



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

Date Prepared/Updated: 05/26/2023 | Report No: ESRSAFA556



BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Zimbabwe	EASTERN AND SOUTHERN AFRICA		
Project ID	Project Name		
P180160	Zimbabwe COVID-19 Response and Essential Health Services Additional Financing		
Parent Project ID (if any)	Parent Project Name		
P176141	Zimbabwe COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	5/22/2023	6/29/2023

Proposed Development Objective

To support the Government of Zimbabwe to deploy and manage COVID-19 vaccines and strengthen related health system capacity for pandemic preparedness and deliver essential health services, particularly RMNCAH

Financing (in USD Million)	Amount
Current Financing	6.58
Proposed Additional Financing	0.00
Total Proposed Financing	6.58

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 US\$6.575 million project, co-financed by the Health Emergency Preparedness and Response Trust Fund (US\$5million) and Energy Sector Management Assistance Program Trust Fund (\$1.575 million) will support



Zimbabwe's COVID response, through the following components: Vaccine Deployment and Related Risk Communication and Community Engagement; Climate Friendly Related Health System Strengthening; and Overall Response Coordination, Project Management and Monitoring and Evaluation. It will be implemented over 18 months.

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 proposed AF will finance unfunded interventions in the National Health Strategy and Health Sector Investment Case for 2021-2025 that contribute toward ensuring access to essential services. These activities will complement ongoing and planned efforts by the Government, the private sector, development partners, and World Bank-financed activities under the parent project. The AF will include a new component called Sustaining Essential Health Services financed by the US\$15 million EHS Grant from the GFF. This will increase the total project amount to US\$21.575 million. The new component will include five subcomponents that will support the implementation of key priorities: (a) Integrated Outreach Service Delivery Model, (b) Community Health Services including Disease Surveillance, (c) Commodity Security, (d) Revitalization of Maternity Waiting Homes, (e) Health System Digitalization and Related Innovations. It is envisaged that the project activities will be implemented in the same geographical location as the parent project, in both urban and rural areas, and in the existing health facilities, using existing cold storage chains and improved healthcare waste management as outlined in the parent project ESMF. In addition to the ESMF, the parent project prepared the SEP and ESCP, and implementation of E&S activities remains on track. The current E&S performance of the parent project has been assessed as satisfactory. However, there have been some delays in the implementation of Component 1 (Vaccine Deployment and Related Risk Communication and Community Engagement), which represents the majority of project activities and funding and resulted in the project’s progress towards achieving the PDO downgraded to Moderately Satisfactory.

D. 2. Borrower’s Institutional Capacity

Given that the Government of Zimbabwe is still in arrears and unable to function as the fund holder for the WB funds, CORDAID will continue to serve as the Project Implementing Entity (PIE) under this AF. CORDAID is already the PIE for the parent project and the Health Sector Development Project (HSDSP) (which include a COVID-19 emergency response) financed by the WB-GFF. CORDAID has gained experience and capacity to carry out the necessary environmental and social due diligence associated with ESF requirements aligned to the COVID-19 context through implementing the parent project. The PIE has designated environment and social specialists responsible for E&S risk management and preparing and overseeing the implementation of all the E&S instruments. The current E&S performance of the parent project has been assessed as satisfactory. Against this background, hiring additional E&S staff under this AF is optional. However, the safeguards capacity of the PIE will continue to be assessed during project implementation, and if deemed necessary, additional E&S staff will be hired. The PIE E&S specialists will continue to ensure coordination with the Ministry of Health and Child Care (MOHCC) staff on environmental and social risk management during the project implementation, including the preparation, review, and implementation of the E&S instruments such as the ESMF, grievance redress mechanism, stakeholder engagement plan, and supervision of waste management practices and OHS issues related to COVID-19 risks.

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

A. Environmental and Social Risk Classification (ESRC)

Substantial

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Environmental Risk Rating

Substantial

The additional financing will bring positive environmental impacts by reducing EHS risks that are prominent when using old and dilapidated facilities and equipment and reduce waste paper through digitization of health system. However, negative environmental risks and impacts are still anticipated. Immunization, family planning commodities and commodities for Village Health workers pose risks if an appropriate system for collection, transportation, storage and handling/ use and disposal of medical wastes are not established and functional. Proper operational systems for immunization, community health care and medical and hazardous waste handling, storage, transportation and disposal procedures are in place, established in the implementation of the parent project. Procurement and use of electric equipment and systems will be supported through digitization of health records equipment, solar refrigeration and solar powered tricycles. E-waste will be generated hence posing risk at handling, storage, transportation and disposal. Improved mobility by purchasing of vans, tricycles and motorcycles have potential risk of road traffic incidents/accidents to road users and community. The risks emanate from fueling, lack and poor maintenance of fleet, improper observance of traffic rules, risks from other road users etc. The project will refurbish maternity waiting homes through minor works hence construction related risks such as EHS and OHS, dust and noise pollution, waste generation, water contamination, exposure to infections and diseases, exposure to hazardous materials / waste, exposure to radiation, exposure to contaminated materials with asbestos, fire safety are anticipated. Other potential EHS impacts/risks at HCFs include air emissions from incineration, potable water supply, and waste water discharge/disposal, and non-infectious waste management. Much as the facilities will not be occupied during refurbishment, other patients in the wards can be affected if proper measures to protect them from fumes, noise, falling objects are not effected. During operation of the maternity waiting homes, general and medical wastes will generated from food stuffs that will be distributed to patients as part of this project, medicine and any medical process and occupational health and safety risks. Other potential risks may include potential poor ambient/indoor air quality, potable water, waste water discharges, emergencies due to natural and man-made disasters. Finally the project seeks to improve management of child illness through procurement of equipment and facilities. ESF standards in procurement of safe and age appropriate equipment should be applied to safeguard children from OHS risks, e.g. procurement of side secured hospital beds. Workers and guardians may be exposed to varied OHS risks hence procurements will ensure environmental and social risk management in the choices of equipment and materials, and additionally PPE procurement will be considered. In order to address environmental risks identified, the project will update the existing ESMF accordingly. Considering the identified risks with guidance from Environmental and Social Directive for Investment Project Financing, the parent project environmental risk rating has been maintained as Substantial.

Social Risk Rating

Substantial

The social risks related to this AF operational are considered substantial. The key social risk is that vulnerable social groups (poor, disabled, elderly, isolated communities, refugees, and people and communities living far from the health facilities, etc.) may be unable to access the essential health services, which could increase their vulnerability and undermine the project’s general objectives. This risk of exclusion is due to vulnerable groups being in the low-income bracket with limited access to health services; the long distance to health facilities due to the remoteness of particularly rural areas with poor road infrastructure; and the lack of accurate information on the roll-out of the Integrated Outreach Service Delivery Model to support a comprehensive package of essential health services closer to the communities. Another key risk is inadequate personal data protection under the Health System Digitalization and related innovations activities, which involve capacity building for using electronic health records and implementing

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the early warning system using machine learning and artificial intelligence to detect service disruption. Furthermore, the planned outreach and training activities may present risks to project workers (healthcare workers and PIE staff) and civil servants who may be potentially exposed to COVID-19 due to prolonged engagement with the target communities. In addition, there may be increased SEA/SH risk among project workers and with local communities and/or stakeholders as the project activities will take place in rural areas where there may be limited awareness of SEA/SH and difficulties in ensuring adequate supervision of SEA/SH-related measures. There may be also labor and working conditions risks due to failure to abide by national legislation on working hours, wages, overtime, compensation, or benefits. The activities to revitalize Maternity Waiting Homes (MWHs) will involve minor civil works such as renovation and refurbishment of existing MWHs, and no land acquisition or involuntary resettlement impacts are expected. To address these social risks and impacts, the safeguard instruments for the parent project will be updated and re-disclosed prior to Decision Review meeting date to reflect the AF activities and associated mitigation measures. However, since the project is using the condensed procedures as defined in paragraph 12, section III of the Bank Policy (BP) for Investment Project Financing (IPF), the ESMF (which include the LMP) will be updated and disclosed within 60 days of project's effectiveness date. Current parent project provisions for grievance management, including measures for addressing SEA/SH, remain relevant and adequate for this AF.

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:

The additional financing will bring positive impacts on community especially women by rehabilitating maternity waiting homes (MWHs), contributing to community/public health safety through treatment and surveillance of disease, increase efficiency and reduce waste paper through digitization of health system.

Considering the proposed AF activities, such as the integrated outreach service delivery model, community health services including disease surveillance, commodity security, revitalization of MWHs, and health system digitalization and related innovations, the most significant foreseen social risks are related to: (i) Exclusion of vulnerable social groups (poor, disabled, elderly, isolated communities, refugees, and people and communities living far from the health facilities, etc.) from access to the essential health services, (ii) Inadequate personal data protection under the health system digitalization and related innovations activities, which involve capacity building for using electronic health records and implementing the early warning system using machine learning and artificial intelligence to detect service disruption, (iii) Poor labor and working conditions due to a failure to abide by national legislation and the ESS2 requirements on working hours, wages, overtime, compensation and/or benefits; and (iv) Sexual exploitation and abuse, and sexual harassment (SEA/SH) among project workers, with stakeholders and/or local communities. The activities to revitalize MWHs will involve minor civil works such as renovation and refurbishment of existing MWHs, and no land acquisition or involuntary resettlement impacts are expected.

Key Environment risks include i) construction related risks including EHS and OHS (dust, noise, construction waste, working on height, being hit by objects etc) emanating from refurbishment of maternity waiting homes; ii) road traffic incidents due to operation of tricycles supporting community health services, vans and motorcycles for health centre monitoring ; iii) exposure to hazardous, medical and e-wastes emanating from immunization, and health care



operations and digitization and solar powered equipment, if improperly managed; iv) OHS risks during operation of maternity waiting home and management of child illnesses including traps, falls and general wastes management, EHS risks such as indoor air quality, hygiene -including provision of potable water and sanitation facilities , waste water discharges, solid waste management, energy use.

This ESS requires that the Borrower carries out an assessment of the environmental and social impacts and risks of the project, including potential adverse transboundary and cumulative and indirect impacts. Therefore, the Borrower will update and re-disclose the safeguard instruments for the parent project (ESCP and SEP) prior to the Decision Review meeting date to reflect the AF activities and associated risks, impacts, and mitigation measures. However, since the project is using the condensed procedures as defined in paragraph 12, section III of the Bank Policy (BP) for Investment Project Financing (IPF), the ESMF (which includes the LMP) will be updated in accordance with WB EHS General and for Health Care Facilities and disclosed within 60 days of project’s effectiveness date. Due to the scope and type of waste generation in the parent project, the client prepared a Infection Control and Waste Management Plan, which will apply to the management AF generated wastes. The current parent project provisions for grievance management, including measures for addressing SEA/SH, remain relevant and adequate for this AF.

ESS10 Stakeholder Engagement and Information Disclosure

The current SEP prepared for the parent project remains relevant under this AF as it provides a structured approach to engagement with stakeholders that is based on meaningful consultation and disclosure of appropriate information. Given the new activities under this AF, however, the SEP shall be revised and re-disclosed before the decision review date to update, (i) the description the project, (ii) the description of stakeholders directly affected by the project and other interested parties, (iii) the timing and methods of engagement, and iv) measures to remove obstacles to participation and allow the effective participation of those identified as disadvantaged or vulnerable where necessary. The Grievance Redress Mechanism (GRM) under the parent project, which is currently managed by the CORDAID, will also be extended to the AF. Project documents, including environmental and social risk management instruments and the ESCP, will be disclosed in a timely manner to ensure meaningful and informed engagement with all project stakeholders. Engagement with stakeholders will continue throughout project implementation.

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

This standard is relevant. The AFs project workforce is similar to the parent project, including (i) direct workers (i.e., civil servants such as MOHCC medical and laboratory staff, PIE personnel, and other medical staff not employed by MOHCC, etc.), (ii) contracted workers (employees of construction workers for minor civil works, workers of waste disposal companies, and providers of transportation of health commodities), and (iii) community workers such as village health workers, who will be engaged in community health surveillance activities. The LMP, which was prepared as part of the ESMF under the parent project, remains relevant to the AF. The LMP outlines requirements related to working conditions, management of worker relationships, occupational health and safety (including an assessment of likely subproject OHS risks such as road safety, construction, use and storage of hazardous materials,

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etc.), code of conduct (including relating to SEA/SH), age of employment, non-discrimination in hiring (especially related to women’s employment and provision of safe working conditions), grievance redress arrangements for employees, and contractor management, based on the provisions of ESS2 and in the ESHGs and considering national laws and regulations. However, the LMP (as part of the ESMF) will be updated and disclosed within 60 days of the project’s effectiveness date to reflect AF project activities and any necessary changes in the project workers composition.

Civil servants, whether full-time or part-time, will remain subject to the terms and conditions of their existing public-sector employment agreement or arrangement. ESS2 will not apply to such government civil servants, except for the provisions of paragraphs 17 to 20 of the ESS2 in ESF (Protecting the Work Force) and paragraphs 24 to 30 (Occupational Health and Safety), which fall under the requirements for workers' safety, as outlined in ESS 2.

A worker GRM established under the parent project will be available for all project workers on all project-related matters, including terms and conditions of employment, nondiscrimination and equal opportunity, worker organizations, child labor, forced labor, occupational health and safety, harassment, and other behavioral complaints.

ESS3 Resource Efficiency and Pollution Prevention and Management

Construction and operation activities will also ensure that resources such as water and energy are used efficiently. The project will encourage use of rain or river water for construction (if required) in order to save portable water for drinking and home use. Air emissions, indoor air quality, noise and waste water.

Construction materials such as bricks, sand, quarry, wood, steel will be assessed with respect to their environmental impact and social sustainability. Materials that leave a significant environmental footprint will not be used in the project. The extraction of resources, such as sand and quarry stone, will be done in accordance with national legislation and WB EHS General Guidelines. Solid wastes generated by project activities will be managed through measures included in the ESMF through characterization and provision of management options. There is potential for existing of and exposure to contaminated existing materials during construction and procedure to manage such materials/land have already been included in the ESMF.

Procedures for fuel storage and use to prevent spills, accidents and poor waste management will be included in the ESMF to avoid contamination of land and water, and for the safety of people’s lives and assets from explosions.

Medical and chemical wastes such as reagents, infected materials, etc. from Village/community health services, family planning and management of child illness may have a significant impact on environment (including natural habitats) and human health (including nearby communities) if not managed properly. Wastes that may be generated from medical facilities could include liquid contaminated waste, sharps, chemicals and other hazardous materials.

Capacity to adequately manage medical waste remains low in the country, both at district hospitals and clinics. The parent project is supporting all beneficiary health facilities to develop Healthcare waste management plans which are



institutionalized in the health care delivery system by MoHCC, benefiting from the ICWMP that the project developed. 87% of health care facilities have completed preparation of waste management plans and it is expected that all Health Care facilities would have prepared their waste management plans by August 2023. However infrastructural capacity to manage the medical wastes including lined pit, hazardous waste containers and storage and incinerators, is critically wanting. Infectious waste is supposed to be incinerated or disposed of in lined pits. Much of the equipment such as incinerators, autoclaves and other waste management infrastructure are not functional or need to be updated. Most incinerators at health care facilities are not operating efficiently and thus not treating the waste at all. To address these challenges, MoHCC has embarked on a nationwide health care waste management related training and plans to continue in this drive not only to train staff but also to raise the awareness of the public but it is clear that investment in infrastructure is one of the major needs to improve the situation. Arrangements such as transportation of infectious medical/hazardous wastes to province hospitals that have appropriate medical waste infrastructure for treatment.

Each participating medical facility will follow the medical waste management procedures specified in the updated ICWMP and ESMF for disposal of Immunization vaccines, sharps, vaccine vials and other supplies to ensure that there will be no significant contamination to soil and water bodies from medical waste mismanagement. The guidance provided in ICWMP and ESMF is based on the WBG ESHGs, both the General Guidelines (2007) and those for Health Care Facilities, which are Good International Industry Practice (GIIP).

Adoption of solar powered tricycles and refrigerators is a good way of conserving energy. The southern Africa Region, including Zimbabwe is experiencing inadequate power supply and investing in alternative clean energy will ensure continuity of services while reserving the scarce electricity energy for other users. The use of solar powered tricycles also reduce risks from fossil fuel emissions hence contributing to saving people and the environment. These procedures will be considered in the ESMF.

E waste will be generated but the country does not yet have legal framework and facilities to manage e-waste. There is an international company that collect e-waste for recycling outside Zimbabwe and opportunities to work with this company will be explored. Return option for used electronic equipment will also be agreed during procurement so that all e-waste can be sent back to vendor after its life.

ESS4 Community Health and Safety

ESS4 is considered relevant to the Project. Inappropriate handling of medicine, commodities and patients samples can expose workers and communities and could lead to further spread of the disease. Lack of provision of medical services to disadvantaged or vulnerable people is also a potential risk under the project interventions. The project Infection Control and Waste Management Plan (ICWM) includes specific guidelines to provide risk mitigation measures to prevent and/or minimize the spread of the infectious disease/COVID-19 to the community. The ESMF contain measures to ensure community health and safety as they relate to i) Infrastructure and Equipment Design and Safety; (ii) Safety of Services – as it relates to health care facilities/vaccination sites to vaccinate target population; iii) vaccine rollout; and iv) emergency preparedness measures, including measures to address a plan for cold chain storage during power outages and natural disasters.



Traffic and road safety: Increased mobility through procurement of vans and tricycles pose road safety risks for pedestrians, cyclists and motorists. Since tricycles will be used in communities where road traffic rules may not be well appreciated, traffic and road safety risks is considered substantial. Traffic/Road Safety Management Plans are included in the ESMF.

There may be increased SEA/SH risk among project workers and with local communities and/or stakeholders as the project activities will take place in rural areas where there may be limited awareness of SEA/SH and difficulties in ensuring adequate supervision of SEA/SH-related measures. To manage and mitigate SEA/SH, the AF will adopt i) an SEA/SH Action Plan (as part of the ESMF), ii) ensure codes of conduct and SEA/SH prevention provisions are integrated into all contractual and contracting documents (ToRs, tender documents, and workers' contracts), and (iii) ensure all project workers are trained on SEA/SH risks and sign the codes of conduct before commencing work on any project activities. Training on the handling of public complaints related to SEA/SH, upholding confidentiality, and having a survivor centered approach will be required for staff at the MoHCC call center. This will boost public confidence in the use of this facility to register complaints and incidences of SEA/SH that may be experienced during the outreach activities. Preparation of a training plan is included in the ESCP. The project's risk communication and community engagement activities coupled with broader stakeholder engagement activities will ensure that clear messages related to SEA/SH, as well as referral services, are provided to the public.

Emergency management: Emergency procedures have been included in the ICWMP to address risk of fire, spillage, OSH accidents, accidental release of infectious and hazardous substances among other emergencies. The ICWMP will be updated to include procedures in management of natural disaster emergencies.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

The activities to revitalize Maternity Waiting Homes (MWHs) will involve minor civil works such as renovation and refurbishment of existing MWHs, and no land acquisition or involuntary resettlement impacts are expected.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This project does not include significant civil works. It is not likely to impact natural resources, natural habitats or biodiversity since any civil works activities such as renovation and refurbishment of Maternity Waiting Homes (MWHs) will be carried out in existing health facilities. In any case, the ESMF contains screening procedures that would identify any project activities that may impact natural habitats.

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

There are two peoples who self-identify as indigenous in Zimbabwe. These are the:

I. Tshwa (Tyua, Cuaa) San, who are found in the Tsholotsho District of Matabeleland North Province and the Bulalima-Mangwe District of Matabeleland South Province in western Zimbabwe.



II. Doma (Wadoma, Vadema) of Chapoto Ward in Guruve District and Mbire District of Mashonaland Central Province and Karoi District of Mashonaland West Province in the Zambezi Valley of northern Zimbabwe.

There are approximately 2,600 Tshwa and 1,050 Doma in Zimbabwe, making up 0.03% of the country’s population.

Similar to the parent project, the AF does not involve in any activities that are assessed to disproportionately impact the Tshwa and Doma communities, including land that is owned or held in traditional custody by Tshwa and Doma. However, due to the country-wide efforts, the activities under the project may be implemented in the areas where the Tshwa and the Doma reside. The AF shall, when carried out in these areas, ensure the respect of the human rights, dignity, aspirations, culture and livelihoods of the Tshwa and the Doma and ensure that the Tshwa and the Doma are not subject to any adverse or disproportional impacts.

The AF shall be carried out in accordance with the applicable requirements of ESS7, including, inter alia: (i) ensuring that the revised SEP includes meaningful consultations with the Tshwa and the Doma throughout project implementation; (ii) implementing procedures, protocols and/or other measures to ensure that Tshwa and the Doma have access to project benefits in an fair, equitable, inclusive and culturally appropriate manner, as set out in the revised ESMF and the SEP; and (iii) implementing measures to ensure that the Tshwa and the Doma are able to access the project’s grievance mechanism in a culturally appropriate manner.

ESS8 Cultural Heritage

The standard on Cultural Heritage is currently not relevant as the project does not involve any activities that may impact tangible or intangible cultural heritage or access to the heritage sites.

ESS9 Financial Intermediaries

The standard on Financial Intermediaries is not currently relevant for the proposed project activities.

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

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IV. CONTACT POINTS

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V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Fernando Xavier Montenegro Torres
Practice Manager (ENR/Social)	Noreen Beg Cleared on 04-May-2023 at 09:11:20 EDT
Safeguards Advisor ESSA	Martin Henry Lenihan (SAESSA) Concurred on 26-May-2023 at 15:35:32 EDT

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