



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 08/13/2024 | Report No: ESRSA03563

**I. BASIC INFORMATION****A. Basic Operation Data**

Operation ID	Product	Operation Acronym	Approval Fiscal Year
P506072	Investment Project Financing (IPF)	GUEST Project	2025
Operation Name	Guinea Enhancing Health System Transformation (GUEST) Project		
Country/Region Code	Beneficiary country/countries (borrower, recipient)	Region	Practice Area (Lead)
Guinea	Guinea	WESTERN AND CENTRAL AFRICA	Health, Nutrition & Population
Borrower(s)	Implementing Agency(ies)	Estimated Appraisal Date	Estimated Board Date
Ministry of Budget, Ministry of Economy and Finance	Ministry of Health and Public Hygiene	29-Jul-2024	23-Sept-2024
Estimated Decision Review Date	Total Project Cost		
	95,000,000.00		

Proposed Development Objective

To improve the utilization of quality reproductive, maternal, neonatal, child, and adolescent health and nutrition services in selected regions.

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

No

C. Summary Description of Proposed Project Activities

[Description imported from the PAD Data Sheet in the Portal providing information about the key aspects and components/sub-components of the project]



The Guinea Enhancing Health System Transformation (GUEST) Project will improve the quality and utilization of health services for women, children under 5, and adolescents and strengthen the management and climate resilience of the health system in Guinea. The project will be implemented in seven out of the eight regions of the country (all regions except the capital city, Conakry). In line with the Operational Efficiency and Effectiveness of the Evolution Roadmap of the Bank (scale, reproducibility, speed) and the Guinea CPF, the new operation will build on the positive outcomes and lessons learned from the implementation of the Health Service and Capacity Strengthening Project (HSCSP, P163140) in Kankan and Kindia and scale them up to five other regions. The proposed operation will be structured around the following components and sub-components: Component 1: Supply of quality basic RMNCAH-N Service (IDA credit= \$50 million & GFF grant= \$5 million); Sub-Component 1.1: Strengthening of basic RMNCH-N Service Readiness; Sub-Component 1.2: Expansion of the RBF for improved delivery of quality RMNCH-N service; Component 2: Stimulating demand for basic RMNCH-N services for the poorest and most climate-vulnerable people (IDA credit= \$27 million & GFF grant= \$4 million); Sub-Component 2.1: Expanding the district level free health care for poorest in climate vulnerable areas; Sub-Component 2.2: Strengthening Community health and nutrition; Component 3: Project coordination and management, monitoring and evaluation (M&E) (IDA credit= \$8 million & GFF grant= \$1 million). This component will provide support for managing the project and related monitoring and evaluation (M&E) activities through the existing Project Coordination Unit (PCU).

D. Environmental and Social Overview

D.1 Overview of Environmental and Social Project Settings

[Description of key features relevant to the operation's environmental and social risks and opportunities (e.g., whether the project is nationwide or regional in scope, urban/rural, in an FCV context, presence of Indigenous Peoples or other minorities, involves associated facilities, high-biodiversity settings, etc.) – Max. character limit 10,000]

The proposed project is an extension of the Health Service and Capacity Strengthening Project (HSCSP, P163140) in Kankan and Kindia, which will be scaled up in five other regions of the country... Activities will be implemented in urban, peri-urban, and rural areas. The degradation of Guinean forest ecosystems is notable at mining sites, agricultural areas, and around large towns. Due to its diverse climate and biomes, Guinea has rare or endemic animal, plant, and mushroom species. Its climate is tropical (with a rainy season from June to November and dry season from December to May). Average monthly rainfall can reach 400 mm in the rainy season, with four different climatic regions. Ecosystem degradation resulting from natural resource exploitation is exacerbated by climate change, contributes to social conflicts and livelihood vulnerabilities, and can have disproportionate impact on the livelihoods, access to basis facilities like health, education, etc of women, informal workers, persons with disabilities, and other vulnerable groups. The immediate project beneficiaries are women, children, and adolescents, in particular pregnant women, and children under 5 in the targeted regions, which account for around 11.5 million in habitants (80 percent of the population). Project actions will support interventions to improve the operationalization and efficiency of the existing health financing schemes, targeted free healthcare, and performance-based financing, to increase the access and utilization of a comprehensive package of services, especially for women, adolescents, and children. The project activities focus on improving quality of health services in the targeted area



Infrastructure and is expected to be minimal and only consist of possible minor upgrades. Thus, given the project's nature, there are minimal to low environmental impacts on the physical environment.

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

[Description of Borrower’s capacity (i.e., prior performance under the Safeguard Policies or ESF, experience applying E&S policies of IFIs, Environmental and social unit/staff already in place) and willingness to manage risks and impacts and of provisions planned or required to have capabilities in place, along with the needs for enhanced support to the Borrower – Max. character limit 10,000]

The Program will be implemented by the existing Project Coordination Unit (PCU) that has been established under Bank-financed national COVID-19 Emergency Response Projects prepared under the ESF and the Regional Disease Surveillance System Enhancement Project I, II and III (REDISSE), and the Health Service and Capacity Strengthening Project (P163140) under the Safeguard policies. This PCU will coordinate the execution of activities by ministerial departments involved in the Project at the national level, and will be responsible for the fiduciary, procurement, and environmental and social risk management requirements. As reported in the March 2024 ISR, the COVID-19 project (ESF) has been rated Moderately Satisfactory, while the Health Service and Capacity Strengthening Project has been rated Moderately Satisfactory (operational policies). Prior to this time the projects were rated as Moderately Unsatisfactory in the implementation of environmental and social risk management . The PCU is currently staffed with an Environmental Safeguard Specialist, a Social Safeguard Specialist, and a part-time GBV expert. However, the performance of these specialists was not satisfactory. Indeed, during the implementation of both past and current projects, the PCU was unable to satisfactorily perform E & S tasks. This included the inability to: establish a functional grievance mechanism; provide quality E&S quarterly reports, prepare adequate terms of reference and supervise the preparation of safeguard instruments that met minimum ESF requirements. For the need to urgently operationalize the projet, the same PCU, staffed with qualified environmental and social specialists, a part time medical waste management specialist, a full time gender SEA/SH specialist, will be maintained throughout the implementation of the project and the newly approved Health Security Program in Western and Central Africa Using the Multiphase Programmatic Approach (P179078) . And as required by the Health Security Program in Western and Central Africa MPA (P179078), four E&S specialists will be hired (two environment and two social specialists) based in Regional Health Directorates who will oversee the environmental and social aspects of the subprojects on the ground. The performance of the PCU will be assessed 3 months after the project's date of effectiveness and appropriated measures will be taken is there is no improvement. The ESCP of the MPA will be updated to reflect the change in staffing.

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

A. Environmental and Social Risk Classification (ESRC) Moderate

A.1 Environmental Risk Rating Moderate



[Summary of key factors contributing to risk rating, in accordance with the ES Directive and the Technical Note on Screening and Risk Classification under the ESF – Max. character limit 4,000]

The project's environmental risk rating is maintained Moderate at Appraisal stage. The main environmental concern is related to the production of infectious medical waste in health centers environment and surround following the increased use of medical health centers, the management of unusable expired products by medical professionals, and the local community health and safety. Others key environmental issues are related to: (i) pollution and noise nuisance ; (ii) occupational health and safety of workers. There will be minimal infrastructure built and it is envisaged that mainly small upgrades to infrastructure will be made to accommodate for various technological requirements to support the building and strengthening of capacity. The minor upgrades will mostly focus on energy-efficient upgrades, including structural improvements, roofing, electrical safety, improvements in lighting, telecommunications, plumbing and water storage as well as the inclusion of ramps to facilitate access for people who are disabled. However, it is noted that the laboratories will be supplied with reagents, chemicals and apparatus that may constitute medical waste once used. The proper storage, handling, use and disposal needs to be carefully incorporated into the design to minimize the impact on both the environment and social spheres

A.2 Social Risk Rating

Moderate

[Summary of key factors contributing to risk rating, in accordance with the ES Directive and the Technical Note on Screening and Risk Classification under the ESF – Max. character limit 4,000]

At appraisal stage, the social risk rating of the project is remained Moderate. The project is expected to enhance health system capacity-building and improve access to quality health services, minor civil works (such as water supply, solar power, and medical equipment). These civil work will be performed in existing health facilities. So, the project may not require land acquisition or economic and physical displacement. Any civil works that lead to physical and/or economic displacement will be excluded from the project. Key social risks will include the potential exclusion of the disadvantaged and vulnerable to project benefits (mainly health services), as well as community and occupational health and safety risks (exposure to biological, chemical and psychological hazards in healthcare settings), which could increase their vulnerability and undermine the general objectives of the project. Others associated risks could be the exacerbations of existing gender inequalities and ethical considerations regarding informed consent, privacy, confidentiality, and the equitable distribution of resources.

[Summary of key factors contributing to risk rating. This attribute is only for the internal version of the download document and not a part of the disclosable version – Max. character limit 8,000]

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

B.1 Relevance of Environmental and Social Standards



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

Relevant

[Explanation - Max. character limit 10,000]

The activities to be financed by the project are expected to improve the quality of life of women and girls and all the communities in the project area. However, some activities may generate environmental, social risks and impacts. These include potential OHS issues associated with constructions/rehabilitation health facilities; nuisances from noise emissions, dust rising; exposure to hazardous waste mainly the biomedical waste and unusable expired products, and worksite accidents, disruption of natural habitats and ecosystem services. Other risks are related to incidences of discrimination or sexual exploitation and abuse/sexual harassment (SEA/SH) risks and child labor and forced labor concerns. To address the risks and impacts of the project, different measures has been set through the preparation of E&S instruments and the design of the project to ensure they are fully incorporated into the project. The borrower will review, consult upon and adopt the existing instruments from the Health Security Program in Western and Central Africa (P179078), including the Environmental and Social Management Framework (ESMF), the Stakeholder Engagement Plan (SEP), the Labor Management Procedures (LMP), GBV Action Plan. Regional waste management plans will be prepared for the remaining 6 regions of the country to extend the guidance regarding the management of medical waste to these regions. Therefore, the Borrower has prepared an Environmental and Social Management Framework (ESMF), in line with ESS1. The ESMF outlines procedures for screening and mitigating the potential risks and impacts from proposed project activities. Mitigation measures to minimize these risks and impacts, related specifically to resource efficiency and pollution management, such as hazardous waste, are included in the ESMF. The ESMF includes: (a) checklists of potential environmental and social impacts and their sources; (b) procedures for participatory screening of proposed sites and activities and the environmental and social considerations; (c) procedures for assessing potential environmental and social impacts of the planned project activities, including cumulative/transboundary impacts and SEA/SH risks; (d) institutional arrangements for avoiding, minimizing, mitigating and managing the impacts identified, according to the mitigation hierarchy; (e) typical environmental and social management planning processes to address negative impacts throughout project implementation; (f) a system for monitoring the implementation of mitigation measures; and (g) the capacity-building measures recommended for environmental and social planning and the monitoring of project activities; (h) project grievance mechanism; (i) COVID-19 prevention and mitigation measures; and (j) a specific chapter on cultural heritage, including "Chance Find" procedure to manage potential risks related to Cultural Heritage discovered during project implementation. OHS measures are also addressed in the ESMF. Once project sites are identified, specific ESIAs/ESMPs, and E&S audits (if needed), will be prepared as per the guidelines provided in the ESMF. Once reviewed and approved, this ESMF will be disclosed in-country and on the Bank's Website prior to the project negotiations. As part of the Financial Agreement, the Borrower will also prepare an Environmental and Social Commitment Plan (ESCP).

ESS10 - Stakeholder Engagement and Information Disclosure

Relevant



[Explanation - Max. character limit 10,000]

Based on the identified social risks and impacts and the projects activities, citizen engagement will have an important role in the successful implementation of this project. A SEP consistent with ESS10 requirements was prepared by the Borrower and disclosed, both in country on July 19, 2024 and on the World Bank's website on August 8, 2024. The SEP provides details regarding adaptive management and additional consultation measures that will be used, such as separate consultations with women, persons with disabilities, and other vulnerable groups as required, in culturally appropriate and accessible formats and locations, taking into account language requirements and literacy, disability, access to communication technology, and ensuring adequate feedback engagement opportunities. The project will use the existing national grievance mechanism managed by the Guinea Support to Local Governance Project 2 (P177095), which installed grievance committees in all Guinea municipalities. The GM is also designed to effectively, confidentially, and ethically handle complaints related to SEA/SH and the mapping of services to be conducted prior to the start of project activities. However, the project design is incorporating stakeholder and citizen engagement activities, such as community level monitoring and evaluation platforms.

ESS2 - Labor and Working Conditions

Relevant

[Explanation - Max. character limit 10,000]

The project activities will be carried out by the existing Project Coordination Unit (PCU) under the Ministry of health. The PCU team includes civil servants and consultants hired to support the technical areas for which weak institutional capacities were assessed. The project will also include indirect workers, such as regional health administrators, community administrators, contractors and subcontractors, including potential workers from communities neighboring the investment sites and/or primary supply suppliers, as well as local community organizations and communities' workers. The terms and conditions of the contracts of all the workers involved in the project need to be made in accordance with the national labor law and meet the requirements described in ESS2 to ensure that working conditions be acceptable. The Labor Management Procedure (LMP) of the Regional Project has been reviewed, adopted and disclosed in the country on July 19, 2024 and on the bank website on August 8, 2024 to provide guidance regarding the OHS policies and procedures that will be used to protect project workers and contractors. The LMP also include a specific worker GM.

ESS3 - Resource Efficiency and Pollution Prevention and Management

Relevant

[Explanation - Max. character limit 10,000]

The project is likely to generate negative impacts on human health and the surrounding environment, including the generation of medical waste from the health centers and their respective laboratories. The medical waste management is still to be improved and monitored in the country. The client has developed a medical waste management strategy and regional waste management plans for 2 of the 8 regions and these will be extended to the remaining 6



regions. During the COVID 19 Outbreak, a full Infection Control and Waste Management Plan (ICWMP) was developed. A number of incinerators were installed at country level as part of the implementation of these plans. The laboratories that will receive support for materials and reagents are laboratories that have been previously supported by WB-financed COVID-19 response projects. The Standard Operating Procedures prepared for these projects will be reviewed and assessed during project preparation to confirm that they cover project activities.

ESS4 - Community Health and Safety

Relevant

[Explanation - Max. character limit 10,000]

This standard is relevant for the project. The risks and impacts, related to community health and safety, identified include (i) community health and safety risks associated with construction / rehabilitation work, exposure to accidents (traffic road) and diseases; (ii) a potential increase in SEA/SH; and (iii) risks related to misuse of chemicals and unusable Pharmaceutical Products and waste mishandling which may cause health and safety problems for workers and the local community. To address these impacts, the ESMF includes mitigation measures and standard operating procedures proposed in World Bank Group General EHS Guidelines (EHSGs) to minimize such risks and impacts for types of subprojects concerned. In addition, specific ESIAs/ESMPs that will be prepared during implementation, will address risks and impacts related to community health and safety. In addition to having in the project design, the financing of an environmentally friendly collection and disposal system for Unusable Pharmaceutical Products, transport and dispose of hazardous wastes to minimize community exposure to such wastes. The project will also require a country-specific SEA/SH Prevention and Response Action Plan to mitigate the substantial SEA/SH risks. The ESMF also determines appropriate mitigation measures, including training and a code of conduct for workers, to implement and monitor closely SEA/SH and OHS risks. Likewise, specific measures will be addressed in ESIAs/ESMPs that will be prepared during project implementation.

ESS5 - Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

Not Currently Relevant

[Explanation - Max. character limit 10,000]

This standard is not considered relevant at Concept stage as the project will not be financing any investments that would require any land acquisition or physical or economic displacement.

ESS6 - Biodiversity Conservation and Sustainable Management of Living Natural Resources

Not Currently Relevant

[Explanation - Max. character limit 10,000]

This standard is not currently relevant. The clearance and loss of areas of vegetation and faunal habitat is not expected.



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

Not Currently Relevant

[Explanation - Max. character limit 10,000]

This standard is not considered relevant as there are no Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities currently identified in the project area. Should the presence of indigenous communities be confirmed through further screening during implementation, the necessary assessments, consultations and instruments will be undertaken per the requirements of this standard.

ESS8 - Cultural Heritage

Not Currently Relevant

[Explanation - Max. character limit 10,000]

This standard is not considered relevant. Should any possible negative impacts on cultural heritage be identified during implementation, the necessary screening, assessments, consultations and instruments will be undertaken per the requirements of this standard.

ESS9 - Financial Intermediaries

Not Currently Relevant

[Explanation - Max. character limit 10,000]

This standard is not relevant as this project does not include financial intermediaries.

B.2 Legal Operational Policies that Apply

OP 7.50 Operations on International Waterways

Yes

The Project activities will be located in seven out of the eight regions of the country (all regions except the capital). As such, the Project may rely on water from the Niger, Senegal, Gambia, Kolenté, Little Scarcies, and Moa river systems, which are considered international waterways as defined in paragraph 1 of the Policy.

OP 7.60 Operations in Disputed Areas

No

B.3 Other Salient Features

Use of Borrower Framework

In Part

[Explanation including areas where "Use of Borrower Framework" is being considered - Max. character limit 10,000]

This project will not use the Borrowers' Environmental and Social Frameworks in the assessment or in the development and implementation of investments. However, it will comply



with all relevant national environmental and social laws, policies, and regulations. The project will be using the existing National GRM.

Use of Common Approach

No

[Explanation including list of possible financing partners – Max. character limit 4,000]

this is not required since the project is fully funded by the IDA

B.4 Summary of Assessment of Environmental and Social Risks and Impacts

[Description provided will not be disclosed but will flow as a one time flow to the Appraisal Stage PID and PAD – Max. character limit 10,000]

The overall project environmental and social risk is considered to be Moderate. And five (5) Environmental and social standards (ESS1, ESS2, ESS3, ESS4, ESS10) are relevant for the project implementation activities. The project activities are aimed to improve the quality and utilization of essential health services of beneficiaries. There will be minimal infrastructure building related to access to water and solar power systems and it is envisaged that mainly small upgrades infrastructure health commodities. In these activities, any physical and/or economic displacement is not expected. The activities could generate low to moderate direct and indirect environmental and social risks and adverse impacts for project workers, the community surrounding the health centers, beneficiaries in general. Several Environmental and Social (E&S) risks and impacts have been identified like exclusion, community and occupational health and safety risks, exacerbations of gender inequalities, SEA/SH risks, medical waste production, pollution etc.

The potential risks and negative impacts that may result from the implementation of the project have been analyzed in accordance with the mandatory requirements set in the World Bank Environmental and Social Standards (ESSs) to prevent and mitigate any risks and negative impacts. Based on this assessment, the Recipient has prepared the following E&S instruments: the Environmental and Social Management Framework (ESMF), a Medical Waste Management Plan (MWMP), an Environmental and Social Commitment Plan (ESCP), a Stakeholder Engagement Plan (SEP), Labor Management Procedures (LMP) and Infection Control and Waste Management Plan (ICWMP). The ESMF and the ESCP will be adopted and disclosed both in-country and on the bank website before the project negotiation, The SEP and the LMP have been disclosed both in the country on July 19, 2024, and on the bank website on August 8, 2024. The regional medical waste management plans developed for Kankan and Kindia will be updated, and new plans will be developed for the remaining regions. The Integrated infectious control and waste management plan (ICWMP) will be assessed, and necessary measures taken to fill any gap associated with the project. The MWMP and the ICWMP are expected to be approved by the World Bank and disclosed in-country and on the World Bank website respectively 6 months and 3 months after the project effectiveness.

The PCU has experience with the social and environmental risk management and monitoring requirements under the ESF, however, E&S performance of existing health projects in the country is rating Moderately satisfactory and was Moderately Unsatisfactory before the last supervision mission in 2024. Therefore, if their performance remains unsatisfactory after 3 months of the project effectiveness, new E&S specialists will be hired no later than 6 months after the evaluation, to manage the risks associated with the project, including operating and managing a grievance



mechanism and undertaking a robust stakeholder engagement given the nature and scope of project activities, and leading the medical waste management strategy with all the associated stakeholders. The E&S team will strengthen with a GBV Specialist (full-time) and a Medical waste management specialist (full-time) within three months after the Project Effective Date. And as required by the Health Security Program in Western and Central Africa MPA (P179078), four E&S specialists will be hired (two environment and two social specialists) based in Regional Health Directorates who will oversee the environmental and social aspects of the subprojects on the ground.

C. Overview of Required Environmental and Social Risk Management Activities

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

[Description of expectations in terms of documents to be prepared to assess and manage the project's environmental and social risks and by when (i.e., prior to Effectiveness, or during implementation), highlighted features of ESA documents, other project documents where environmental and social measures are to be included, and the related due diligence process planned to be carried out by the World Bank, including sources of information for the due diligence - Max. character limit 10,000]

To mitigate the identified E&S risks and impacts of the project's activities, the borrower agreed with the bank to prepare, adopt and disclosed the following instruments:

- Revised Environmental and Social Management Framework of Health Security Program in Western and Central Africa Using the Multiphase Programmatic Approach (P179078) prior to appraisal.
- Revised The Stakeholders Engagement Plan including a Grievance redress mechanism of the Health Strengthening and Capacity development prior to appraisal.
- The Environmental and Social Commitment Plan prior to appraisal.
- Regional waste management plans for the 6 remaining regions during implementation
- Revised Labor management Procedures of the Health Security Program in Western and Central Africa Using the Multiphase Programmatic Approach (P179078) prior to appraisal.

III. CONTACT POINT

World Bank

Task Team Leader:	Zenab Konkobo Kouanda	Title:	Senior Health Specialist
-------------------	-----------------------	--------	--------------------------

Email:	zkonkobokouanda@worldbank.org
--------	-------------------------------

TTL Contact:	Teegwende Valerie Porgo	Job Title:	Health Specialist
--------------	-------------------------	------------	-------------------

Email:	tporgo@worldbank.org
--------	----------------------



IV. FOR MORE INFORMATION CONTACT

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: <http://www.worldbank.org/projects>

V. APPROVAL

Task Team Leader(s):	Zenab Konkobo Kouanda, Teegwende Valerie Porgo
ADM Environmental Specialist:	Mamady Kobele Keita
ADM Social Specialist:	Adjoua Veronique Ouattara