



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 03/16/2020 | Report No: ESRSA00367



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Lesotho	AFRICA	P170278	
Project Name	Lesotho Nutrition and Health System Strengthening Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	2/10/2020	4/28/2020
Borrower(s)	Implementing Agency(ies)		
Kingdom of Lesotho	Ministry of Health		

Proposed Development Objective(s)

The objective is to increase utilization and quality of key nutrition and health services and improve selected nutrition behaviors known to reduce stunting

Financing (in USD Million)	Amount
Total Project Cost	64.40

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]

Lesotho is a small, landlocked, lower-middle-income country facing high levels of poverty, low human capital outcomes, and is highly vulnerable to food insecurity and climate shocks. Approximately 57% of its 2.1 million Basotho inhabitants live below the national poverty line. Lesotho is by large a food-deficient country due to frequent climate shocks (i.e., recurrent droughts, dry spells and floods) that result in chronic food insecurity, especially in rural areas. This is exacerbated by other vulnerabilities such as Lesotho’s high HIV/AIDS, TB, maternal and infant mortality, and stunting rates; as well as climatic vulnerability (El Niño).

The government spent 13 percent of its general expenditures on health, above the average spent by upper middle-income countries (UMIC). Health and nutrition outcomes remain low for the current level of spending. Lesotho has a



maternal mortality ratio (MMR) of 1,024 deaths per 100,000 live births , which is almost twice the Sub-Saharan Africa average (560) and over three times the Southern Africa sub-regional average (310). Malnutrition was among the top causes of death among children in Lesotho, with an estimated one third of children under 5 years of age stunted in 2014. Inadequate care and feeding practices, lack of dietary diversity, and environmental health all contribute to high stunting rates. Additionally, Lesotho is grappling with a high adolescent pregnancy rate that has remained around 20 percent within the last decade. These high-risk pregnancies are more likely to cause delivery complications and low birth weight, which increases the risk for child stunting. It is estimated that only 9 percent of children have simultaneous access to adequate health care, WASH and nutrition services.

Ultimately the project seeks to contribute to reduced malnutrition and improved health outcomes especially among lower-income households, through increased coverage with health and nutrition services, both at the facility and community level, and stronger governance of health and nutrition. This US\$ 60 million investment project consists of three interlinked components and a Contingency Emergency Response Component. The grant funds from Power of Nutrition (PoN) will co-finance IDA credit resources for the first component. The project builds on the lessons of previous Bank support. The project component 1: Community-based health and nutrition services (US\$13.2 million) would support the implementation of a package of nutrition-specific and -sensitive interventions at the community-level; component 2: Improving Health Facility-Based Service Delivery (US\$34.9 million) would aim to improve the capacity of government and primary and secondary health care providers to deliver better quality reproductive, maternal, newborn, child and adolescent health and nutrition services (RMNCAH-N) in an efficient and effective manner; component 3: Strengthen Government Stewardship, Project Management, and M&E (\$11.7 million) will strengthen overall project management, multi-sectoral coordination, monitoring, evaluation and learning. There will be a Contingency Emergency Response Component/CERC included to allow for rapid reallocation of project proceeds in the event of a natural or man-made disaster or crisis that has caused, or is likely to imminently cause, a major adverse economic and/or social impact.

D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]
The project is nation-wide covering both urban and rural areas. The proposed project will mainly provide technical assistance aimed at strengthening the overall health system, supporting nutrition specific interventions for quality and efficiency and promoting adoption of healthy behaviors. While Lesotho’s Government continues to invest heavily in healthcare infrastructure, the sector experiences a variety of challenges, which are exacerbated by the country’s topography and the isolation of many rural areas where the majority of the population resides especially the most vulnerable and disadvantaged groups. The health sector is facing a number of challenges such as : deterioration of physical infrastructure, inadequacies of supplies and equipment, shortage of adequately and appropriately trained health personnel, lack of training on waste handling, absence of funds to construct desired technologies for health care waste management.

Low quality of care in public health facilities leads to low service use, which the government aims to address through Component 2 (Improving Health Facility-Based Service Delivery) to improve the capacity of government, primary and secondary health care providers to deliver better quality reproductive, maternal, newborn, child and adolescent health and nutrition services in an efficient and effective manner. Sub-Component 1.2 will finance the provision of quality and bonus grants to eligible health facilities. These will include: (a) the semi-annual quality payment to finance



the implementation of facility-specific quality improvement plans (QIP); and (b) a bonus payment for the best performing health facilities with regards to coverage, quality and efficiency indicators. In addition, Sub-Component 2.2 - Quality Improvement training and equipment, will finance: (a) the provision of basic medical equipment and supplies for all hospitals; (b) TA to train health staff and management on the use of new equipment; and (c) TA to health facilities and the MOH to strengthen medical and pharmaceutical management. Consequently, improving health facility-based service will result in the increase of health services utilization which will, in turn, lead to marginal increases in the generation, handling and disposal of health care waste streams which will require careful management.

Despite legislation and programs addressing violence against women and girls, there are still high rates of gender-based violence in Lesotho. Women and girls are disproportionately vulnerable to GBV risks and HIV infection due to their lower socioeconomic position in traditional settings. Their vulnerability stems from the fact that they are not culturally empowered to make decisions on their sexuality, and their economic dependence predisposes them to sexual exploitation.

The proposed interventions will be implemented nationwide and primarily consist of quality improvements through technical assistance. As such, the Project will not support any development of infrastructure or fund construction activities. Generally, environmental and social impacts are moderate and will be managed through the application of safeguards instruments prepared for the Project.

D. 2. Borrower's Institutional Capacity

At national level, Lesotho has a legislative and regulatory framework instrumental for proper environmental and social management. The proposed Project will be implemented by the Ministry of Health (MOH), which has experience in implementing World Bank funded projects under the Safeguard Operational Policies, namely, the Southern Africa TB and Health Systems Support Project (SATBHSSP) and Lesotho Health Sector Performance Enhancement Project. The proposed Project will be implemented through the existing SATBHSSP Project Implementation Unit (PIU). The PIU will have the overall responsibility for environment and social risk management including monitoring compliance with the agreed on mitigation measures and actions that will be outlined in the Environmental and Social Commitment Plan (ESCP).

Over the course of implementing both projects, the MOH has demonstrated some capabilities in the implementation and monitoring of Environmental and Social Safeguards Operational Policies. Currently, the SATBHSSP PIU has a dedicated and qualified Environmental and Social Specialist (E&S Specialist). The PIU will retain the E&S Specialist throughout the project duration to oversee management of environmental and social risks and impacts.

However, given the expanded scope of the Environmental and Social Framework (ESF) and the MOH's unfamiliarity with the ESF, the MOH will need training in the Bank's Environmental and Social Standards (ESSs) to ensure that the project will be implemented in accordance with the Bank's ESF requirements. In addition, at the district and community level, government agencies (including those attached to the Ministry of Health) often do not have the necessary skills to manage social and environmental impacts. Therefore, significant effort is anticipated to build the capacity of the MoH and the PIU at both national, district and community levels with respect to the ESF and its applicable Standards.



Targeted training for the PIU and other entities responsible for Project implementation, focused on ESS1, ESS2, ESS3, ESS4 and ESS10 will be conducted for capacity building.

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

A. Environmental and Social Risk Classification (ESRC)

Moderate

Environmental Risk Rating

Moderate

The environmental risk classification for the proposed Project is Moderate due to the nature of the proposed Project activities and associated environmental risks, the capacity of the Ministry of Health and the PIU in the understanding and application of the Bank’s ESF, and relevant Standards. The Project’s impacts are related to the proposed improvement of health facility based service delivery under Component 2 which will result in the increase of people accessing health facilities. Based on this, key environmental risks and impacts are related to (i) marginal increase of health care waste (ii) occupational health and safety of health care workers; and (iii) community health and safety related to the operation of health care facilities.

Potential impacts and risks are expected to be site specific, reversible and managed through established and proven mitigation measures. They will be mitigated through (i) capacity building activities aimed at strengthening health facilities to comply with the ESF requirements, particularly, ESS 3: Resource Efficiency and Pollution Prevention and Management; (ii) implementation of environmental safeguards instruments prepared for the project and (iii) retaining the E&S Specialist engaged by the PIU to support the Project with the implementation of environmental and social mitigation measures.

Social Risk Rating

Moderate

The social risk rating for the proposed Project is considered Moderate. The project will not finance any civil works and has small footprint with limited and manageable adverse social impacts that can be mitigated and managed with the application of appropriate mitigation measures. The key social risks and impacts are related to labor and working conditions, prevalence of GBV and HIV/AIDS in the country, potential impacts to community health and safety, and the Client’s limited experience in implementing Bank funded projects. These anticipated impacts and risks can be managed/mitigated. Currently the project GBV risk rating is assessed as moderate. Lesotho has made efforts to attain gender equity and equality, but legislation, customary law and practice still contain considerable gaps and GBV incidents are common. The GBV risk for the project is therefore contextual and it is not expected that the project will induce additional GBV risk. The GBV risk rating will be reassessed once potential subproject sites and specific project activities have been identified.

The social rating takes into account the limited capacity of the MOH and other key implementing agencies at both national, district and community levels in the application of the ESF and applicable Standards.

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

Public Disclosure



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 Project will not support any development of infrastructure or fund construction activities. The proposed project will mainly provide technical assistance aimed at strengthening the overall health system, supporting nutrition specific interventions for quality and efficiency and promoting adoption of healthy behaviors. These activities will have minimal environmental and social footprints.

The Bank's review and E&S due diligence considered the anticipated environmental and social (E&S) risks related to the project, the E&S management requirements, relevant national E&S (including health care waste management) regulatory framework and the Project's capacity to manage environmental, social, safety and health risks in compliance with ESS1.

The Project under Component 2 will finance activities aimed at increasing the utilization and quality of health care services and/or facilities by improving health facility-based service delivery through the provision of (i) quality and bonus grants to eligible health facilities with regards to coverage, quality and efficiency indicators; and (ii) basic medical equipment and supplies for all hospitals as well as family planning commodities, baby weighing scales, micronutrient supplements and therapeutic feeding treatment for SAM in health centers and hospitals. No constructions works will be financed under the project. Key environmental and social risks and impacts will be related to the increase in the number of people accessing health facilities, which, will result in the following risks and impacts: (i) marginal increase in health care waste at the benefiting health facilities; (ii) occupational health and safety of health care workers; (iii) community health and safety related to the operation of health care facilities; and (iv) Gender Based Violence (GBV) / Sexual Exploitation and Abuse (SEA) risks. These impacts are not envisaged to be significant or irreversible.

The specific health facilities/locations that will benefit from the project have not yet been determined.

A Project Environmental and Social Management Framework (ESMF) has therefore been prepared and consulted upon. The ESMF establishes procedures for screening sub-projects, mitigation measures, as well as implementation arrangements, including for triggering the CERC component. The impacts will be managed during project implementation in accordance with the ESMF and the Infection Control and Waste Management Plan for Lesotho (ICWMP) together with its Standard Operating Procedures (SOPs) (2016). The ICWMP (2016) was reviewed and found to be consistent with the requirements of the ESF. The Site specific instruments such as Environmental and Social Management Plans (ESMPs), where necessary, will be implemented during project implementation. Though labor influx is not anticipated, the site specific ESMPs will include measures to avoid, minimize, manage and mitigate any Gender Based Violence (GBV) / Sexual Exploitation and Abuse (SEA) risks. However, GBV/SEA, HIV/AIDS risks will be monitored and assessed further throughout the project cycle. During ESMF preparation the MOH conducted a number of consultations with various stakeholders including women groups, youth and adolescent groups including other vulnerable and disadvantaged members of the community. Meaningful and inclusive consultations will continue throughout the project life cycle.



Additionally, the project prepared a Stakeholder Engagement Plan (SEP) including a Grievance Redress Mechanism (GRM). The Labor Management Procedures (LMP) have been prepared as part of the ESMF. The project will address any gaps through the implementation of the Environmental and Social Commitment Plan (ESCP), as well as targeted training and support to the environmental and social specialist(s) in the PIU and implementing agencies. The Environmental and Social Commitment Plan (ESCP) has outlined the MoH's commitments to screen all sub-projects further during implementation and prepare the requisite E&S instruments such as ESMPs.

ESS10 Stakeholder Engagement and Information Disclosure

Stakeholder engagement is a principal tool for environmental and social risk management and successful implementation and sustainability of the project. An inclusive Stakeholder Engagement Plan (SEP) proportional to the nature and scale of the Project as well as the expected risks and impacts, has been developed and will be implemented by the MOH. The SEP identifies all key existing and potential stakeholders, and describes, in addition to other relevant information, stakeholders' level of influence in project planning and implementation, and means, timelines and frequency of communication with each stakeholder/stakeholder group. The SEP includes a Project wide grievance mechanism which will be established, monitored and reported on. The SEP will be disclosed as early as possible prior to Appraisal. The MOH will thus engage in meaningful consultations with all stakeholders including health workers, District Health Management Teams, water and health women groups, youth and adolescent groups (including out of school adolescents), agriculture nutrition clubs, adolescent mothers, traditional leaders, community leaders, traditional birth attendants, teachers, project affected communities, women and youth groups, NGOs, community-based groups and Disabled People's Organizations (DPOs) and other vulnerable and disadvantaged members of the community) throughout the project life cycle. The MOH will provide stakeholders with an accessible and inclusive GRM to raise issues and grievances, that will allow MOH to receive, respond to, facilitate resolution of concerns and manage grievances. The MOH will ensure that all stakeholder consultations are accessible and inclusive (in format and location taking into consideration vulnerable and disadvantaged groups), and appropriate for the local context. The MOH will subsequently provide stakeholders with timely, relevant and understandable information in a culturally appropriate format. As part of the environmental and social assessment process, the Borrower will maintain and disclose documentation of stakeholder engagements, which will describe the stakeholders consulted, summary of issues discussed and responses from the MOH. If during implementation the SEP is considerably modified, a revised SEP will be publicly disclosed as soon as possible.

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

The Project footprint is relatively small and with no construction activities. Activities to be implemented under the project are not expected to have significant adverse impacts in terms of labor and working conditions as specified in ESS2 and in accordance with the requirements of national laws (Lesotho Labor Code, 2000). A Labor Management Procedure (LMP) has been prepared as part of the ESMF by MoH prior to Appraisal. The LMP includes direct workers



and will meet requirements for: terms and conditions of employment; non-discrimination and equal opportunity; worker's organizations; child labor; forced labor; an accessible workers' grievance mechanism; and, occupational health and safety (OHS). Civil servants from the implementing ministries working in the project full-time or part-time will remain subject to the terms and conditions of their existing public service employment or agreement, unless there has been an effective legal transfer of their employment or engagement in the project. The LMP includes a workers' GRM for labor disputes. The National Labor Code and related amendments cover many of the principles included in ESS2. Measures for prevention and mitigation of GBV/SEA risks involving project workers will be put in place before project effectiveness. It is anticipated that activities under Component 2 are likely to result in increased generation, handling and disposal of biomedical waste posing occupational health and safety risk to health care workers. The ESMF includes requirements for inclusion of OHS measures/plans as part of the sub-project specific ESMPs. The Occupational Health and Safety Measures will take into account and align with the Bank's General Environment, Health and Safety Guidelines (EHSGs), the industry sector EHSGs for Health Care Facilities, other good international industry practice (GIIP) and the Lesotho ICWMP together with its SOPs.

ESS3 Resource Efficiency and Pollution Prevention and Management

It is anticipated that Project financed activities under Component 2 which will support the strengthening of health systems will result in the increase of health services which will, in turn, lead to the risk of generation, handling and disposal of biomedical waste. This risk will be mitigated through the implementation of the Lesotho Infection Control and Waste Management Plan, 2016 (ICWMP) together with its Standard Operating Procedures (SOPs). The 2015 review of the Health Care Waste Management System included review of the Consolidated Lesotho National Health Care Waste Management Plan (CLNHCWMP) (2012) resulting in the development of the ICWMP and its SOPs (2016). The proposed Project is not expected to be a significant user of water or generate significant greenhouse gas emissions.

ESS4 Community Health and Safety

No irreversible community health and safety impacts are anticipated for the project. However, it is anticipated that inadequacies in the management of waste disposal sites and facilities in the rural areas where the possibility of mixing domestic and Health Care Waste (HCW) exists might pose a risk to community health and safety. To mitigate this impact, ongoing monitoring of handling of clinic waste streams will be in place during project implementation. This risk will be mitigated through the implementation of the Lesotho ICWMP together with its SOPs. As part of sub-project specific ESMPs, the Project will evaluate site specific community risks and impacts of the affected communities during the project life-cycle and will establish preventive, minimization and mitigation measures. The project will document site specific emergency preparedness and response activities, resources and responsibilities as part of the ESMPs and will disclose appropriate information to affected communities, relevant government agencies and other relevant parties. Lesotho has made efforts to attain gender equity and equality, but legislation, cultural norms and practices still contains considerable gaps and GBV incidents are common. The GBV risk for the project is therefore contextual and while it is not expected that the project will heighten GBV risks, it should adopt procedures set out in the Good Practice Note on addressing GBV. Specifically, the PIU will be trained in addressing GBV throughout the Project. GBV prevention and response will be mapped out, and GBV actions will form part of the ESMF/sub-project ESMPs and stakeholder consultations. These requirements will also apply to all contractors and be



specified in related procurement. The project’s GRM is incorporated into the draft SEP. Relevance of ESS4 will further be assessed throughout the project cycle.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

The project activities are not expected to result in land acquisition, restrictions on land use and involuntary resettlement. No infrastructure development is planned, and no temporary or permanent acquisition of land or assets is expected to be required.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

ESS6 is not currently relevant as the proposed Project will not finance any activity which would impact biodiversity and/or living natural resources.

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

There are no identified vulnerable or marginalized groups with identities and aspirations that are distinct from mainstream groups as defined under the ESF’s Indigenous Peoples/Sub-Saharan Historically Under-served Traditional Local Communities standard in the project area of influence. Therefore, this Standard is not currently relevant to the project.

ESS8 Cultural Heritage

Given the Project’s context, this Standard is not relevant as the proposed Project activities will not affect or involve risks to tangible and intangible cultural heritage. During construction, ‘Chance Find’ procedures as included in the ESMPs for all activities will be followed to preclude and manage any risk of damaging significant cultural heritage.

ESS9 Financial Intermediaries

The standard does not apply as the Project will not include financial intermediaries.

B.3 Other Relevant Project Risks

Currently, no other significant environmental or social risk are envisaged.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways

No

Public Disclosure



OP 7.60 Projects in Disputed Areas

No

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

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
<ul style="list-style-type: none"> • Environmental and Social Management Framework (ESMF) including Labor Management Procedures (LMP); GBV/SEA prevention and mitigation measures • Stakeholders Engagement Plan (SEP) incorporating the Grievance Redress Mechanism (GRM) 	12/2019
ESS 10 Stakeholder Engagement and Information Disclosure	
SEP including a grievance redress mechanism	12/2019
ESS 2 Labor and Working Conditions	
Labor Management Procedures (LMP) embedded in the Environmental and Social Management Framework (ESMF)	12/2019
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Reviewed Consolidated Lesotho National Health Care Waste Management Plan (CLNHCWMP) and the Infection Control and Waste Management Plan for Lesotho (ICWMP) together with its Standard Operating Procedures (SOPs) (2016).	12/2019
ESS 4 Community Health and Safety	
Emergency Preparedness and Response Plan GBV Risk Assessment and Action Plan	07/2020
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	
Chance Find’ procedures included in the ESMF	12/2019
ESS 9 Financial Intermediaries	

Public Disclosure

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:

Use of the Borrower’s E&S Framework will not be considered, in whole or in part.

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: Kingdom of Lesotho

Implementing Agency(ies)

Implementing Agency: Ministry of Health

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

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Public Disclosure