Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 11/16/2023 | Report No: ESRSA03143

I. BASIC INFORMATION

A. Basic Operation Data

Operation ID	Product	Operation Acronym	Approval Fiscal Year
P181385	Investment Project Financing (IPF)	Health Sector Transformation Project	2024

Operation Name	South Sudan Health Sector Transformation Project (HSTP)

Country/Region Code	Beneficiary country/countries (borrower, recipient)	Region	Practice Area (Lead)
South Sudan	South Sudan	EASTERN AND SOUTHERN AFRICA	Health, Nutrition & Population

Borrower(s)	Implementing Agency(ies)	Estimated Appraisal Date	Estimated Board Date
Ministry of Health	Ministry of Health	22-Nov-2023	19-Dec-2023

Estimated Decision Review Date	Total Project Cost
14-Nov-2023	369,450,000.00

Proposed Development Objective

To expand access to an essential package of health and nutrition services, improve health sector stewardship, and strengthen the health system.

B. Is the operation 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 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 project combines the support of health service delivery in South Sudan with developing government capacity for health sector stewardship. South Sudan's health system is at a critical juncture to improve Government leadership, efficiency of health financing, and health service delivery outcomes. The project will bring in IDA resources co-financed by multi-donor trust fund, complementing government resources. The project will ensure that a streamlined package of

services is delivered in a consistent manner throughout the country through unified planning, budgeting, and implementation processes. The project consists of the following four components: Component 1: Provision of Essential Health Services Nationwide. Component 1 will ensure nationwide delivery of essential health service delivery in South Sudan building on service delivery through the CERHSPP and HPF, with adjustments to improve service availability. Component 1 will support the delivery of health services at the community level through the Boma Health Initiative and primary care facilities along with strategically identified secondary hospitals, complemented with community outreach and mobile health services to increase and expand equitable access, especially for remote or hard to reach communities. Component 1 comprises the following four subcomponents: Subcomponent 1.1: delivery of high impact essential health and nutrition services nationwide through health facilities; Subcomponent 1.2: Boma Health Initiative; Subcomponent 1.3: pharmaceutical and last mile delivery; and Subcomponent 1.4: climate resilient Health service delivery. Component 2: Health Systems Strengthening. This component will undertake activities to strengthen South Sudan's health system to facilitate health service access and capacity improvements. The component will be implemented by the World Health Organization (WHO) and will focus on strategic mechanisms to strengthen services in South Sudan, given the low-infrastructure, conflict-impacted context. Component 2 comprises the following four subcomponents: Sub-component 2.1: health emergency preparedness and response, laboratory strengthening, and disease control; Sub-component 2.2: blood banking and transfusion; Sub-component 2.3: health service quality improvement; and Subcomponent 2.4: health management information systems. Component 3: Monitoring and Evaluation and Project Management. This component will finance costs related to monitoring and management of project activities. The project will ensure that independent and credible data on health service delivery, health service coverage, and commodities are generated, and that the data are usable and used. This is critical to enable the World Bank, Government, and development partners to verify that resources are reaching the intended beneficiaries and potential harm is avoided. Component 3 comprises the following four subcomponents: Subcomponent 3.1: Third Party Monitoring; Subcomponent 3.2: data analysis and visualization platform; Subcomponent 3.3: contract and program management capacity development; and Subcomponent 3.4: project management. Component 4: Contingent Emergency Response (US$0 million). The objective of this component is to improve the country's response capacity in the event of an emergency, following the procedures governed by Paragraph 12 of the World Bank Investment Project Financing (IPF) Policy. During the implementation of the CERHSPP, the CERC has been instrumental in responding to the nutrition and food insecurity crisis in South Sudan in a timely manner. There is a moderate to high probability that during the life of the project, South Sudan will experience a disease outbreak or health emergency with the potential to cause a major adverse economic and/or social impact which would result in a request to the World Bank to support mitigation, response, and recovery in the region(s) affected by such an emergency. In anticipation of such an event, this CERC provides a mechanism for the project to support mitigation, response, and recovery in the areas affected by such event. The CERC would allow the contracted agencies through the PMU to receive support by reallocating funds from other projects or other funding sources for eligible emergencies to mitigate, respond and recover from the potential harmful consequences arising from the emergency situation. Disbursements under this component will be subject to the declaration of emergency and the preparation of an "Emergency Response Operational Manual" by the contracted agencies / PMU, agreed upon by the World Bank.

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 South Sudan Health System Strengthening Project aims to expand access to an essential package of health and nutrition services, develop health sector stewardship, and strengthen the health system, including areas affected by conflict and violence. The operation is, thus, expected to supporting health services delivery in one of the most challenging Fragile, Conflict, and Violence (FCV) contexts in the world, including the most conflict affected areas in South Sudan.

As it is proposed to be implemented at the national scale, the project focuses on improving health services in remote and hard-to-reach areas of South Sudan in terms of geographic aspects. The proposed activities involve building and rehabilitating health facilities and providing training and support to health workers in these areas. The Nile River is the most prominent geographic feature in South Sudan. It is the longest river in the world and flows through the country from south to north, providing water and fertile soil for agricultural activities.

Regarding environmental aspects, the project considers the challenges posed by South Sudan's tropical and monsoonal climate with distinct wet and dry seasons. This requires/includes designing health facilities that can withstand extreme weather conditions and ensuring that health workers are trained to respond to emergencies related to natural disasters. South Sudan is endowed with rich ecosystem biodiversity including dense tropical forests, expansive wetlands (including the Sudd, which is one of the largest wetlands in the world which forms a huge portion of the White Nile basin and supports diverse wildlife), savannah, and agricultural landscapes, etc. Its landscape consists of several plateaus and highlands, particularly in the southern and southeastern regions. Much of South Sudan's terrain is covered by extensive grasslands and savannahs, making it suitable for pastoralism and grazing. Wildlife, including various species of antelopes, elephants, giraffes, and lions, thrives in these open landscapes. All this indicates that South Sudan is home to a rich variety of flora and fauna, including diverse plant species and numerous wildlife species. It also possesses potential oil reserves, and other mineral resources. However, years of civil unrest and conflicts and political instability have had negative impacts on the country's wildlife and natural habitats, including deforestation, soil degradation, and environmental degradation. According to the second NDC report, the majority of South Sudan’s population relies on forest products for both energy needs and sustaining livelihood, which leads to an estimated rate of deforestation of 2 percent per year putting the existing forests under increasing pressure. Thus, sustainable management of natural resources and conservation efforts are crucial for the country's future development and environmental preservation.

In terms of social benefits, the proposed health project has the potential to contribute to the achievement of several Sustainable Development Goals (SDGs), including SDG 3: Good Health and Well-being, SDG 5: Gender Equality, and SDG 17: Partnerships for the Goals. The project has manifold social benefits emanated from the project’s components including (i) improved access to essential health services (component 1) for vulnerable and remote communities, encompassing maternal and child health services, mental health and psycho-social support services and aid for victims of GBV; (ii) strengthen logistics arrangements to maintain service delivery during floods and other climatic shocks; improved capacity to prepare for, prevent, detect, and respond to public health emergencies; (iii) enhanced health security and reduced disease outbreak risks through strengthening health emergency preparedness and response (Component 2); and provide resources to mitigate, respond and recover from the potential harmful consequences arising from the emergency situation (Component 5). The project will also contribute to the overall resilience of the health system in South Sudan.

In terms of social aspects, the project recognizes the importance of engaging with local communities and addressing cultural barriers to accessing health services. This involves working with community leaders and traditional healers to promote modern health services, and providing education and awareness-raising campaigns on health issues. South

Sudan has one of the highest poverty rates in the world. Most of the population lives below the poverty line, struggling with limited access to basic services such as healthcare, education, and clean water. Despite it gained independence from Sudan in 2011 after decades of civil war, the country has experienced internal conflicts and violence, leading to displacement and disruption of communities. The ongoing conflict has severely affected the socio-economic development of the nation. Its economy is predominantly agrarian, with most of the population engaged in subsistence agriculture. Though the country has fertile land and favorable agro-climatic conditions, the lack of infrastructure and investment has hindered the development of the agricultural sector. It possesses significant oil reserves, which have been a major source of revenue for the government. However, the country's heavy reliance on oil exports has made its economy vulnerable to fluctuations in global oil prices. South Sudan's infrastructure is underdeveloped, with inadequate roads, electricity, and communication networks. Access to quality education and healthcare remains limited in South Sudan, particularly in rural areas where many schools and healthcare facilities have been damaged or disrupted due to the conflict. Due to the protracted civil-war and adverse weather conditions, South Sudan has experienced multiple humanitarian crises, including food insecurity and malnutrition, and displacement. Humanitarian organizations provide assistance to millions of vulnerable people.

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 World Bank will set up a free-standing, multi-donor trust fund (MDTF) to which donor grant financing will be pooled to co-finance the WB IDA grant using IPF instrument. The timing and use of funds from donors will be governed by Administrative Agreements between the Bank and the donors. The WB will manage the program (IDA+TFs) through its operational policies, procedures, and safeguards.

The project builds on the success of the IDA financed operations in partnership with technical UN organizations in South Sudan, where the capacity of local service providers in the health sector poses significant risks. Risks will be mitigated by keeping the design simple. The security challenge and frequent mobility of the population heavily fleeing conflict-affected areas may compromise the ability of implementing partners. This will be mitigated by the strong field presence of the implementing agencies.

The project seeks to build the Ministry of Heath's (MoH) institutional capacity to pave the way for the future World Bank financed projects in South Sudan to transition towards a fully government-led implementation modality where the MoH's role in service delivery will be to contract and manage service providers. Capacity constraints of the government to effectively manage and implement operations in those key areas including environmental and social risks management have sought the rationale for the inclusion of institutional capacity development at the MoH (component 3) to support a gradual transition towards government-led project management modality through customized capacity building activities in the core areas of effective project management.

A Project Management Unit (PMU) will be established at the Ministry of Health to manage health service contracting and the day-to-day engagement with the government, management organization, and donors. This PMU will also include qualified and capacitated staff (including a functional environmental and social risk management organizational structure throughout Project implementation with qualified staff (one Environmental Risk Management Specialist, one

Social Risk Management Specialist, and one GBV specialist with expertise of gender), and focal points at the local level and resources to support management of ESHS risks and impacts of the Project. PMU will submit quarterly Interim Financial and progress reports as per the WB templates.

MoH will contract Management Organizations (MO) (UNICEF and WHO) which will sub-contract NGOs to deliver the identified package of health services. UNICEF and WHO shall maintain existing management structure and implementation arrangement (under South Sudan COVID-19 Emergency Response and Health Systems Preparedness Project and its Additional Financing) for ESHS implementation of HSTP in compliance with the ESCP, and other ESF instruments to be adopted under the Project. The management organizations will provide robust, day-to-day supervision of the NGOs and will be in place to maintain service delivery if conflict resumes/intensifies in the country. The sub-contracted NGOs will deliver the identified package of health services nationwide as per the required standards. The PMU and MO will submit to the WB quarterly progress reports as per the required WB templates which will cover areas such as technical and operational progress, FM, procurement, social and environmental risk management, visibility and communication, and monitoring and evaluation on IP performance and corrective actions. Regarding flow of fund, the funds for the project interventions and procurement of supplies will flow directly from the Bank to UNICEF, WHO, and the TPM agency while the fund required for PMU salaries and operating expenses will flow from the Bank to the project designated account managed by the government.

The MoH/PMU will also contract a Third-Party Monitoring Agency which will monitor health service delivery, functionality and health outcomes through conducting community satisfaction surveys, household, and health facility surveys; and prepare analysis, presentations, and bulletins presenting monitoring results and findings, including E&S risk management.

Experience from the parent and its AFs and previous project (P176480, and P178102, P168926) has shown the capacity of the implementing agencies (i.e., UNICEF, WHO, and ICRC)/MO to assess, manage and monitor environmental and social risk with their respective structures. However, with the introduction of the MoH as direct implementing entity, its limited prior experiences of managing the environmental and social risks would be concerning to effectively addressing the complex social issues, pervasive GBV incidents, substantial environmental risks and potential grievances from project affected persons and other stakeholders. The project will develop and implement a capacity development program in environmental and social risk management as part of the component-3 activities. The capacity building requirements and timeline will be captured in the project ESCP and detailed in the Environmental and Social Management Framework.

A High-level Steering committee (HSC) will be established to provide strategic direction and guidance on the sectoral challenges and future steps on service delivery and health financing. The HSC will meet on a bi-annual basis and will consist of MOH, MOF, Donors, State level health ministers, MO Senior management, and WB. Further, an operational steering committee (OSC) will be established to provide guidance on the management and oversight of health service delivery and achieved results of the project. The OSC will meet on a quarterly basis and will include MOH, PMU, MO, Donors, and WB.

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

A. Environmental and Social Risk Classification (ESRC) High

A.1 Environmental Risk Rating Substantial

[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 environmental risk rating is substantial at appraisal stage considering the FCV environment; the client's limited capacity to comply with the ESF requirements; & the potential EHS risks associated with components 1, 2 & 3. There are also potential occupational & community health and safety (OCHS) issues across all components. Under Comp.1, the procurement & distribution of essential drugs & medical supplies could result in waste generation (including medical waste, effluents, & plastics) if not managed properly, leading to environmental contamination through open dumping/incineration, which, in turn, result in water, soil and air pollution. The increased outreach & use of mobile health services could also lead to higher fuel consumption and vehicle emissions, contributing to air pollution as well as road and traffic safety risks. Also, to improve access to remote communities, existing health facilities (HFs) or infrastructure might be rehabilitated, which could cause deforestation; and pollution due to generation of noise, dusts, solid & liquid wastes, and associated disposal issues & environmental contamination. The rise in health services delivery may also lead to a higher amount of medical waste, necessitating proper handling and disposal to avoid/minimize/mitigate environmental contamination, and OCHS risks. There are also potential inefficient uses of natural resources, fire & other hazards linked with HFs rehabilitation – natural/man-made, environmental liabilities (such as asbestos), & e-waste issues with ICT if they are not properly managed during the construction & operations phases. Comp. 2 will focus on strengthening South Sudan's health system to facilitate health service access and capacity improvements, including development/updating of policies, strategies, standards and guidelines which may have direct/indirect EHS risks to people and the environment (related with resource efficiency and pollution prevention and management, etc.). It will also support laboratory strengthening, disease control, and procurement & use ICT equipment which could require hazardous and non-hazardous waste management. Further, the use of certain chemicals & biological agents for disease control and prevention during emergency preparations could pose EHS risks if not managed and disposed of properly. Whereas, under Comp 3, developing & maintaining a common monitoring mechanism and databases may require significant energy and data storage resources, contributing to higher carbon footprints and e-waste generation and associated soil, water and air pollution. Further, the need for rapid infrastructure construction and the distribution of relief supplies during emergency response efforts of CERC (Comp. 4) may entail resource-intensive activities that have environmental consequences. Additionally, emergency response operations may generate substantial amounts of waste, including medical waste, damaged infrastructure debris, and relief materials, necessitating appropriate waste management strategies to mitigate EHS risks. There are also potential OCHS risks associated with all components of the project. The Ministry of Health's (MoH), as the direct implementing entity, has limited prior capacity to comply with the ESF requirements in line with the nationwide scope of the project implementation. Also, the legal & institutional arrangements to supervise and enforce EHS compliance with GoSS safeguards policies/legal frameworks and the WB ESF requirements are also weak due to low capacity of the Ministry of Environment. The EHS risk management capacity gap will be addressed through contracting a TPMA, & UNICEF and WHO which will sub-contract local and international NGOs to support the coordination and delivery of health services. The overall required E&S risk assessment and management including client's capacity building will be addressed in detail during the preparation of ESMF & other instruments which are conditions of effectiveness.

A.2 Social Risk Rating High

[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]

Despite the promising social impacts aiming to improve health outcomes for the general population, with a particular focus on women and children, the project social risks are classified as high. The project could face multiple of potential social risks as it will be implemented nationwide where prevalence of poverty, drought, security challenges, and many more complex social issues under the FCV context of South Sudan are severe. It has been acknowledged that investments and support to service providers, not only in health but in other sectors as well, increases the risks of service providers becoming targets of attacks, pillaging and acts of violence by armed groups. Cases of health facilities and hospitals being raided have been documented in South Sudan and experienced during implementation of the parent and previous health projects. These include risks resulting from (i) inter/intra-communal tensions, including between refugees and host communities, over implementation issues, (ii) assets and staff becoming targets of violent groups, and (iii) GBV or SEA/SH risks that are prevalent and heightened in the conflict-affected areas. More specifically, Component 1: Nationwide Provision of Essential Health Services include activities which may have a potential for causing newly or exacerbating existing inequalities or social exclusions in health service access, especially for vulnerable and conflict-affected communities. Challenges may also arise in maintaining service quality due to limited human resources and infrastructure in certain areas which may also create or exacerbate conflicting situations. Activities under Component 2 focusing on Strengthening Health Emergencies Preparedness include the potential for the project to divert resources away from other essential health services, and thus the project may also face difficulties in responding timely and providing effective emergency response in resource-limited areas and in ensuring the sustainability of the capacity building activities, particularly in areas with limited human resources and infrastructure. The project's TA activities have a very limited potential social risks associated with labor, labor conditions, safety and security of project workers, exclusion of beneficiaries during targeting and delivery of capacity development trainings, compromising the service delivery quality, and challenges of ensuring the quality and reliability of the data generated, particularly in areas with limited human resources and infrastructure. There might be potential risks related to land acquisition due to the facility rehabilitation efforts and, if CERC would be activated, emergency response needs for constructing temporary health facilities and rapid infrastructures. To effectively assess, manage and monitor the potential environmental and social risks and impacts, the proposed project will develop proportional ESF instruments including Environmental and Social Commitment Plan (ESCP); Stakeholder Engagement Plan (SEP); Environmental and Social Management Framework (including Social Assessment with Social Development Plan, Labor Management Procedures, and GBV/SEA/SH Risk Assessment and Action Plan; and Security Risk Assessment and Management Plan). As the project is being processed under the WB Policy for IPF, paragraph 12, the ESCP and SEP will be prepared prior to appraisal while others will be prepared later, as conditions of effectiveness.

[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 proposed project is expected to generate a lot of beneficial impacts which contribute to the achievement of the national health development goals (through supporting the Government of South Sudan to deliver basic health service nationwide, development of Government capacity for service delivery, and project monitoring and management) and several Sustainable Development Goals (SDGs), including SDG 3: Good Health and Well-being, SDG 5: Gender Equality, and SDG 17: Partnerships for the Goals. These benefits will specifically emanate from the project's components including (i) improved access to essential health services (component 1) for vulnerable and remote communities, encompassing maternal and child health services, mental health and psycho-social support services and aid for victims of GBV; and solar electrification of health facilities in complement to those financed by the South Sudan Energy Sector Access and Institutional Strengthening Project; (ii) strengthen logistics arrangements to maintain service delivery during floods and other climatic shocks; improved capacity to prepare for, prevent, detect, and respond to public health emergencies; (iii) enhanced health security and reduced disease outbreak risks through strengthening health emergency preparedness and response (Component 2); and provide resources to mitigate, respond and recover from the potential harmful consequences arising from the emergency situation (Component 4). By so doing, the project will also contribute to the overall resilience of the health system in South Sudan. Despite the above benefits, there are also potential environmental and social risks and impacts associated with the project's implementation. In relation to this, the potential environmental and social risks are mainly associated with the FCV context of the country resulting from (i) intra-communal tensions over implementation issues, and (ii) assets and staff becoming targets of violent groups. Violence (political, criminal, ethnic, etc.) and GBV are two areas of concern because of escalating social risks. There are also potential social risks related with labor including forced and child labor, labor and working conditions, equity issues as well as elite capture, ethnicity of project staff, exclusion of nomadic pastoralists, and grievances from people related to beneficiaries, especially pertaining to medical procedures going wrong and challenges on referral to secondary treatment and limited land acquisition related social risks. Potential adverse EHS impacts related to ESS1 are expected to be limited, site-specific, and reversible. These impacts are expected to fall within one or more of the following categories: (i) provision, transport, storage, use and disposal of medicines and vaccines; (ii) medical waste management; (iii) worker health and safety; (iv) community health and safety; (v) rehabilitation/construction of health facilities which will only occur within the existing footprint of the facilities; and (vi) higher carbon footprints and e-waste generation. There will be also development/updating of policies, strategies, standards and guidelines may have direct/indirect EHS risks and impacts to people and the environment; thus, the ToRs for these policies & strategies and capacity building activities will integrate the objectives of relevant ESSs to ensure that activities and outputs are consistent with the WB ESF and the WB Advisory Note on TA throughout the project period. Further, the introduction of the Ministry of Health, as the implementing entity with limited prior environmental and social risk management capacity, is a major issue in effectively implementing, monitoring and reporting the project's ESF instruments. The environmental and social risk management capacity gap will be addressed through contracting a Third-Party Monitoring Agency, and Management Organizations (UNICEF and WHO) which will sub-contract local and international NGOs to support the coordination and delivery of health services. The overall required environmental and social risk assessment and management including client's ESHS capacity building (will be addressed in detail in the project's ESF instruments to be prepared, consulted on and disclosed before project effectiveness date except Environmental and Social Commitment Plan (ESCP) and Stakeholder Engagement Plan (SEP) which will be disclosed before appraisal. As the project is being processed as per Bank IPF Policy, para. 12, other ESF instruments, including Environmental and Social Management Framework (ESMF) (including, as annexes, Labor Management Procedures (LMP), Social Assessment (SA) including Social Development Plan (SDP), Medical Waste Management Plan (MWMP), waste management including e-wastes, GBV/SEA/SH Action Plan); Resettlement Framework (RF); and Security Risk

Assessment and Management Plan (SRAMP) will be prepared, consulted on and disclosed before Project effectiveness. Besides the above stated annexes, the ESMF will cover E&S social baseline of the project; review of relevant policy, institutional and regulatory frameworks; overall project-wide environmental and social risks assessment in line with applicable ESSs; generic environmental and social risks and impacts and mitigation measures, including procuring building/rehabilitation materials from licensed suppliers; Generic Medical Waste Management Plan, Generic Waste Management Plan, including e-wastes; ESMF implementation process; project coordination and implementation arrangements; monitoring and reporting system; capacity building and training; community health and safety training/awareness plan; project grievance redress mechanism; exclusion list of activities/subprojects having significant land acquisition, and adverse impacts on critical and natural habitats and cultural heritage; E&S screening process; ToRs for the preparation of site-specific instruments (such as ESIAs/ESMPs); chance finds procedures for cultural heritage; procedures for managing contractor; and WB EHS Guidelines for Healthcare Facilities, among others. Also, the client shall require civil work contractors (for rehabilitation/construction of health facilities within the existing footprint of the facilities) to develop and submit C-ESMPs (including waste management plan, resource efficiency use, OHS Plan, Emergency Preparedness and Response Plan, Code of Conduct, etc.) as per the ESMF and site specific ESMPs/ESIAs, and enforce their implementation accordingly.

ESS10 - Stakeholder Engagement and Information Disclosure Relevant

[Explanation - Max. character limit 10,000]

Stakeholder engagement and information disclosure shall be at the heart of the Program and are envisaged as a continuous, ongoing process throughout its lifecycle. This approach will ensure participation, inclusiveness and transparency. Stakeholder engagement is essential in this project due to the contextual risks resulting from political and communal violence where it is important that project activities can be updated in real time to changing conditions. At the same time, this context does not allow for more traditional, stable stakeholder engagement structures but needs to be more pro-active and adjustable. To address cultural differences in language or accessibility, literacy, gender, disability, and mobility in accordance with the requirements of ESS10, the Project will ensure targeted activities that promotes meaningful consultations with stakeholders from diverse cultural backgrounds, using locally understandable languages or providing language interpretation services, developing multilingual and accessible information materials. The project stakeholders include direct project affected communities/persons such as the general population of South Sudan, particularly women of reproductive age and children under five, who will continue to benefit from the sustained delivery of essential health services under the project, implementing agencies such as Government institutions, development partners, humanitarian stakeholders, and other interested parties. Details of the stakeholder engagement activities will be outlined in the Stakeholder Engagement Plan (SEP) which is being prepared by the implementing agencies and will be disclosed prior to appraisal. The project will proactively engage with stakeholders based upon meaningful consultation and disclosure of appropriate information, considering the contextual challenges associated with security and prevalence of disease outbreaks. In instances where more health-related vulnerable groups are likely in attendance, such as the elderly and those with compromised immune systems or related pre-existing conditions, stakeholder engagement shall minimize close contact. Meanwhile, the project will also ensure inclusion of overall vulnerable groups as outlined under ESS1. People affected by Project activities shall be provided with accessible and inclusive means to raise concerns and grievances. The SEP includes GRM which have been operational for a long time, sensitive to GBV/SEA/SH as well as accessible for underserved communities and other vulnerable people.

ESS2 - Labor and Working Conditions Relevant

[Explanation - Max. character limit 10,000]

ESS2 is above all relevant in terms of occupational health and safety of health system workers as well as regarding the overall security of workers. The project encompasses direct project workers under PMU (hosted at the MOH), UNICEF, WHO, contracted Local/international NGOs, as well as incentivized civil servants (MOH workers), but no community workers are envisaged as the planned civil works will mainly focus on rehabilitation of existing health facilities. OHS provisions with a focus on infectious diseases in health facilities are to be implemented for all workers. This includes the provision of PPE, adequate health waste management, etc. Based on health sector projects being implemented in South Sudan, OHS incidents relate foremost to impact of contextual security issues (see ESS4). Labor Management Procedures will be incorporated as part of the ESMF which will be finalized and disclosed before the project effectiveness date. More differentiated are provisions related to security, also dependent on the familiarity and integration of workers into local areas, ranging from international to national to local personnel. Provisions will be included in the Project's security management plan which outlines provisions for workers as well as requirements for the different organizations, including support and referral structures in case of incidents, insurance, etc. A worker-specific grievance redress system allows the different workers to raise their concerns. The LMP will include OHS measures to address: (a) identification of potential hazards to project workers; (b) provision of preventive and protective measures, including elimination of hazardous conditions or substances; (c) training of project workers and maintenance of training records; (d) documentation and reporting of occupational accidents, diseases and incidents; (e) emergency prevention and preparedness and response arrangements to emergency situations; and (f) remedies for adverse impacts such as occupational injuries, disability and disease. Contractors will be required to prepare and implement Occupational Health & Safety Plans (OHSP) following the World Bank Group General Environment, Health and Safety (EHS) Guidelines, adopt a code of conduct for all workers and establish a worker-specific GRM (accessible for direct and contracted workers) before commencement of the civil works/rehabilitation of health facilities. Bidding documents for works shall include budget provisions for all OHS provisions as well as other costs associated with labor management (e.g., the operation of a grievance redress mechanism). The Client will regularly monitor the contractor’s performance in implementing OHS measures. The client’s quarterly report should include a section on performance of the OHS implementation.

ESS3 - Resource Efficiency and Pollution Prevention and Management Relevant

[Explanation - Max. character limit 10,000]

ESS3 is relevant as there are potential resource efficiency and pollution management issues throughout the rehabilitation/construction and operations of the health facilities/infrastructures. There will be increased generation of medical wastes and chemical wastes from health facilities to be supported across the country; and these wastes can have substantial risks and impacts on the environment and/or human health. Pollution prevention and management will be an important activity under the Project. Medical waste, including chemicals, contaminated PPE and equipment, and lab testing kits from health facilities will need to be safely stored, transported, and disposed of. Wastes generated from health facilities could include contaminated waste (e.g. blood, other body fluids and contaminated fluids) and infected materials (used water; lab solutions and reagents, syringes, bed sheets, the majority of waste from labs and isolation centers, etc.) require special handling and awareness, as they may pose an infectious risk to healthcare workers in contact with the waste. Proper sustainable management of medical and hazardous waste is constrained by

the limited access to appropriate infrastructure, facilities and specialized companies for collection and treatment which operate in the country. Each site will have a simple site-specific Medical Waste Management Plan (MWMP) (or updated MWMP) which considers the specific features of each facility and the available waste management services and systems. Further, there are potential risks and impacts specifically associated with rehabilitation of health facilities which include pollution due to generation of noise, dusts, solid and liquid wastes, and associated disposal issues (which could result in air, soil, and water pollution), and/or inefficient use of natural resources including energy, water, and other resources. There are also potential fire hazards & other hazards linked with health facility rehabilitation – natural/man-made, environmental liabilities (such as asbestos), and e-waste issues with ICT if they are not properly managed during the construction and operations phases. Also, contractor camps and other site facilities will generate solid wastes and some quantities of effluents which may result in air, soil, and water pollution. Other potential causes of air, soil and water contamination include accidental leakage or spillage of fuels, oils, and other chemicals, and waste effluents released from rehabilitation/construction sites (which are also potential issues during operation phase, along with inefficient use of natural resources such as water and energy). Health facilities demand for water and energy will increase during the operation phase which requires natural resource use efficiency. Required ESF instruments, including ESMF, will be prepared addressing all the above issues with proportionate mitigation measures including, among others, MWMP, Waste Management Plan including e-wastes, and procuring building materials from licensed suppliers. All these will also be detailed in site specific instruments (such as ESIAs/ESMPs) for subprojects during implementation phase. The preparation of the ESMF will benefit from the WB EHS Guidelines for Healthcare Facilities and other GIIP, GoSS environmental policies and legal frameworks, and lessons learnt from the ESMFs prepared from prior health projects being implemented in South Sudan.

ESS4 - Community Health and Safety Relevant

[Explanation - Max. character limit 10,000]

This standard is considered relevant. Key Community Health and Safety issues relate to (i) waste including both medical and rehabilitation/construction, (ii) infectious diseases, (iii) SEA/SH or GBV, and (iv) security of beneficiaries. Effective waste management for health facilities and related rehabilitation/construction of health facilities will be relevant to address community health and safety risks and impacts. Pervasive incidence of GBV in South Sudan is a significant contextual challenge. In combination with project-related activities, sexual exploitation and abuse and sexual harassment (SEA/SH) or GBV is a risk during the provision of benefits. The project will adopt a robust approach to address potential GBV risks; including site-specific assessments of the availability of referral systems and its establishment if insufficient. Relevant mitigation measures to address these risks (e.g., integrating Codes of Conduct with SEA/SH or other forms of GBV-related protections into community consultations and mapping activities to identify service providers, and establishment of functional GRM with procedures and channels to enable safe, confidential, and ethical reporting of GBV incidents) will be articulated in the ESMF to be prepared and disclosed before the project effectiveness date. The ESMF will also include capacity building and training of relevant stakeholders with a focus on primary health facilities; and risks will be monitored throughout project implementation through regular re-assessment with the risk screening tool, particularly as new subproject locations are determined. A GBV Action Plan will be prepared as part of the ESMF and its implementation is a requirement in the ESCP. The third aspect under ESS4 is the issue of security in the FCV context of South Sudan. The project does not envision the hiring of project-specific security beyond unarmed guards. Though overall security is the responsibility of the Government of South Sudan, it is important that the Project establishes transparent and inclusive engagement systems with local communities as outlined above and, in case of the requirement of increased presence of security personnel, a clear

system of command and conduct to ensure protection of the local communities. In order to manage potential risks related to engagement of security personnel in the project sites, the respective requirements under ESS4 on Security Personnel will be incorporated in the ESCP. Being the high contextual risk that threatens public health facilities and thus also beneficiaries, security issues will be assessed in detail and specific provisions will also be included in the security management plan to be developed as part of the ESMF. In general security measures focus strongly on stakeholder engagement and close coordination with local institutions and provisions on engagement with weapon bearers. This allows timely reaction including the temporary closure and evacuation of facilities if necessary. It must be noted that a significant residual risk usually remains for communities and project. Overall, to address the above potential community health and safety risks and impacts, the project will prepare ESRM instruments referred under ESS1. Based on a SEA/SH risk assessment, the implementing entities will produce SEA/SH action plan before project effectiveness to ensure that any risks emerging from project interventions, especially in the context of labor use, are adequately addressed. Also, the project shall undertake Security Risk Assessment and prepare a Security Management Plan (SMP), which comprises proportionate mitigation measures to address potential security challenges.

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

[Explanation - Max. character limit 10,000]

This standard is relevant. There might be potential risks related to land acquisition, restriction of access to land resources due to rehabilitation/construction of existing/new health facilities or infrastructure that will be implemented potentially within existing footprints/premises of the project implementing entities. If CERC would be activated, emergency response may also need constructing of temporary health facilities and rapid infrastructures within the existing premises. Therefore, there will be limited impacts related to land acquisition, restriction of access, and involuntary resettlement. In this connection, Resettlement Framework (RF) shall be prepared in accordance with the requirements of ESS5, disclosed, consulted upon, and adopted prior to effectiveness of the project. Any RAP shall be developed and fully implemented before initiation of any physical work. The Resettlement Framework (RF) will provide guidance on the process for preparing, reviewing, approving, and implementing subsequent Resettlement Plans (RPs) where necessary and prior to the commencement of any civil works. The RF to be developed will be streamlined and focus on screening out significant land acquisition, establishing a clear entitlement matrix, and include streamlined RP template and preparation process. Site specific land acquisition plans or RPs shall be prepared where subprojects may involve land acquisition and/or temporary restriction on land use or access which can have an adverse impact on communities or persons.

ESS6 - Biodiversity Conservation and Sustainable Management of Living Natural Resources Relevant

[Explanation - Max. character limit 10,000]

Rehabilitation/construction of existing/new health facilities or infrastructure will be implemented potentially within existing footprints/premises of the project implementing entities. This implies that the potential risks and impacts on biodiversity and natural resources are mainly associated with extraction of construction raw materials from natural and/or critical habitats. There are also potential contamination of land/soil and water and associated fauna and flora due to medical wastes (both solid and liquid) and hazardous wastes generated mainly from rehabilitation/ construction sites, and use of ICT infrastructure, including data storage facilities, and related e-wastes. Thus, to manage these risks and impacts, the ESMF will include E&S screening criteria for excluding subprojects having adverse

impacts on critical and natural habitats; procuring building/rehabilitation materials from licensed suppliers; and generic management plan for hazardous wastes, including medical wastes and e-wastes, and will be detailed in site specific ESIAs/ESMPs. Also, the implementing entities shall require civil works contractors to develop C-ESMPs (comprising waste management including e-waste) satisfactory to the GoSS and the WB as per the ESMF and site specific ESMPs/ESIAs and enforce their implementation accordingly.

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

[Explanation - Max. character limit 10,000]

ESS7 applies to all beneficiaries of the project area as assessed earlier by the Bank in line with the application of OP 4.10. As such, a social assessment will be conducted applying to all beneficiaries and measures to mitigate or manage risks and impacts on those people/community who meet the criteria of ESS7 as well as other disadvantaged or vulnerable groups will be outlined in the Social Development Plan as part of the ESMF prior to project effectiveness. This includes the establishment of accessible and inclusive GRM, which is outlined under ESS10. The project implementers will address issues of cultural diversity, language and cultural barriers, literacy, exclusion based on ethnicity, gender and disability, and elite capture in accordance with the requirements of ESS7, through streamlined measures to mitigating discrimination, identifying cultural differences, ensuring inclusion of persons with disabilities, documenting relationships within indigenous communities, implementing non-discrimination policies, facilitating meaningful consultation and participation of vulnerable stakeholders in culturally appropriate manner. Many health facilities have been mapped to enable the selection of NGO partners. The selection process will consider ethnic considerations. The Expressions of Interest (EOI) stipulate that each NGO partner has to: (1) show understanding of local context and conflict sensitivity risks which differ from County to County and within different groups and demonstrated ability to translate contextual understanding into effective interventions, including community engagement; and (2) outline access constraints and security considerations and how the NGO will manage these, whilst integrating conflict sensitivity into the proposed interventions. The poor and underserved will remain central to the project in prioritization, with the restoration of services in the areas most affected the conflict and consequently least provided for, and monitoring will assess the coverage and inclusiveness of the health service provision and thus provide information that will constitute a basis for corrective actions, if necessary. The project will enable adequate outreach to local communities in adequate and culturally sensitive ways, ensuring avoidance of discrimination in the provision of benefits which will be provided culturally appropriate and adapted to the respective needs and structures of the vulnerable groups involved.

ESS8 - Cultural Heritage Relevant

[Explanation - Max. character limit 10,000]

The construction/rehabilitation of existing/new health facilities or infrastructure within existing footprints/premises of the project implementing entities is expected to have low adverse impacts on tangible and non-tangible cultural heritage. Also, any new construction or rehabilitation would follow the ESMF's screening procedures to manage adverse impacts (if any) to ESS8. Further, the ESMF will incorporate chance finds procedure to address potential adverse impacts on cultural heritage consistent with the ESS8 requirement.

ESS9 - Financial Intermediaries Not Currently Relevant

[Explanation - Max. character limit 10,000]

This ESS is not relevant to the project.

B.2 Legal Operational Policies that Apply

OP 7.50 Operations on International Waterways No

OP 7.60 Operations in Disputed Areas Yes

B.3 Other Salient Features

Use of Borrower Framework No

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

Borrower framework will not be used in whole or in part.

Use of Common Approach No

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

FCDO, EU, Canada, USAID, Sweden, GABI, Global Fund.

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 project's overall environmental and social risk classification is rated high with substantial environmental risk, and high social and SEA/SH risks. Nine of the ten ESSs (except ESS9) of the WB ESF are relevant to the proposed project. Description of the ESHS risks and impacts related to the project and the proportionate mitigation measures is summarized as follows.

Environmental risks: The nationwide provision of essential health services of Component 1 poses several environmental, health and safety risks. The procurement and distribution of essential drugs and medical supplies could result in waste generation if not managed properly, leading to environmental contamination. The increased outreach and use of mobile health services may also lead to higher fuel consumption and vehicle emissions, contributing to air pollution. Additionally, to improve access to remote communities, existing/new facilities or infrastructure might be rehabilitated/constructed, which could cause deforestation of natural and/or critical habitats. The rise in health services delivery may also lead to a higher amount of medical waste, necessitating proper handling and disposal to avoid environmental hazards. Comp. 2 will focus on strengthening South Sudan's health system to facilitate health service access and capacity improvements, including development/updating of policies, strategies, standards and guidelines which may have direct/indirect EHS risks

to people and the environment (related with resource efficiency and pollution prevention and management, etc.). It will also support laboratory strengthening, disease control, and procurement & use ICT equipment which could require hazardous and non-hazardous waste management. Moreover, the use of certain chemicals and biological agents for disease control and prevention during emergency preparations could pose environmental hazards if not managed and disposed of properly. Whereas, under Component 4, developing and maintaining a common monitoring mechanism and databases may require significant energy and data storage resources, contributing to higher carbon footprints and e-waste generation. Finally, the need for rapid infrastructure construction and the distribution of relief supplies during emergency response efforts of CERC may entail resource-intensive activities that have environmental consequences. Additionally, emergency response operations may generate substantial amounts of waste, including medical waste, damaged infrastructure debris, and relief materials, necessitating appropriate waste management strategies to mitigate environmental harm. There are also potential OHS and community health & safety risks associated with all components of the project.

Social Risks: Despite the promising social impacts aiming to improve health outcomes for the general population, with a particular focus on women and children, the project social risks are classified as high. The project could face multiple of potential social risks as it will be implemented nationwide where prevalence of poverty, drought, security challenges, and many more complex social issues under the FCV context of South Sudan are severe. It has been acknowledged that investments and support to service providers, not only in health but in other sectors as well, increases the risks of service providers becoming targets of attacks, pillaging and acts of violence by armed groups. Cases of health facilities and hospitals being raided have been documented in South Sudan and experienced during implementation of the parent and previous health projects. These include risks resulting from (i) inter/intra-communal tensions, including between refugees and host communities, over implementation issues, (ii) assets and staff becoming targets of violent groups, and (iii) GBV and SEA/SH risks that are prevalent and heightened in the conflict-affected areas. The SEA/SH risk of the project is considered High. Pervasive incidences of GBV in South Sudan are a significant contextual challenge. Evidence reveals that the context of pervasive insecurity in the country has heightened the risks associated with GBV and SEA/SH.

More specifically, Component 1: Nationwide Provision of Essential Health Services include activities which may have a potential for causing newly or exacerbating existing inequalities or social exclusions in health service access, especially for vulnerable and conflict-affected communities. Challenges may also arise in maintaining service quality due to limited human resources and infrastructure in certain areas which may also create or exacerbate conflicting situations. Activities under Component 2 focusing on Strengthening Health Emergencies Preparedness include the potential for the project to divert resources away from other essential health services, and thus the project may also face difficulties in responding timely and providing effective emergency response in resource-limited areas and in ensuring the sustainability of the capacity building activities, particularly in areas with limited human resources and infrastructure.

The project's TA activities have a very limited potential social risks associated with labor, labor conditions, safety and security of project workers, exclusion of beneficiaries during targeting and delivery of capacity development trainings, compromising the service delivery quality, and challenges of ensuring the quality and reliability of the data generated, particularly in areas with limited human resources and infrastructure. There might be potential risks related to land acquisition due to the facility rehabilitation efforts and, if CERC would be activated, emergency response needs for constructing temporary health facilities and rapid infrastructures.

Experience from the parent and its AFs and previous project (P176480, and P178102, P168926) has shown the capacity of the implementing agencies (i.e., UNICEF, WHO, and ICRC) to assess, manage and monitor environmental and social risk with their respective structures. However, with the introduction of the MOH as direct implementing entity, its limited prior experiences of managing the environmental and social risks would be concerning to effectively addressing the complex social issues, pervasive GBV incidents, substantial environmental risks and potential grievances from project affected persons and other stakeholders.

Risk Management E&S instruments: To effectively assess, manage and monitor the potential environmental and social risks and impacts, the project will develop proportional ESF instruments including Environmental and Social Commitment Plan (ESCP); Stakeholder Engagement Plan (SEP); Environmental and Social Management Framework (including Labor Management Procedures, and GBV/SEA/SH Risk Assessment and Action Plan, General Medical Waste Management Plan, Waste Management Plan including e-wastes and Social Assessment (SA) with Social Development Plan (SDP)); Resettlement Framework; and Security Risk Assessment and Management Plan before the project effectiveness date as the project is being processed under the WB Policy for IPF, paragraph 12. The ESCP and SEP are being prepared and will be disclosed prior to appraisal.

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]

I. Instruments to be prepared and disclosed prior to appraisal:

1. Environmental and Social Commitment Plan
2. Stakeholder Engagement Plan

II. Instruments to be prepared and disclosed prior to disubsment

1. ESMF (including, as annexes, Labor Management Procedures (LMP), GBV/SEA/SH Prevention and Response Action Plan, Social Assessment (SA) including Social Development Plan (SDP), Generic Medical Waste Plan, Generic Waste Management Plan including e-wastes, and capacity assessment and action plan)
2. Resettlement Framework (RF)
3. Security Risk Assessment and Management Plan (SRA/MP)

III. Instruments required during implementation:

1. Environmental and Social Impact Assessment (ESIAs)/Environmental and Social Management Plans (ESMPs)
2. Resettlement Action Plan
3. Construction-ESIAs/ESMPs for construction/refurbishment of health facilities/infrastructures

III. CONTACT POINT

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