Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 04/20/2020 | Report No: ESRSA00694
### BASIC INFORMATION

#### A. Basic Project Data

<table>
<thead>
<tr>
<th>Country</th>
<th>Region</th>
<th>Project ID</th>
<th>Parent Project ID (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eswatini</td>
<td>AFRICA</td>
<td>P173883</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Project Name</th>
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<tbody>
<tr>
<td>Eswatini COVID-19 Emergency Response Project</td>
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</table>

<table>
<thead>
<tr>
<th>Practice Area (Lead)</th>
<th>Financing Instrument</th>
<th>Estimated Appraisal Date</th>
<th>Estimated Board Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Borrower(s)</th>
<th>Implementing Agency(ies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sizakele Dlamini</td>
<td>Dr. Simon Zwane</td>
</tr>
</tbody>
</table>

#### Proposed Development Objective(s)

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

#### Financing (in USD Million)

<table>
<thead>
<tr>
<th>Total Project Cost</th>
</tr>
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<tr>
<td>6.00</td>
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</table>

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

No

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

The project components are aligned with the objectives of the COVID-19 Strategic Preparedness and Response Program (SPRP), which adopts a multi-phase programmatic approach (MPA). This emergency project comprise 3 components: (i) Emergency COVID-19 Response; (ii) Implementation Management and Monitoring and Evaluation; and (iii) Contingent Emergency Response Component. The components aim to strengthen Eswatini’s health system preparedness to respond to the COVID-19 emergency and potential future emergencies. Each component will include climate-change adaptation measures and will address gender issues, as necessary. The proposed project will be financed by an IBRD loan of US$5 million, using an Investment Project Financing (IPF) instrument under the multiphase programmatic approach (MPA), over a two-year period.
D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]
The Kingdom of Eswatini is a mountainous, landlocked, small open economy in Southern Africa, with four administrative regions. As a result of the outbreak of the 2019 novel coronavirus, growth projections have been preliminarily more than halved to below 1 percent for 2020. This emergency operation has been prepared in a situation of urgent need of assistance, as per the Bank’s IPF Policy, Paragraph 12. It is prepared under the COVID-19 Strategic Preparedness and Response Program (SPRP) using an Investment Project Financing (IPF) instrument under the multiphase programmatic approach (MPA), over a two-year period. It will contribute to preventing, detecting and responding to the threat posed by COVID-19 and strengthening national systems for public health preparedness. The project will be implemented nation-wide. The specific locations where project sub-components will be implemented have not yet been identified but will be implemented in urban as well as rural areas in existing health facilities.

The Project has two components of which Component 1: Emergency COVID-19 Response has particular implications for environmental and social risks management as relevant to the World Bank’s Environmental and Social Framework (ESF), including financing: (a) reorganizing and repurposing/equipping hospitals, including the Lubombo referral hospital and the RFM hospital; (b) training targeting healthcare workers and health facility staff on risk mitigation and infection control measures; (c) technical assistance for intra-hospital infection control measures and treatment guidelines; (d) procurement of goods and equipment, including testing equipment, personal protective equipment (PPE), water supply, sanitation and hygiene materials, and ambulances; (e) health care waste management services; (f) establishment of specialized units in selected hospitals; (g) laboratories (specimen collection, packaging, storage, shipment, and epidemiological capacity); (h) new case detection, contact tracing, and epidemiological investigation; (i) screening, risk assessment, isolation, and follow up of travelers at points of entry; (j) health care facility surge capacity; (k) information systems; and (l) communications strategy and materials.

No major greenfield civil works are expected to be financed. The works involved will be small in scale and wholly within the footprint of existing health facilities with the focus on establishing specialized quarantine units within selected hospitals.

The government will identify the selected health facilities and hospitals to be supported by the project.

D. 2. Borrower’s Institutional Capacity

The Ministry of Health (MOH) will be the lead technical agency for project implementation. ‘MOH Senior Management Team (SMT)’, chaired by the Principal Secretary provides an overall strategic implementation of the COVID-19 sector response and the ‘National Public Health Emergency Committee (NPHEMC)’, chaired by the MOH (Public Health Lead) and comprised of MOH technical leads and experts critical for response to public health emergencies, will be supporting the project implementation along with the ‘Core Implementation Team’. The core implementation team will be established as an agile implementation team to support project effectiveness. The core implementation team will hire an Environmental Risk Management Specialist and a Social Risk Management Specialist, which will be shared between this emergency project and the PIU that has been proposed for the Health Sector Project under preparation (P168564). For operational efficiency, it is proposed that some technical roles (fiduciary, E&S) are shared between this emergency project implementation team and the PIU proposed for the health sector project under preparation (P168564). Sharing technical staff is expected to reduce overhead costs across the two projects, and by tapping into retractive financing, it can provide surge capacity early on to accelerate effectiveness. The Coordinators for the two projects (P173883 and P168564) will ensure that the PIU responsibilities are organized in a way to harness operational benefits and reduce operating costs. While the MOH has some
experience with implementing one World Bank supported project under the Bank’s safeguards policies, they have no experience in applying the ESF. The first ESF project to be implemented by MOH, Health System Strengthening for Human Capital Development in Eswatini (P168564), is currently under preparation. Given the expanded scope of the ESF and the client’s unfamiliarity with its requirements, overall, the Borrower’s institutional capacity to oversee the implementation and monitoring of E&S issues under the new ESF is considered weak. The project has, for critical functions where the MOH technical capacity or knowledge of World Bank procedures and standards is limited, committed to provide surge capacity for a specified duration through specialist short term consultants.

To help launch and implement the COVID-19 project, the CIT will recruit an Environmental Risk Management Specialist and a Social Risk Management Specialist (E&S Specialists) within one month after project effectiveness. The CIT for the Eswatini COVID-19 Emergency Response Project (P173883) and the PIU for the Health System Strengthening for Human Capital Development in Eswatini (P168564), shall share services provided by the two E&S specialists.

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

A. Environmental and Social Risk Classification (ESRC) Substantial

Environmental Risk Rating Substantial

The Environmental Risk Rating is Substantial. The four key areas of risks are: (i) small-scale works related to the reorganization, repurposing, and equipping of selected hospitals, including the Lubombo referral Hospital and RFM Hospital; (ii) hazardous and medical waste management and disposal; (iii) occupational health and safety (OHS), including the risk of spread of the virus among health care workers; and (iv) community health and safety, including the risk of the spread of COVID-19 among the population at large.

The small-scale infrastructure works are expected to be site-specific and to take place within the footprint of existing facilities. No greenfield works are envisaged, therefore risks and impacts are expected to be temporary, predictable, and manageable.

Healthcare waste and chemical wastes that may include transmissible, infected, hazardous materials and wastes (including infected materials, liquid effluents, reagents, etc.) are expected to be generated from health facilities, hospitals, labs, quarantine, and screening posts that can adversely impact human health and the environment. Improper handling, managing, transporting, and disposing of these waste streams pose occupational and community health and safety risks from COVID-19 infections.

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

Social Risk Rating Substantial

The Social risk rating of the project is Substantial. The social risks associated with COVID-19 are likely to be heightened in their impacts on rural populations, particularly vulnerable persons (HIV infected, poor, disabled, elderly, women and children) including their access to health services and inability to pay where required. In addition,
food security is likely to be compromised due to the expected economic downturn, and risks of sexual exploitation and abuse/sexual harassment (SEA/SH) may, therefore, be exacerbated. Risks to SEA/SH can also result due to the medical isolation of individuals. Thus, the key social risk arises from social exclusion from project benefits for the rural populations, particularly the vulnerable who may currently have limited access to health facilities and services due to barriers that include limited financial resources and distance to the facilities as well as the quality of care provided in the facilities.

Further, the fact that Eswatini is surrounded by South Africa and with porous borders, where currently the number of cases continues to increase, the vulnerability of families with members returning home may be increased as well. Eswatini is heavily dependent on remittances from family members working in South Africa, and the economic slowdown in South Africa due to high rates on COVID-19 infections, are also affecting the economy in Eswatini and posing risks to health, as the number of economic migrants returning continues to increase. Mitigation measures will be assessed further in project implementation through deeper engagement with both the service providers as well as the communities in order to identify specific challenges being faced by vulnerable groups in rural areas and barriers to access, as well as how information to returnees is managed. These mitigation measures will be reflected in the updated Stakeholder Engagement Plan (SEP) during project implementation. Finally, the project is not likely to involve any infrastructure development, land acquisition or economic or social displacement and the labor influx that may arise from the rehabilitation of hospitals is local and quite limited.

Therefore, the social risk has been assessed by taking into consideration the low risks posed by the project itself and could be heightened due to the pre-existing socio-economic implications of COVID-19 and the borrower’s institutional capacity discussed above in D.2. However, mitigation measures will be put in place during project implementation to address issues of social exclusion, potential increases in SEA/SH (especially Intimate Partner Violence, IPV) as well as address the management of information to returnees.

Land acquisition is not expected as the project will focus on rehabilitating existing facilities.

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:*

This operation is being processed as an emergency response using condensed procedures under the Fast Track COVID-19 Facility (FTCF). The project is expected to result in positive environmental and social impacts as it seeks to improve planning, processes and on-ground service delivery for COVID-19 surveillance, monitoring, containment and response.

Two hospitals to be supported under the project have been identified, the Lubombo referral Hospital and RFM Hospital. Additional selected hospitals, health facilities, labs, quarantine, and screening posts will be identified by the government during implementation.
Support for water supply, sanitation and hygiene is anticipated within existing health care facilities and not expected to include any major greenfield civil works. Activities include support for provision of hand washing stations and bulk water supply from existing commercially operating vendors with no water supply expected from new sources.

An Environmental and Social Management Framework (ESMF) will be developed within two months after project effectiveness. The ESMF will include guidance for the preparation of site-specific Environmental and Social Management Plans (ESMPs) which will need to be prepared prior to the start of the relevant civil works.

Risks related to occupational and community health and safety are anticipated due to the dangerous nature of the pathogen (COVID-19) and reagents and other materials to be used in the hospitals, health facilities, quarantine, and screening posts. Diagnosis, testing, treatment, and providing isolation of patients can generate biological, chemical, and hazardous medical wastes. However, these impacts are expected to be site specific, and manageable with the implementation of established mitigation measures. To mitigate against these risks, the ESMF will also include an Infection Control and Waste Management Plan (ICWMP) to manage risks related to exposure to COVID-19 virus from diagnosis, testing, treatment, of patients generating biological, chemical, hazardous medical wastes, incorporating WHO guidelines establishing good international industry practice for COVID-19 response, including Guidelines for Quarantine, Biosafety, and Code of Ethics and Professional Conduct. The ESMF will also include a Labor Management Procedures (LMP) to ensure proper working conditions and management of worker relationships, occupational health and safety, and to prevent sexual exploitation and abuse and sexual harassment. It will also clearly outline the implementation arrangement to be put in place for environmental and social risk management; training; and compliance monitoring and reporting requirements. Procurement of goods and equipment may be initiated prior to preparation of the ESMF, however no goods and equipment will be deployed until the ESMF is approved. In the case of health care services, the Project will strictly follow the current WHO Guidance and avoid activities such as the establishment of isolation units and treatment facilities at scale until ESMF approval.

The Stakeholder Engagement Plan and Grievance Redress Mechanism set out a structured approach for community outreach and two-way engagement with stakeholders, including in siSwati the local language, including the vulnerable and disadvantaged groups, that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with public meetings as a result of COVID-19. A preliminary SEP including GRM has been prepared and will be updated and re-disclosed within 30 days after the Effectiveness Date.

Vulnerable Groups Access to Project Services and Facilities. The key social risk associated with the project is that rural populations, particularly the vulnerable (HIV infected, poor, disabled, elderly, women and children) are unable to access facilities and services designed to combat the disease, in a way that undermines the central objectives of the project. To mitigate this risk, the ESCP, will commit to ensuring that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable have access to the development benefits resulting from the Project. The Sexual exploitation and abuse (SEA) and sexual harassment (SH) risks in this project arise primarily from the large workforce of health care workers (direct, contract and community workers) and the quarantine/isolation of patients. The project will also ensure that the medical isolation of individuals does not increase their vulnerability (for example, to GBV), especially in rural areas of the country. Handling of quarantining interventions (including dignified treatment of patients; attention to specific, culturally-determined concerns of vulnerable groups; and prevention of SEA and SH as well as minimum accommodation and servicing requirements)
can also be listed as issues that will require close attention while managing the social risks of the project. SEA and SH risks will be assessed and addressed during implementation through the ESMF, including screening and putting in the corresponding measures to prevent and mitigate the SEA/SH risks. The MOH in the ESCP will commit to the implementation of the WHO Code of Ethics and Professional Conduct which includes provisions for SEA/SH prevention.

In general, COVID-19 is expected to have different impacts on women and men, girls and boys. Women will be more affected in systems with more female health workers. As schools close and family members fall sick, the burden of care is likely to fall on women. Domestic violence may increase with stress and anxiety. Adolescent pregnancies may increase with school closures. Global evidence suggests that rates of GBV, especially Intimate Partner Violence, have increased as people stay at home and change behavior in response to the spread of COVID-19. Other types of GBV are sexual assaults against children, disabled and the elderly. During implementation, the risks in general of gender-based violence (GBV) and Sexual Exploitation, Harassment, and Abuse will also be assessed, and mitigation measures put in place.

ESS10 Stakeholder Engagement and Information Disclosure

Once approved, the project will establish a structured approach to stakeholder engagement and public outreach that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with combating COVID-19. The client will apply the preliminary Stakeholder Engagement Plan (SEP) prepared for the emergency project, to engage citizens as needed and for public information disclosure purposes. Within two months of project effectiveness, this SEP will be updated to include more information on the environmental and social risks of project activities and new measures and modalities that are required for (i) enabling the inclusion of vulnerable populations, particularly those in rural areas, to better access and afford health services; (ii) prevent and respond to potential cases of GBV and SEA, particularly within medical facilities that are the focus on the project sub-components; and (iii) identify the optimal ways of information management to the returnees. Anyone affected by or otherwise involved in project-supported activities, including different types of health care workers, will be provided with accessible and inclusive means to raise concerns or lodge complaints, via the Grievance Redress Mechanism (GRM) included in the SEP.

The SEP will build upon grievance redress mechanisms already used by the MOH which include both provider-triggered and beneficiary triggered grievance redress mechanisms. Currently, members of the public can register their complaints on any health issue affecting them and their communities through a short message system (SMS) sent to a code 2020 anonymously at no cost to them. This is the beneficiary triggered grievance redress mechanism while on the other hand, the same system is auto collecting beneficiary feedback from all who visit health facilities that are running on CMIS asking them to rate the care they received on both clinical and non-clinical aspects and to register any grievance they might have on the health care received for that visit. Furthermore, the stakeholder engagement plan (SEP) for the project expands on other platforms that are open to beneficiaries to bring their complaints to the attention of the government authorities. These include toll-free lines to the MOH, email communication through government website and community health forums where local community members voice out their concerns and these get actioned by the health managers for those affected health facilities. The SEP also provides more details on how the grievance redress mechanism will be implemented and monitored to close the feedback loop throughout the life of the project. The updated SEP will also include a more elaborate Grievance
Redress Mechanism for addressing any concerns and grievances raised in relation to the project, particularly measures through with vulnerable populations may be easily able to access the GRM.

B.2. Specific Risks and Impacts

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

ESS2 Labor and Working Conditions

ESS2 is considered relevant to this Project. The project is expected to use direct workers and contracted workers. Most activities supported by the project will be conducted by direct workers of the Project, such as health and laboratory technicians, i.e., civil servants employed by the Ministry of Health and Population. The project may outsource minor civil works to contractors for activities such as constructing minor civils works. While the number of workers cannot be estimated at the current stage, no large-scale labor influx is expected.

The key risk is in relation to the contamination with COVID-19 (or other contagious illnesses as seriously ill patients with COVID-19 are likely to suffer from illnesses which compromise the immunes system, which can result in the risk of infections to healthcare workers). In line with ESS2, the use of forced labor or the use of child labor for any person under the age of 18 in hazardous work situations (e.g., in health care facilities) is prohibited. This may be unlikely given that most project interventions will be within hospital settings.

Mitigation measures relating to OHS will be documented in labor management procedures (LMP) that will be included in the ESMF to protect workers from risks associated with exposure to hazards encountered in the workplace; this will require infection control precautions and adequate supplies of PPE. The mitigation measures will incorporate the World Bank Group’s General Environment, Health and Safety Guidelines (EHSGs), the EHSGs for Health Care Facilities and other Good International Industry Practices. The LMP will also include a Code of Conduct, including measures to prevent Sexual Exploitation and Abuse/Sexual Harrassment (SEA/SH), and safety training materials. These will need to be prepared either by the Borrower and/or the contractor prior to commencement of civil works.

The CIT will implement adequate OHS measures, including emergency preparedness and response measures, in line with the ESMF and WHO guidelines on COVID-19 in all facilities, including laboratories, quarantine and isolation centers, and screening posts. The CIT will also ensure a non-discriminatory, decent work environment; including by ensuring that all health workers adhere to the WHO Code of Ethics and Professional conduct. A worker Grievance Redress Mechanism will be established and operated through a grievance hotline and assignment of focal points to address these grievances within the Ministry of Health and Population which will be outlined in the LMP. Also, the project will regularly integrate the latest guidance by WHO as it develops over time and experience addressing COVID-19 globally.

The CIT will also include ESMPs or other instruments, ESS2 requirements, and any other required environment, social, health, and safety (ESHSS) measures, into the ESHSS specifications of the procurement documents and contracts with contractors and supervising firms. The CIT will ensure that all civil works contracts comply with the environment, social, health, and safety (ESHSS) mitigation measures based on the WBG EHS Guidelines, ESMF, SEP, and other relevant instruments.
ESS3 Resource Efficiency and Pollution Prevention and Management

ESS3 is considered relevant to the Project. Medical and hazardous chemical wastes are expected to be generated from hospitals, health facilities, labs, quarantine and screening posts. The improper handling, transporting, and disposal of these hazardous and medical waste streams may result in adverse impacts to human health and the environment. ICWMP for health facilities will be developed as Annex to the ESMF and will be implemented. ICWMP will follow WHO guidance documents on COVID-19 and other Good Industry International Practice (GIIP).

In addition, should there be a need for rehabilitation of selected health facilities, site-specific ESMPs will be prepared based on the provisions of the ESMF to manage general pollution impacts related to these small-scale works.

The project is anticipated to contract bulk water delivery to health care facilities to support sanitation and hygiene. Due to the expected limited nature and scale of this provision of water, water use is not assessed to be potentially significant and no significant impacts on water quality are anticipated.

ESS4 Community Health and Safety

ESS4 is considered relevant to the Project. Inappropriate handling of COVID-19 samples and patients can expose 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. Laboratory accidents and/or emergencies such as fire incident or natural phenomena event is also an associated risk. Some project activities may also give rise to the risk of SEA/SH as described above.

As mitigation measures, the CIT will put measures in place to prevent or minimize the spread of the infectious disease/COVID-19 to the community. Emergency preparedness measures will also be developed and implemented to manage unlikely cases of laboratory accidents/emergencies, e.g., a fire response or natural phenomena event. Measures will be taken place to ensure that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable have access to the development benefits resulting from the Project. These measures will be documented in the ESMF and SEP.

Eswatini has high rates of Gender-based Violence in the country. Some project activities may give rise to the risk of SEA and SH. The ESMF will include a GBV risk assessment and preventive measures. The project will promote the avoidance of SEA/SH by implementing the WHO Code of Ethics and Professional Conduct for all workers, as well as the provision of gender-sensitive infrastructures such as segregated toilets and enough light in quarantine and isolation centers. The project will also ensure that isolation centers and screening posts are operated effectively throughout the country, including in remote and border areas.

The CIT will operate quarantine and isolation centers in line with WHO guidelines on “Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV” as well as the Africa CDC guideline on “Africa CDC Guidance for Assessment, Monitoring, and Movement Restrictions of People at Risk for COVID-19 in Africa”. Such guidelines will be included in the ESMF. In addition, the quarantine and isolation
centers and screening posts will be operated in a conflict-sensitive manner, avoiding any aggravation of local communal conflicts, including between host communities and refugees/IDPs.

In case quarantine and isolation centers are to be protected by security personnel, as well as population mobility in cities, it will be ensured that the security personnel follow a strict code of conduct in line with ESS4 and avoid any escalation of the situation, taking into consideration the above-noted needs of quarantined persons as well as the potential stress related to it.

The ESMF will include provisions to ensure that the supply of bulk water to health care facilities is consistent with safety of services requirements under ESS4, including requirements to ensure that any bulk water suppliers have in place appropriate quality management systems as part of the procurement specifications.

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

ESS5 is not currently relevant to the Project. All rehabilitation and construction will be undertaken within the boundaries of existing facilities. No adverse impacts relating to land acquisition, restrictions on land use or involuntary resettlement are anticipated as a result of proposed project activities. In an unlikely event of an intervention where land acquisition would be necessary, plans would be developed to address this to the satisfaction of the World Bank prior to commencement of any land acquisition and its related civil works.

**ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources**

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

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

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

**ESS8 Cultural Heritage**

ESS8 is not relevant to the Project currently as the limited civil works within existing facilities are unlikely to affect tangible or intangible cultural assets. In the unlikely event of construction or the movement of earth in connection with any project activities that have not yet been identified, for example, the ESMF will include measures for “Chance Finds” of archaeological or other cultural heritage.

**ESS9 Financial Intermediaries**

ESS9 is not relevant to the Project for the suggested project interventions.

**B.3 Other Relevant Project Risks**

None assessed.
C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways

No

OP 7.60 Projects in Disputed Areas

No

III. BORROWER’S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

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<tr>
<th>DELIVERABLES against MEASURES AND ACTIONS IDENTIFIED</th>
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<tr>
<td>ESS 1 Assessment and Management of Environmental and Social Risks and Impacts</td>
<td>07/2020</td>
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<tr>
<td>Designated PIU/CIT under the MoH, will appoint and maintain both an environmental and a social specialist.</td>
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<tr>
<td>Prepare, disclose, adopt, and implement the Environmental and Social Management Framework (ESMF).</td>
<td>07/2020</td>
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ESS 10 Stakeholder Engagement and Information Disclosure

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<tbody>
<tr>
<td>Update, disclose and implement the Stakeholder Engagement Plan (SEP)</td>
<td>07/2020</td>
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ESS 2 Labor and Working Conditions

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<tr>
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<th>TIMELINE</th>
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<tr>
<td>Develop, as part of the ESMF, Labor Management Procedures (LMP) including environment, social, health, and safety (ESHS) measures.</td>
<td>07/2020</td>
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ESS 3 Resource Efficiency and Pollution Prevention and Management

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<tr>
<td>Develop, as an Annex to the ESMF, an Infection Control and Waste Management Plan (ICWMP) for health facilities.</td>
<td>07/2020</td>
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ESS 4 Community Health and Safety

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<tr>
<td>Develop, as part of the ESMF, measures to minimize community exposure to disease, ensure vulnerable parties’ access to benefits, manage risks of security personnel, and prevent/respond to sexual exploitation and abuse/sexual harassment (SEA/SH).</td>
<td>07/2020</td>
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ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

ESS 8 Cultural Heritage

ESS 9 Financial Intermediaries
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:
Not applicable.

IV. CONTACT POINTS

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Borrower/Client/Recipient
Borrower: Sizakele Dlamini

Implementing Agency(ies)
Implementing Agency: Dr. Simon Zwane

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s): Thulani Clement Matsebula, Edit V. Velenyi

Practice Manager (ENR/Social) Kevin A Tomlinson Cleared on 13-Apr-2020 at 07:08:48 EDT

Safeguards Advisor ESSA Nina Chee (SAESSA) Concurred on 20-Apr-2020 at 15:45:18 EDT