



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

Date Prepared/Updated: 01/18/2021 | Report No: ESRSAFA086



BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Eswatini	AFRICA EAST	Kingdom of Eswatini	Ministry of Health
Project ID	Project Name		
P175875	Eswatini COVID-19 Emergency Response Project		
Parent Project ID (if any)	Parent Project Name		
P173883	Eswatini COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	1/22/2021	1/29/2021

Proposed Development Objective

The Program Development Objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Eswatini.

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

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

Yes

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

The project components are aligned with the objectives of the COVID-19 Strategic Preparedness and Response Program (SPRP), which adopts a multi-phase programmatic approach (MPA). This emergency project comprise 3 components: (i) Emergency COVID-19 Response; (ii) Strengthen Capacity in Preparedness for Health Emergencies; and



(iii) Implementation Management and Monitoring and Evaluation. The components aim to strengthen Eswatini's health system preparedness to respond to the COVID-19 emergency and potential future emergencies. Each component will include climate-change adaptation measures and will address gender issues, as necessary. The proposed project will be financed by an IBRD loan of US\$11 million and a grant of US\$3 million, using an Investment Project Financing (IPF) instrument under the multiphase programmatic approach (MPA), over a four-year period.

D. Environmental and Social Overview

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

The Kingdom of Eswatini is a mountainous, landlocked, small open economy in Southern Africa, with four administrative regions. As a result of the outbreak of the 2019 novel coronavirus, growth projections have been preliminarily more than halved to below 1 percent for 2020. This emergency operation has been prepared in a situation of urgent need of assistance, as per the Bank's IPF Policy, Paragraph 12. It is prepared under the COVID-19 Strategic Preparedness and Response Program (SPRP) using an Investment Project Financing (IPF) instrument under the multiphase programmatic approach (MPA), over a two-year period. It will contribute to preventing, detecting, and responding to the threat posed by COVID-19 and strengthening national systems for public health preparedness. The project will be implemented nation-wide. The Parent project progress towards achievement of the PDO and overall implementation progress were rated Satisfactory and Moderately Satisfactory respectively in the last Implementation Status and Results report (ISR) of August 27, 2020 and the project continues to make good progress.

This Additional Financing (AF) has been prepared to expand activities of the Parent Project (PP), Eswatini COVID-19 Emergency Response Project (P173883) to enable affordable and equitable access to COVID vaccines, help ensure effective vaccine deployment through enhanced vaccination system strengthening, and to further strengthen preparedness and response activities in the Kingdom of Eswatini. As the proposed activities to be funded under the AF for the Eswatini COVID-19 Emergency Response Project are aligned with the original PDO, the PDO would remain unchanged. The AF activities include three components: Component 1. Emergency COVID-19 Response: aims to support COVID-19 vaccine procurement and deployment and continue activities under the Parent project; Component 2. Strengthen Capacity in Preparedness for Health Emergencies: geared to finance upfront technical assistance to support Eswatini to establish institutional frameworks for the safe and effective deployment of vaccines; Component 3. Implementation Management and Monitoring and Evaluation: plans to support investments to bring immunization systems and service delivery capacity to the level required to successfully deliver COVID-19 vaccines at scale, through Components 1 and 3 of the project. The additional financing will provide essential resources to enable an expansion of a sustained and comprehensive pandemic response that will appropriately include vaccination in Eswatini.

The AF will expand Eswatini's COVID-19 response through (a) co-financing vaccine procurement to reach 30% of the country's population who are the most vulnerable; (b) strengthening the systems required to support effective and efficient vaccine deployment under four core areas: planning and management, supply and distribution, program delivery and supporting systems and infrastructure; and (c) strengthening public structures for the coordination and management of the project, including central and local arrangements for coordination of activities, financial management and procurement.

In coordination with the Water Supply and Sanitation Access Project (P166697), the Parent project is also anticipated to provide support for water supply, sanitation, and hygiene within existing health care facilities and is not expected



to include any greenfield civil works. Activities include support for the provision of handwashing stations and bulk water supply from existing commercially operating vendors with no water supply expected from new sources. AF activities will be conducted within existing health facilities and within existing footprints, and as such no new land will be acquired or accessed. The specific locations where project sub-components will be implemented have not yet been identified but will be implemented in urban as well as rural areas in existing health facilities. The AF is not expected to lead to any land acquisitions, involuntary resettlement and it is not expected to impact natural habitats or cultural sites.

Environment and social risks such as medical waste, worker safety, SEA/SH etc. will be addressed through the updated Environmental and Social Management Framework (ESMF) (and the related Labour Management Procedures (LMP) as well as the Infection Control and Waste Management Plan (ICWMP)) and the Updated Stakeholder Management Plan (SEP). The updated ESMF will consider national and international protocols for infectious disease control and will include updated provisions on medical waste management.

The environmental and social performance of the parent project is Moderately Satisfactory and the Environmental and Social Risk Classification (ESRC) remains Substantial. The PIU has made progress in the management of key environmental and social (E&S) risks of the parent project despite delays in the preparation and finalization of the Environmental and Social Management Framework as well as setting up a functional Grievance Redress Mechanism (GRM). The delays were mostly due to challenges associated with (i) overwhelmed capacity of the MoH and limited implementation management experience of the ESF; (ii) increasing impacts of Covid-19 in the country, the MoH and in particular, the EHD (which has been preparing the environmental and social risk management aspects of the PP and AF), faced increasing pressures and capacity constraints leading to delays in the recruitment of dedicated E&S specialists; and (iii) difficulty of preparing E&S instruments remotely in the context of the pandemic. The draft Stakeholder Engagement Plan (SEP), and Environmental and Social Commitment Plan (ESCP) were disclosed on the MOH's website (<http://www.gov.sz/index.php/covid-19-corona-virus/covid-19-documents>) on September 22, 2020 in compliance with the original loan agreement. The GRM was effective as of November 2020 and the updated ESMF including activities supported under the AF is expected to be finalized by end of January 2021. Moreover, the PIU has appointed a Social Development Specialist, an Environmental Specialist, as well as a Stakeholder Engagement Specialist to effectively support and coordinate the implementation and supervision of the E&S measures in a timely manner. Overall the parent project has been in compliance with environmental and social standards requirements despite delays in preparing the ESMF and hiring E&S specialists.

D. 2. Borrower's Institutional Capacity

The institutional capacity risk for vaccine deployment is Substantial. The existing PIU that is managing the parent project will continue to be used for the AF. The PIU has recruited a Social Development Specialist, an Environmental Specialist, as well as a Stakeholder Engagement Specialist. These specialists have been involved in the environmental and social risk management aspects of the PP and AF and will remain engaged throughout implementation. However, the capacity of the PIU will be enhanced to include technical expertise in communications, GRM, logistics, procurement, and vaccine implementation. The MOH is also working closely with other DPs located in-country, especially UNICEF and WHO, who are providing technical assistance on aspects that include procurement, vaccine registration, and risk communication and now on increasing awareness on vaccination including in remote and rural areas and to vulnerable communities.

Under the Parent Project, the MOH demonstrates strong stewardship of the COVID-19 response through the National Task Team, which has representation from diverse stakeholders within the sector. Additionally, the MOH has previous



experience managing World Bank projects effectively both under Environmental and Social Safeguard Policies and the ESF.

In terms of trainings, a PIU induction was conducted between August 28 and September 7, followed by training on Environmental and Social Standards (ESSs). Additional training to support fiduciary control functions are scheduled for January, 2021. However, as the project is being a project developed under unprecedented uncertainty, there is a risk that the capacity to process transactions and implement activities based on an evolving situation may be limited within the MOH. Vaccine deployment cold-chain and distribution capacity are currently inadequate in Eswatini, especially for the anticipated scale and population group coverage for COVID-19 vaccination. These risks will be mitigated by this AF and technical support for immunization system strengthening needs, including conducting capacity assessments in coordination with the WHO, Gavi, UNICEF, and other partners. Beyond providing surge capacity for the PIU / MOH through relevant technical officers and capacity-strengthening under the AF, the Health System Strengthening for Human Capital Development in Eswatini Project will assist the Government to build sustainable institutional capacity. Therefore, the objectives of strengthening the emergency response during the acute phase, boosting broader emergency preparedness, and strengthening the health system are carefully balanced to support the sector’s longer-term development.

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

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

The Environmental Risk Rating of the AF activities remains Substantial. The three key areas of risks relevant to AF activities are: (i) hazardous and medical waste management and disposal; (ii) occupational health and safety (OHS), including the risk of spread of the virus among health care workers; and (iii) community health and safety, including the risk of the spread of COVID-19 among the population at large. These key environmental risks are continuation of the parent project, which also included risks related to the rehabilitation and equipping of selected hospitals in addition to the upper mentioned three key risks of the AF activities.

The COVID-19 vaccine dissemination of the AF activities is expected to generate medical waste and chemical wastes that may include transmissible, infected, hazardous materials and wastes (including infected materials, liquid effluents, reagents, etc.) from hospitals. These medical and chemical wastes can adversely impact human health and the environment. Improper handling, managing, transporting, and disposing of these waste streams pose occupational and community health and safety risks from COVID-19 infections.

The risk classification takes into account that current healthcare waste management systems at health facilities in Eswatini are not standardized, implementation and monitoring of safe management have been weak, Health Care Waste Management Regulations are not in place, and there is limited waste separation at the source.

Social Risk Rating

Substantial



The Social risk rating of the AF continues as Substantial. In addition to risks posed in the Parent project, there are substantial risks associated with vaccine dissemination proposed in the AF. In addition to the heightened risk that COVID-19 has had on rural populations, particularly vulnerable persons (HIV infected, poor, disabled, elderly, women and children), new risks now associated with vaccine dissemination relate to misinformation leading to lack of public willingness to participate in a vaccination campaign; ensuring that those in greatest need of health services and vaccinations receive it first and in a timely fashion; health services and vaccinations are performed effectively; and the results of these support services are thoroughly captured, analyzed and used to inform service delivery, government policy and positions as to how to control and defeat the pandemic and return to a more normal way of life.

Preparation for rolling out vaccines is in its early phase in the country, with the first draft of the National Deployment and Vaccination Plan (NDVP) prepared in late December 2020. Operational planning is ongoing under considerable uncertainty, particularly regarding when and how many doses of vaccines would be made available.

Risks are being mitigated through support being provided to MoH on communications and awareness-raising by UNICEF and WHO. On access vaccination, the Draft NDVP plan prioritizes groups for vaccination in accordance with WHO guidelines. There is consensus to first target health workers, other essential workers, and the most vulnerable populations, which include a mix of the elderly, people with co-morbidities, and people in high-population density.

A technical working group to inform community engagement and communications around vaccine dissemination led by MoH that includes WHO and UNICEF, is providing support on the technical content of risk communication, advocacy materials and is coordinating with MOH to identify and engage community groups, influencers, and networks to promote accurate information on COVID-19 vaccines. The technical working group community engagement effort will be linked to and guided by the the updated Stakeholder Engagement Plan (SEP). The PIU housed in MoH is also collaborating closely with the working group to ensure vulnerable groups are adequately targeted in the relevant communication campaigns on vaccine. Moreover, the PIU has now, with the coming on board of additional funds through the AF, committed to hiring a dedicated communications specialist and a dedicated GRM specialist

Another particular risk that has come to the fore based on the ongoing implementation experience of Global COVID-19 MPA is the increased incidence of reprisals and retaliation especially against healthcare workers and researchers. This risk will be mitigated through explicit inclusion in robust stakeholder identification and consultation processes, which will continue while complying with World Bank Covid-19 guidelines around stakeholder engagement.

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

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

Vaccine deployment under the AAF will be carried out in hospitals and healthcare facilities that will be identified by the government during implementation. Unlike the activities planned under the parent project, no greenworks are planned under the AF activities. In addition to the activities of the parent project, AF activities include support for



water supply, sanitation, and hygiene is anticipated within existing health care facilities. AF activities also include support for the provision of handwashing stations and bulk water supply from existing commercially operating vendors with no water supply expected from new sources. The draft Environmental and Social Management Framework (ESMF) of the parent project will be updated and disclosed before project appraisal.

Key environmental risks are related to (i) hazardous and medical waste management and disposal; (ii) occupational health and safety (OHS), including the risk of spread of the virus among health care workers; and (iii) community health and safety, including the risk of the spread of COVID-19 among the population at large.

The parent project ESMF and the related Infection Control and Waste Management Plan (ICWMP) will be updated to address AF activities, which include deployment of COVID-19 vaccines to the public. The updated ESMF will cover the environmental and social mitigation measures to be implemented for the various proposed activities for both the Parent Project and Additional Financing. Mitigation measures, where relevant, will be based on good international industry practice as reflected in WHO technical guidance on COVID-19 response on limiting viral contagion in healthcare facilities and World Bank Group EHS Guidelines. The ICWMP will include specific guidance & protocols for developing site-specific waste management plans.

The updated ESMF, including relevant management plans, will be finalized before the deployment of the vaccine and related medical equipment supported under the AF. In addition, any activities that have been screened for environmental and social risks will not be carried out without the completed, consulted, and disclosed ESMF.

Vaccination of patients can generate biological, chemical, and hazardous medical wastes. Incidents, accidents, and mismanagement of such wastes can result in adverse impacts on the environment and the public. Thus, risks related to occupational and community health and safety are anticipated due to the dangerous nature of the pathogen (COVID-19), reagents, and vaccines to be used in hospitals and health facilities. However, these impacts are expected to be site-specific, and manageable with the implementation of established mitigation measures. The updated ESMF and ICWMP is anticipated to mitigate these risks related to exposure to COVID-19 virus from vaccination activities that can generate biological, chemical, hazardous medical wastes, incorporating WHO guidelines establishing good international industry practice for COVID-19 response, including Guidelines for Quarantine, Biosafety, and Code of Ethics and Professional Conduct.

Moreover, the delivery of approved vaccines is key to enhancing community health. There are no regulatory measures in place for approval of COVID-19 vaccines, but the MOH will rely on WHO's Prequalification Programme to prequalify the product(s) or a decision by stringent regulatory authorities (SRA) to authorize the product for emergency use or by use of the WHO Emergency Use Listing (EUL) Programme. To ensure smooth delivery of vaccines once available, the MOH has included COVID-19 vaccines in the list of health products that are tax-free and is working on developing regulations to guide who will have access, how and when for the vaccines.

The key social risks associated with the project is that rural populations, particularly the vulnerable (HIV infected, poor, disabled, elderly, women, and children) are unable to access facilities and services designed to combat the disease, in a way that undermines the central objectives of the project. To mitigate this risk, the ESCP, will be updated to commit to ensuring that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable have access to the development benefits resulting from the Project.



The Sexual exploitation and abuse (SEA) and sexual harassment (SH) risks in this project arise primarily from the large workforce of health care workers (direct, contract, and community workers) and the quarantine/isolation of patients. The project will also ensure that the medical isolation of individuals does not increase their vulnerability (for example, to GBV), especially in rural areas of the country. Handling of quarantining interventions (including dignified treatment of patients; attention to specific, culturally-determined concerns of vulnerable groups; and prevention of SEA and SH as well as minimum accommodation and servicing requirements) can also be listed as issues that will require close attention while managing the social risks of the project. SEA and SH risks will be assessed and addressed during implementation through the ESMF, including screening and putting in the corresponding measures to prevent and mitigate the SEA/SH risks. An SEA/SH action plan has also been prepared for the parent project and will apply to AF activities. Moreover, the MOH in the ESCP will commit to the implementation of the WHO Code of Ethics and Professional Conduct which includes provisions for SEA/SH prevention. In general, COVID-19 is expected to have different impacts on women and men, girls, and boys. Women will be more affected in systems with more female health workers. As schools close and family members fall sick, the burden of care is likely to fall on women. Domestic violence may increase with stress and anxiety. Adolescent pregnancies may increase with school closures. Global evidence suggests that rates of GBV, especially Intimate Partner Violence, have increased as people stay at home and change behavior in response to the spread of COVID-19. The SEA/SH action plan prepared for this project and provisions made to handle SEA/SH type complaints by the project GRM will help mitigate some of these risks as they relate to specific project activities.

The AF activities also include the provision of technical assistance to support Eswatini to establish institutional frameworks for the safe and effective deployment of vaccines. Such technical assistance includes assisting the GoKE in training health personnel and medical waste management, which will result in a positive downstream effect on the PIU's capacity to manage ESS2 and ESS3 related aspects such as occupational health and safety, and waste management.

The updated ESMF will also include an updated Labor Management Procedures (LMP) to ensure proper working conditions and management of worker relationships, occupational health and safety, and to prevent sexual exploitation and abuse, and sexual harassment. It will also clearly outline the implementation arrangement to be put in place for environmental and social risk management; training; and compliance monitoring and reporting requirements. The Stakeholder Engagement Plan and Grievance Redress Mechanism set out a structured approach for community outreach and two-way engagement with stakeholders, including in siSwati the local language, including the vulnerable and disadvantaged groups, that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with public meetings as a result of COVID-19.

Finally, the MoH does not have plans for mandatory vaccination and will ensure voluntary consent.

ESS10 Stakeholder Engagement and Information Disclosure

The parent project has established a structured approach to stakeholder engagement and conducted one round of engagement with another round being planned shortly to target equal access to all segments of the population including vulnerable groups, to ensure awareness and tackle any misinformation related to vaccine dissemination. The parent project draft Stakeholder Engagement Plan (SEP), and Environmental and Social Commitment Plan (ESCP) were disclosed on the MOH's website (<http://www.gov.sz/index.php/covid-19-corona-virus/covid-19->



documents) on September 22, 2020 in compliance with the original loan agreement. There have been challenges resulting in the slow set up of the Grievance Redress Mechanism and finalization of the Environmental and Social Management Framework (ESMF). The GRM became effective as of November 2020 and the ESMF is expected to be finalized by end of January 2021. Due to increasing impacts of COVID-19 in the country, the MOH and in particular the Environmental Health Department faced increasing pressures and capacity constraints leading to delays also in the recruitment of additional staff to support on Environmental and Social safeguards. The PIU now has in place both a Social Development Specialist, an Environmental Specialist, as well as a Stakeholder Engagement Specialist. The Task team held a PIU training workshop on Grievance Redress Mechanisms in November 2020, resulting in an Action Plan that has been developed by the PIU on steps being taken to further strengthen awareness raising and the GRM effectiveness. The Action Plan is being used the ongoing monitoring of the project. A Project Operational Manual (POM) was also issued and shared with the Bank on June 21, 2020. These documents will be further updated and finalized incorporating modifications introduced through the proposed AF and finalized by January 15, 2021. A PIU induction was conducted between August 28 and September 7, followed by trainings on Environmental and Social Standards. Additional trainings to support fiduciary control functions are scheduled for January, 2021.

The MoH in collaboration with the PIU will implement the updated Stakeholder Engagement Plan (SEP) prepared for the AF, to engage citizens as needed and for public information disclosure purposes including a focus now on vaccine benefits, accessibility etc. Anyone affected by or otherwise involved in project-supported activities, including different types of health care workers, has been provided and will be provided with accessible and inclusive means to raise concerns or lodge complaints, via the Grievance Redress Mechanism (GRM) which is effective.

A technical working group to inform community engagement and communications around vaccine dissemination led by MoH that includes WHO and UNICEF, is providing support on the technical content of risk communication, advocacy materials and is coordinating with MOH to identify and engage community groups, influencers, and networks to promote accurate information on COVID-19 vaccines. The PIU housed in MoH, also hired a Stakeholder engagement specialist in November in addition to a social development specialist, and is in this way providing additional support and collaborating closely with the technical working group, the COVAX facility and the Global Alliance for Vaccines and Immunizations (GAVI) to ensure vulnerable groups are adequately targeted in the relevant communication campaigns on vaccine.

B.2. Specific Risks and Impacts

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

ESS2 Labor and Working Conditions

ESS2 is considered relevant to the AF activities of the Project. Most activities supported by the project will be conducted by direct workers of the Project, such as health workers and civil servants employed by the Ministry of Health and Population. The key risk is in relation to the contamination with COVID-19. In line with ESS2, the use of forced labor or the use of child labor for any person under the age of 18 in hazardous work situations (e.g., in health care facilities) will be prohibited. This may be unlikely given that most project interventions will be within hospital settings. Mitigation measures relating to OHS will be documented in labor management procedures (LMP) that will be included in the updated ESMF to protect workers from risks associated with exposure to hazards encountered in the workplace; this will require infection control precautions and adequate supplies of PPE. The mitigation measures



will incorporate the World Bank Group's General Environment, Health, and Safety Guidelines (EHSs), the EHSs for Health Care Facilities, and other Good International Industry Practices. The LMP will also include a Code of Conduct, including measures to prevent Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH), and safety training materials. The CIT will implement adequate OHS measures, including emergency preparedness and response measures, in line with the updated ESMF and WHO guidelines on COVID-19 in all facilities. The CIT will also ensure a non-discriminatory, decent work environment; including by ensuring that all health workers adhere to the WHO Code of Ethics and Professional conduct. A worker Grievance Redress Mechanism will be established and operated through a grievance hotline and assignment of focal points to address these grievances within the Ministry of Health and Population which will be outlined in the LMP. Also, the project will regularly integrate the latest guidance by WHO as it develops over time and experience addressing COVID-19 globally.

Other risks relating to ESS 2 that were identified during stakeholder consultations include inadequate supply of relevant PPEs as well as the need to access to transport as well as permanent and adequate accommodation when reporting for duty for essential workers. There was also a need to hire adequate personnel to relieve the staff workloads. Access to PPE is mitigation through the focus in the AF which includes major planned procurement of PPE's amongst other medical supplies. Th other challenges have also been discussed with the Project coordinator in MoH and solutions are being consideration.

The AF activities also include the provision of technical assistance to support Eswatini to establish institutional frameworks for the safe and effective deployment of vaccines. Such technical assistance includes assisting the GoKE in training health personnel, which will result in a positive downstream effect on the PIU's capacity to manage ESS2 related aspects such as occupational health and safety.

ESS3 Resource Efficiency and Pollution Prevention and Management

ESS3 is considered relevant to the AF activities of the Project. Medical and hazardous chemical wastes are expected to be generated from hospitals and health facilities. The improper handling, transporting, and disposal of these hazardous and medical waste streams may result in adverse impacts to human health and the environment. Updated ICWMP for health facilities will be developed as an Annex to the updated ESMF and will be implemented. Updated ICWMP will follow WHO guidance documents on COVID-19 and other Good Industry International Practice (GIIP). The project is anticipated to contract bulk water delivery to health care facilities to support sanitation and hygiene. Due to the expected limited nature and scale of this provision of water, water use is not assessed to be potentially significant and no significant impacts on water quality are anticipated.

The AF activities also include the provision of technical assistance to support Eswatini to establish institutional frameworks for the safe and effective deployment of vaccines. Such technical assistance includes assisting the GoKE in supporting medical waste management, which will result in a positive downstream effect on the PIU's capacity to manage ESS3 related aspects such as waste management.

ESS4 Community Health and Safety

ESS4 is considered relevant to the AF activities of the Project. Inappropriate handling of COVID-19 vaccine and patients can expose communities and could lead to further spread of the disease. Exclusion from vaccines and lack of provision of medical services to disadvantaged or vulnerable people is also a potential risk under the project interventions. Accidents and/or emergencies in hospitals such as fire incident or natural phenomena events are also



associated risks. Some project activities may also give rise to the risk of SEA/SH as discussed under key social risks section. As mitigation measures, the Central Implementation Team (CIT) will put measures in place to prevent or minimize the spread of the infectious disease/COVID-19 to the community. Emergency preparedness measures will also be developed and implemented to manage unlikely cases of laboratory accidents/ emergencies, e.g., a fire response or natural phenomena event. Measures will be put in place to ensure that vulnerable individuals or groups have access to the development benefits resulting from the Project. These measures will be reflected in the updated ESMF and SEP.

Eswatini has high rates of Gender-based Violence in the country. Some project activities may give rise to the risk of SEA and SH. The SEA/SH world bank risk screening tool suggests a substantial SEA/SH risk in the project given the increased vulnerabilities of women and girls in emergency situations such as the Covid 1- pandemic. An SEA/SH action plan has been prepared and the updated ESMF will include a preventive measures. The project will promote the avoidance of SEA/SH by implementing the WHO Code of Ethics and Professional Conduct for all workers, as well as the provision of gender-sensitive infrastructures such as segregated toilets and enough light in quarantine and isolation centers. The project will also ensure that isolation centers and screening posts are operated effectively throughout the country, including in remote and border areas. The CIT will operate quarantine and isolation centers in line with WHO guidelines on “Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV” as well as the Africa CDC guideline on “Africa CDC Guidance for Assessment, Monitoring, and Movement Restrictions of People at Risk for COVID-19 in Africa”. Such guidelines will be included in the updated ESMF. In addition, the quarantine and isolation centers and screening posts will be operated in a conflict-sensitive manner, avoiding any aggravation of local communal conflicts, including between host communities and refugees/IDPs. In case quarantine and isolation centers are to be protected by security personnel, as well as population mobility in cities, it will be ensured that the security personnel follow a strict code of conduct in line with ESS4 and avoid any escalation of the situation, taking into consideration the above-noted needs of quarantined persons as well as the potential stress related to it. The ESMF will include provisions to ensure that the supply of bulk water to health care facilities is consistent with the safety of services requirements under ESS4, including requirements to ensure that any bulk water suppliers have in place appropriate quality management systems as part of the procurement specifications.

There are no national regulatory measures in place for approval of COVID-19 vaccines, but the MOH will rely on WHO’s Prequalification Programme to prequalify the product(s) or a decision by stringent regulatory authorities (SRA) to authorize the product for emergency use or by use of the WHO Emergency Use Listing (EUL) Programme. To ensure smooth delivery of vaccines once available, the MOH has included COVID-19 vaccines in the list of health products that are tax-free and is working on developing regulations to guide who will have access, how and when for the vaccines.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

ESS5 is not currently relevant to the AF activities of the Project. No rehabilitation and construction activities are planned as part of the AF activities.



ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

ESS6 is not currently relevant to the AF activities of the Project. No greenfield works are envisaged for this project.

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

ESS7 is not relevant as there are no groups in Eswatini meeting the criteria as set out in ESS7.

ESS8 Cultural Heritage

ESS8 is not relevant to the AF activities of the Project as no civil works are planned.

ESS9 Financial Intermediaries

ESS9 is not relevant to the AF activities of the Project.

B.3 Other Relevant Project Risks

None assessed.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

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

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

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

None

IV. CONTACT POINTS

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Borrower/Client/Recipient

Borrower: Kingdom of Eswatini

Implementing Agency(ies)

Implementing Agency: Ministry of Health

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VI. APPROVAL

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