should be considered in the preparation of the QPGAS. And present the recommendations for the management of the environmental and social impacts component as well as the management of biomedical waste;

The participants commented on the subject of the meeting as following:

1. Firstly, clarification on the criteria used to select the provinces covered by the project was requested. In this context, Dr. Catarina Aragão explained that one of the criteria used for the provinces selection was de fact that they had less support and poor health services.
    - Dr. Catarina further explained that at this stage of elaboration of environmental and social safeguards instruments, there is no clear definition of the type of intervention needed for each of the covered health units, one of the projects already defined is the construction of the School Of Public Health in Luanda.

2. Irma Rita Lourenço commented on the government's efforts to find solutions for improving the provision of health services in Angola, regarding the Health System Performance Strengthening Project. However she said that there is a need to urge a greater sense of responsibility in the health professionals so that they improve the way they are and serve in the health units. She also mentioned that there are health professionals who do not fulfill their responsibilities in the exercise of their functions and as a result there are deaths that could even be avoided, mostly in maternity wards.
3. Dr. Albertina Cardoso, spoke about the health sector in general, which has the task of ensuring public health; on the other hand, other sectors, for instance, the municipalities should play their role in preventing diseases such as cholera, malaria and others that can be prevented by taking preventive measures such as non-proliferation of solid waste and the effluent in cities.
4. Dr. Gonçalo Francisco said that the provincial leaders should know the real problems of the populations. Managers, heads of health facilities should know how the population live so that most of the health problems can be prevented.
   In some areas, people consume improper water and health professionals are not aware of that, and they only treat diseases when patients arrive in health facilities and without going to the root of the reasons that cause the same diseases. Health managers must act proactively, by identifying the risk aspects in public health and preventing such risks from becoming real.
5. Dr. Bernardino Culombila said that Education begins at home. Hygiene and environmental education issues should start in families. The populations should organize themselves to clean their own areas, even if it is necessary to pay for the collection of solid waste, - Although the waste fee is paid, the municipality does not have the capacity to collect waste produced in the cities.
6. Dr. Pedro Santa Maria said that there are many young people in the Neighborhoods who can in an organized way create companies that can charge the population for the removal of waste. However on the part of the municipal

authorities there should be a public awareness for keeping the cities clean for the citizen's sake.

7. In addition, Dr. Gonçalo Francisco - said that investing in health infrastructures implies investing not only in the capacity building of health professionals but also of all actors including municipal technicians, provincial and district leaders. There must be awareness that the prevention of disease is better than cure, and the costs that the state can afford to buy medicines can be greatly reduced if there is a greater stake in prevention.
8. Ana Leitão said that the plans prepared in the previous projects must be operationalized. In the previous projects, plans which should be effectively implemented with a view to minimizing the environmental and social impacts on projects have been drawn up. A Project monitoring capacity needs to be created to ensure that contractors and other health service are complying issues foreseen in the plans.
9. Consultant: The implementation of the plans should begin with the tender documents for the contracting of services and then with the contracts. The need for implementation of the Environmental Management Plans by the contractor should be explicit in contracts, and contractors should be aware that the noncompliance can result in penalties. In addition, the Environmental and Social Safeguards specialist should carry out monitoring visits to the field of work in order to confirm the implementation of the Environmental and Social Management Plans of the projects. The Contractors should include in their progress reports a chapter on the implementation of the environmental and social management plans of their projects.
10. Dr. Ana Leitão stressed that there is a need to ensure that the social part addresses the issue of the Koisans population in Qiando Kubango, , who have been very marginalized where they live. Dr. Ana mentioned that this populations have many needs and has not been benefited by the development projects, and in the context of planning and implementation of the Health System Performance Strengthening Project.
11. Dr. Pedro Santa Maria said that the solution of the Koisans's problems must be the basis for sustainability. The Government must lead the process and clearly identify the importance of these people for the cultural diversity of our society. There should be exchange of experience with other neighboring countries that have khoisans people in order to find a better integration of this population in all aspects of the socioeconomic and cultural development of Angola.
12. Dr. Bernardino Culombila said that in general, the province of Cuando Cubango seems to be much neglected, and there is a need to attract more support for this province and to promote an equitable development in the provinces.

13. Irmã Albertina Cardoso said that regarding the medical waste management, the health care management systems are not appropriate. In some cases the patients' relatives have to use their own means, especially in maternity hospitals to complement the services that should be the responsibility of the health services.
14. Dr. Ana Leitão said that no health unit has a waste management system, and there is no effective management of hazardous waste including the anatomical waste, and it is common that waste have as final destination the municipal open-air dumps. This is a risk to the natural environment as well as to human health since some hazardous waste can contaminate the surface water courses as well as the groundwater. Health professionals and the Waste collectors are at constant risk of contracting diseases from hazardous Medical waste.
15. Dr. Bernardino Culombila said that the Municipalities do not have the capacity to effectively manage hazardous waste - they do not have own funds, locally generated, they receive funds from the central level, which may be a limiting factor in the planning and implementation of actions aimed at eliminating the inadequate management of municipal and medical waste.
16. Dr. Albertina Cardoso said that there is a Law in the Country, the Presidential Decree number 160/14 - which approves the Regulation on the management of medical and municipal waste. However, there is a need to disseminate and provide means for its effective implementation.
17. After the meeting, Dr. Catarina Aragão thanked all the participants and announced that their contributions were registered and will be taken into account in the preparation of the environmental, social and resettlement management policy framework. However, she regretted that some of the provincial health services representatives were unable to attend the meeting due to flights delays. At the same time, Dr. Catarina suggested a visit to the rehabilitation works of the Project Central Coordination Unit offices at the National Public Health Directorate, in order to verify the implementation of the Environmental Management Plan by the Contractor.
18. Dr. Langa, Consultant and moderator of this meeting, also took the floor to thank all participants for their valuable contributions and announced that they would be used to enrich the Environmental and Social Safeguards documents aimed at minimizing the impact of the project on environmental and social context.

Potential Impacts from the Public Meeting Discussions

Nº	Identified Impacts	Safeguard Measures
1	Need for technical training for a better management of health units - mainly maternity hospitals.	The planning of project intervention areas should take into account the need to train health professionals.
2	The need to hold to account other actors in of the society on aspects related to the prevention of disease in communities - municipal leaders and administrators must know the health problems in their communities.	The Ministry of Health should promote actions with other Ministries (Ministry of Environment, Municipalities) with an integrated approach to disease prevention in communities.
3	Need to develop actions to raise awareness of the population for greater improving of hygiene conditions	The project should consider funding public awareness programs through the media.
4	Treatment of Medical waste	The project should deal strictly with the issue of medical waste treatment and should ensure that hazardous wastes from the health system (including obsolete medicines) are properly treated.
5	Apart from investing in the health infrastructure construction, the Government should invest in the human capital for a better management of the existing infrastructures and equipment and the disease prevention.	The Ministry of Health should prioritize these actions in its strategy.
6	The need to ensure the effective implementation of plans elaborated in previous projects with the aim of minimizing the environmental and social impacts.	The Project Coordination Unit, through a Safeguards specialist, should monitor the implementation of environmental and social management plans in the projects - periodic visits to the project implementation sites and verification of compliance with the plans developed. The tender documents should include information on the need for contractors and other service providers to implement the environmental management plans in the

		implementation of the projects. The Contracts should contain clauses that explicitly require contractors and other service providers to observe the environmental and social impact mitigation measures in projects and include in their progress reports a chapter on the implementation of Environmental and Social Management Plans of projects.
7	Need to improve the medical waste management services.	The Ministry of Health should consider policies that aim at training the key institutions in the management of Medical waste. This training should be material, technical and of awareness on best practices of waste management.

Details of the consultation meeting in Luanda