



**The World Bank**

Second Additional Financing to Nepal COVID-19 Emergency Response and Health Systems Preparedness Project  
(P178205)

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

Date Prepared/Updated: 11/24/2021 | Report No: ESRSAFA276



# The World Bank

Second Additional Financing to Nepal COVID-19 Emergency Response and Health Systems Preparedness Project (P178205)

## BASIC INFORMATION

### A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Nepal	SOUTH ASIA	Government of Nepal	Ministry of Health and Population
Project ID	Project Name		
P178205	Second Additional Financing to Nepal COVID-19 Emergency Response and Health Systems Preparedness Project		
Parent Project ID (if any)	Parent Project Name		
P173760	Nepal: COVID-19 Emergency Response and Health Systems Preparedness Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	11/22/2021	12/21/2021

#### Proposed Development Objective

The project development objective is to prevent, detect and respond to the threat posed by COVID-19 and to strengthen national systems for public health preparedness in Nepal.

Financing (in USD Million)	Amount
Current Financing	29.00
Proposed Additional Financing	18.00
<b>Total Proposed Financing</b>	<b>47.00</b>

### 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 development objective is to prevent, detect and respond to the threat posed by COVID-19 and to strengthen national systems for public health preparedness in Nepal. It will achieve this objective by supporting the Government of Nepal, and specifically the Ministry of Health and Population (MoHP), to (i) provide emergency COVID-19 response for better case detection, confirmation, contact tracing, recording, and reporting as well for strengthening health system for enhanced case diagnosis and treatment, focusing on critical hospital and laboratory infrastructure needed for COVID-19 and other public health emergencies; (ii) support community engagement and risk communication; (iii) strengthen the MoHP and its emergency coordination and implementation structures to improve the coordination of the response, monitor and learn from the response, and as well as to support project implementation including procurement, financial management, undertaking of the Stakeholder Engagement Plan (SEP) and compliance with the Environment and Social Commitment Plan (ECSP); and (iv) enable the government, following an eligible crisis or event, to request the Bank to re-allocate project funds to support additional emergency response through Contingency Emergency Response Component.

#### **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 parent project contributes to strengthening Nepal’s health systems and improving the country’s overall epidemiological capacity to undertake surveillance and response to COVID-19 and other infectious diseases. The activities are targeted at the federation and implemented proportionally at the federal, provincial and local levels based on epidemiological needs of the country. Project funds and technical support have helped to enhance Case Investigation and Contact Tracing (CICT) at the national and provincial levels; strengthened over 78 acute care health facilities with isolation capacity; increased the national COVID-19 testing capacity from one laboratory (national public health laboratory) to 101 laboratories across the country; and financed over 1,276 new/rehabilitated ICU beds and facilities in selected public hospitals for managing public health emergencies. Risk communication messages are delivered to the public through multiple channels including media briefings, radio, televisions, mobile and online applications, and posters at locations in cities and villages across the country. In addition, two call centers have been established and serves as additional avenues through which citizens seek spot-on information about COVID and on-going government interventions to manage the pandemic, including messages for prevention of COVID-19 and information about vaccines and treatment facilities. The call centres also serve as avenues for receiving complaints related to the government’s public health response to COVID-19. The functionality of these call centres have been assessed and key areas for improvement have been identified. These include the need for (i) ongoing training and orientation for call center staff in addressing requests for information/complaints following standardized protocols and recording performance appropriately; (ii) coordination with Health Emergency Operations Center, National Health Education Communication Information Center and National Health Training Centers for updated information on Governments strategies and plans for COVID-19 management; (iii) augmenting the logistic capacity of the call centres; (iv) performance incentives for call center employees; and (v) supporting a safe work environment for call center employees. At the last project implementation review, the overall project performance was rated satisfactory, albeit with a moderate satisfactory rating for the project’s environmental and social (E&S) performance due to delays in strengthening the implementation of the national waste management standard across the various COVID-19 designated facilities in the country.

In October 2020, the MoHP, with technical support from the German Development Agency (GIZ), developed and adopted a National Health Care Waste Management standards and procedures which also includes methods for

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disposing vaccines waste. These standards are used to guide medical waste disposal at the central and provincial hospitals under the Parent Project. Additional technical support from UNICEF has enhanced the capacity of the MoHP to implement RCCE activities as outlined above. The human resource capacity of the MoHP relative to the assessment, mitigation planning, management and reporting on the Environmental and Social Management Framework (ESMF) and Stakeholder Engagement Plan (SEP) has also been strengthened with the onboarding of two consultants (One Environment Specialist and One Social Specialist) at the Health Emergency Operation Center (HEOC) with demonstrated effects on oversight and reporting on the environmental and social compliance as per the ESCP. As a complement to the parent project, the primary objective of this AF is to enable Nepal to provide free and equitable access to COVID-19 vaccines to eligible persons in the country. In particular, the AF would finance shortfall in the IDA financing of six million doses of Pfizer-BionTech vaccines being procured by the Government of Nepal (GoN) under the parent project. Vaccine deployment is guided by the National Deployment and Vaccination Plan and WHO's Fair Allocation Framework with considerations for vulnerable and marginalized populations. Contrary to previous risks assessment, experience from on-going COVID vaccination program suggest that voluntary participation in the program is high and continues to improve across the country as vaccines are deployed. In line with the NDVP, participation in the program remains voluntary and without coercion. No mandatory vaccination has been imposed on any social group thus far, although risks communication encourages participation for the overall health of the population. In the provinces, low adult literary especially so for women, high poverty rates, and inadequate access to healthcare services remain constraints. Experience from the parent project suggests limited community support for CICT activities due to stigma from neighbors. As of October 28, 2021, over 20 million doses of COVID-19 vaccines have been delivered to Nepal, of which 99.5 percent of the vaccine require a cold chain of 2-8 degrees Centigrade. Nepal has fully leveraged the infrastructure of its exemplary expanded program on immunization to deploy these vaccines equitably across the nation and safely vaccinated 6.7 million (30.8 percent) population fully and 8.6 million (39.7 percent) population partially as of October 26, 2021. Warehousing capacities have been beefed up at provincial levels to ensure a predictable supply of vaccines to the periphery. To ensure safe deployment of vaccines, such as Pfizer-BionTech and Moderna (Spikevax), financed by IDA and requiring ultra-cold chain (UCC) (-70 to -80 deg C) and cold chain (-50 to -15 deg C), Nepal has augmented its cold chain capacities with technical and financial support of COVAX, WHO, UNICEF and USAID. This support also extends to maintenance and management of such cold chain. Most recent guidance for deployment of Pfizer-BionTech and Moderna (Spikevax) vaccines indicate that with staggered supply of vaccines and appropriate microplanning, the given UCC capacities in Nepal at Federal Level and in select provinces are sufficient to safely deploy the vaccines, leveraging the cold chain capacities at sub-national levels. Disease surveillance, vaccination activities and health risks communication may also confront cultural protocols of indigenous groups, and depending on vaccine availability, could further marginalize access to quality healthcare services for vulnerable groups. The implementation of the SEP under the parent project, along with the government's Risks Communication and Community Engagement Directive, 2078, has helped inform communities on the benefits of testing and vaccination against COVID-19, dispel rumors, direct people to COVID service centres, and somewhat counter the influence of cultural protocols on healthcare services. As previously assessed, the project (including this AF) presents no adverse impacts on natural habitats and cultural sites.

#### D. 2. Borrower's Institutional Capacity

The design, scope and implementation arrangements of the parent project will be maintained in this proposed AF, with the MoHP, and its Departments including the Department of Health Services (DoHS), Divisions and Centers holding responsibilities for key elements of the project. Overtime, the the Health Emergency Operation Center (HEOC) – the unit responsible for managing the environmental and social (E&S) impacts of the project - has improved its



human resource base for managing such risks and impacts. In July 2021, two trained and experienced Environmental and Social Specialists were onboarded and have since assumed direct responsibilities for implementing and reporting on the ESMF, SEP, ESCP and other E&S risks mitigation measures of the project. The services of these specialists will be extended to implementing relevant environmental and social measures and managing the potential adverse impacts of additional vaccines that be purchased through this AF. As part of this AF, the Bank will provide additional orientation on the World Bank’s environmental and social standards and deliver relevant technical support to assist in oversight and reporting on the environmental and social compliance of the project including this AF. Despite this improvement in human resource base, the capacity of the MoHP, particularly the Health Care Waste Management Division of DOHS, to support implementation of Health Care Waste Management Procedures across all health care facilities in the country remains limited due to both technical and fiscal constraints.

Specific to environmental and social commitments, the Health Emergency Operation Center (HEOC) in coordination with the following units of the DoHS - Management Division (MD), Health Care Waste Management Division (HCWMD), Curative Services Division (CSD), National Health Education, Information and Communication Center (NHEICC) and the Nursing Services Division (ND) – is responsible for managing the environmental and social (E&S) impacts of the project activities. The MD and HCWMD provide oversight for environmental impacts including medical waste management, ensures control and compliance with national infection control and waste management standards, and ensure contractors and service providers adhere to OHS procedures; whilst the HEOC working with CSD, EDCC, NHEICC and ND will coordinate social impact management, RECCE activities, and respond to grievances and complaints.

The Bank and other development partners are supporting MOHP to appropriately respond to requirements of environment and social safeguards. The SEP for the parent project which was disclosed on August 31, 2020 was revised and disclosed on March 24, 2021 (English version) and May 19, 2021 (Nepali version) to service the first AF, and included activities for creating awareness about vaccines and to help facilitate vaccine acceptance. Similarly, the ESMF for the parent project which was also disclosed on the same date as the SEP was revised and disclosed. The existing SEP has been updated with provisions for engaging adolescents and will be disclosed prior the effectiveness of this AF. As noted in the ESCP, the ESMF will be updated to account for emerging risks in COVID-19 operations such as fire hazards and safety, redisclosed within 30 days after effectiveness of this AF. All key E&S commitments are noted in the ESCP and will be monitored for compliance by the Bank task team. Periodic capacity assessment will be conducted by the Bank task team during project implementation and, if necessary, additional E&S specialists will be recommended and/or capacity development training provided for the project.

The National Health Care Waste Management standards and procedures which had been developed with technical support from GIZ, is part of the suite of protocols for managing healthcare waste in the project and will be extended to waste that may be generated from the proposed vaccination program. The GIZ is providing additional support, including training and equipment, to help strengthen health care waste management systems in 13 hub hospitals. UNICEF provides technical assistance to the MoHP in the areas of RECCE and enabling the ministry to undertake twice-a-week press briefings, radio/TV/social media programs, and a public health communication campaign. At this phase of project preparation, the institutional capacities of GIZ, UNICEF and WHO are considered adequate based on routine engagements and discussions on the various subject matters related to their technical support and leadership of various aspects of the project. The MoHP also developed a Gender Equality and Social Inclusion section/unit (GESI) to address gender considerations and to promote the inclusion of women, Dalits, Indigenous Peoples, persons with disability and other excluded communities in the formulation, implementation of health policies and programs.



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

**A. Environmental and Social Risk Classification (ESRC)**

Substantial

**Environmental Risk Rating**

Substantial

Combined with the parent project, this AF will enhance Nepal’s systems for disease surveillance, containment and control of infectious diseases; and specifically finance the procurement and deployment additional six million Pfizer Bion-Tech vaccines. Over 20 million doses of vaccines are already delivered to Nepal as of October 28, 2021 with a pipeline of approximately 35 million doses to be delivered before June 2022. As of October 26, 2021, Nepal has safely vaccinated 6.7 million (30.8 percent) population fully and 8.6 million (39.7 percent) population partially. The vaccine beneficiaries include frontline healthcare and social workers, elderly people (55+ years), persons 40+ year with co-morbidities, migrants and refugees and other interested persons in age group 15-39 years. With safe and effective vaccines now available for adolescent and child age groups, the GoN has decided to expand COVID-19 beneficiary base to adolescents 12 years and above. Overall, the AF project is expected to extend positive environmental and social impacts. Along with the positive impacts, the AF activities are expected to increase the scale of vaccine waste such as syringes and used vials. The environmental risks rating of the AF and the parent project remain Substantial due to concerns about occupational health and safety (OHS) for workers and the potential for improper handling and disposal of medical waste and bio-hazards which could injure human health. Based on existing vaccination activities (including the COVID vaccination program), these risks factors are predictable and reversible, although controlling them and addressing their impacts are routinely constrained due to budget, logistics and technical constraints. Even with technical support from GIZ, anecdotal evidence suggests that the management of medical waste at the provincial and local levels in Nepal is challenging given that the health facilities at these levels are poorly resourced and without adequate human resource capacity. The COVID-19 pathogen is particularly dangerous in nature and require careful and proper handling. GIZ is continuing to provide support on capacity for medical waste management focusing on training and equipment. Other environmental impacts which have become apparent and predictable through the parent project are: (i) community health and safety (CHS) concerns; (ii) disposal of hazardous waste generated from quarantine and isolation centers, laboratories, and screening posts could include contaminated fluids (e.g. blood) and infected materials such as reagents, syringes, empty vials and laboratory solutions; and (iii) waste generation. The scope, scale and spatial extent of these risks factors are largely predictable, temporary and can be managed by enhancing the existing risks mitigation instruments. The MoHP has developed basic procedures and protocols and NHTC has prepared a six day learning resources package for HCWM training. As of August 31, 2021, over 8,647 doctors, nurses and paramedics were provided training in COVID 19 management, which included elements of biomedical waste management. As noted above, the support from the World Bank task team and development partners like GIZ, WHO, and UNICEF enables the MOHP to improve capacity in managing these notable risks and impacts overtime. With support from DPs, HCWM section/DoHS has prepared three years work plan with an estimated budget and four outputs for managing the waste generated in the selected hospitals; strengthen HCWM infrastructure and services; prepare HCWM Plan for COVID vaccination waste and build capacity of health agencies at three levels of government for effective management of healthcare waste. A technical working group has been established with government and development partners support to coordinate and steer HCWM and WASH activities at federal, provincial & local levels. The project ESMF is sufficient for managing risks related to this AF.

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**Social Risk Rating**

Substantial

Social risks of the AF project is rated Substantial. Both contextual and project-specific social concerns present influence on the implementation of the parent project and the AF in ways that can exclude historically underserved indigenous and vulnerable communities from accessing project-financed services. Entrenched caste systems and political considerations can influence vaccine deployment and access to non-prioritized groups and individuals and drive inequitable access to vaccines for vulnerable communities. Reprisals against healthcare workers for perceived unfairness or death of hospitalized relatives occasionally occur and may impact operations under this project. Media reports observed vaccine tourism especially in border communities with India which can undermine equitable access to vaccines. However, experience from the parent project suggest that these risks factors are largely controlled. The vaccination program is typically guided by the NVDP with inherent targeting for prioritized populations and persons interested in the vaccine. The targeting criteria for vaccination as per the NVDP prioritizes vulnerable and marginalized populations as the third tier of priority population following health and essential workers and persons with co-morbidities. Government’s COVID-19 vaccine distribution statistics indicate that vaccines are deployed across the country, with urban centres receiving more vaccines than rural areas. About 4000 of the 16,000 available routine immunization centres have been activated for COVID-19 vaccination, in line with vaccine availability, with each vaccination session managed by a cohort of four health workers, including a Female Community Health Volunteer and three trained health workers. Project-specific social risks and concerns include (i) the potential for improper disposal of medical waste on open waste dumps and discharge of contaminated water that may undermine community health and safety, cause injury to waste pickers and contaminate land and surface water; (ii) risks of adverse events following immunization (AEFIs) including severe contraindications and death; (iii) the use of Nepal police to protect COVID-19 logistics, manage crowds at vaccination centres, and enforce masks mandates in public places, and (iv) issues that may emerge from government’s decision to vaccinate children of 12years and above. In line with the ESCP of the parent project, the use of the police has been conducted with due respect for human rights and security. There are no reported cases of abuse by the police against the population. As part of this AF, the MoHP and the Home Affairs ministry will continue to monitor, document and resolve concerns regarding lapses in the conduct of security personnel whilst enforcing compliance with the code of conduct. During the last project review, the MoHP reported perception of less risk of COVID-19 and behavior relapse among the population as cases decrease, limited resources to engage in behavior change communication, and proper management of waste generated from home isolation. These issues can impact the AF. As part of this AF, the SEP and ESCP of the parent project have been updated to account for the above risks and the emerging challenges. The SEP has been revised to include mechanisms for disclosing information and engaging adolescent populations through platforms such as schools prior to vaccine roll-out for such populations. The SEP complements the RCCE activities under component 2 of the project, and respond to the specialized information needs of disabled and vulnerable populations. No land acquisition has occurred through the project and not expected from the AF as works are limited to rehabilitation and enhancement of existing infrastructure with no need for additional land. The CERC of the parent project could become relevant during the implementation of this AF. In such circumstances, the ESMF and other mitigation plans will be revised accordingly.

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**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 AF will extend positive environmental and social impacts as it focuses on financing gaps in the procurement of additional vaccines, and will scale up GoN's capacity to extend vaccination coverage to the eligible population including adolescents over the age of 12 years. At the same time, the project (both parent and the AFs) extends some substantial environmental, health and safety (EHS) risks to direct workers, contracted workers and local communities. The risky nature of the pathogen which are being used in the project-supported laboratories and quarantine facilities present safety concerns to health workers and volunteers. Healthcare-related infections due to poor adherence to OHS standards can lead to illness and mortality among health and laboratory workers. The over 101 laboratories and health facilities (including the National Public Health Laboratory (NPHL), Patan, Bir, and Sukraraj hospitals, that provide diagnostic testing and patient isolation generate biological and chemical waste, and other hazardous byproducts. With additional vaccines being procured through the AF, healthcare waste (i.e. syringes and used vials) will increase and exacerbate ongoing limitations in the management of medical waste from the government's COVID-19 operations. Thus, administrative and containment controls as noted in the ESMF are sufficient for addressing these risks and impacts.

Under the parent project, the MoHP prepared and disclosed an ESMF on August 31, 2020 to mitigate these risks, and was further updated and disclosed in English and Nepali versions for the first AF on March 24, 2021 and May 19, 2021 respectively. Although this ESMF is sufficient for assessing and managing the risks that are associated with this AF, it will be updated to account for life and fire safety issues which has emerged as a potential risk in COVID-19 management facilities. An exclusion list is included in the ESMF, outlining project activities that will not be supported by the project. The exclusion list will extend to the operations of this AF. The WBG's EHS Guidelines for Health Care facilities, WHO's "Operational Planning Guidelines to Support Country Preparedness and Response", existing relevant national regulations like Public health Service Act, 2018, National Health Care Waste Management standards and operations, 2020 will inform the review of the ESMF and other relevant environment and social management plans to be implemented in this AF project.

Major social risks that are anticipated in this project include the potential for improper disposal of medical waste on open waste dumps that may undermine community health and safety, cause injury to waste pickers; (ii) risks of AEFIs; the use of the Nepal police to protect COVID-19 logistics, manage crowds at vaccination centres, and enforce masks mandates in public places with potential for arbitrary use of force and abuse; as well as health and social issues that may emerge from government's decision to vaccinate children of 12 years and above. In line with the NDVP (2021) the activities to be financed by the AF are inherently designed to prioritize people with health vulnerabilities and the larger eligible population. The ESMF of the parent project includes procedures for waste segregation, transport and disposal so as to avoid or minimize risks of injury and illness to local populations and the potential for contamination of land and surface water. The implementation of these procedures will extend to the AF activities. As an additional control measure, activities that are screened as high E&S risk, are not eligible for project support. No forced vaccination has been observed in the implementation of the project.

The NVDP (2021) provides sufficient guidance on the entire COVID vaccination program and outlines key measures for appropriate targeting, vaccine transportation and storage, vaccine deployment and security, as well as training of vaccination and support teams. Significantly the plan articulates broader plans for managing waste and anticipates the potential for occurrence of AEFIs; and has outlined measures to address such situations.

In addition to managing health and environmental concerns, the MoHP commits in the ESCP to continued stakeholder engagement, maintaining timely dissemination of information to: (i) better inform and counter



misinformation and rumors; (ii) ensure equitable access to all project-financed medical services; and (iii) address tension resulting from people being kept in mandatory quarantine. The SEP for the project has been updated to include specific consultation and engagement activities that will help create awareness about COVID vaccines and the government’s vaccine deployment plans especially among school children. The updated SEP proposes to scale up and expand existing engagement and consultation activities and aim to (i) facilitate appropriate stakeholder engagement and outreach towards a differentiated audience (concerned citizens, suspected cases and patients, relatives, health care workers, etc.); and (ii) promote the proper handling of quarantining interventions (including dignified treatment of patients; attention to specific, culturally determined concerns of vulnerable groups; and (iii) prevention of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH).

### **ESS10 Stakeholder Engagement and Information Disclosure**

Experience in implementing the project and in similar emergency epidemic operations suggests that the risks of misinformation is always apparent. Vaccine skepticism and misconceptions about the benefits and risks of the COVID vaccine were anticipated during the preparation of the project. As the GoN considers extending COVID-19 vaccines to children, skepticism and misconceptions among such population may become a relevant risks to address. In addition, the tendency to sidestep the information needs of indigenous groups was also acknowledged as an issue to address by the MoHP.. As part of this AF, the existing SEP of the project has been updated and disclosed with additional mechanisms for engaging and informing parents, care-givers, teachers and trainers of children about COVID through identified service delivery platforms (i.e schools, training institutes and children wards at hospitals) and informal settings at the community level. The implementation of the SEP is in tandem with the Ministry’s RCCE activities under component 2 of the project, and will continue to serve the deployment of the additional vaccines to be procured through this AF. The National Health Education Information Communication Center (NHEICC) with the technical support of UNICEF and WHO has intensely engaged with the community, leveraging social-, mass-, mid- and print-media as well as inter- personal risk communication in multiple languages. Campaigns for masking-up, testing, home isolation/quarantine and treatment were deployed nationally. Engagement with media, local government, community influencers, private sector and social sector workforce has been strengthened with deployment of tested FAQs, public service messages and technical information. Social listening, rumor tracking and prompt squashing through multiple Information, Education and Communication (IEC) channels has been an effective mechanism for tackling misinformation. Mobile technology has been used with SMS based mass messaging and toll-free helplines 1133 and 1115 with supporting call centers to address the COVID-19 information needs of Nepalis. The SEP includes strategies for meaningful consultation and disclosure of appropriate information, taking into account the specific challenges associated with combating COVID-19. Under this AF, the SEP has been updated and will be disclosed in English and Nepali. The SEP contains strategies and plans for creating awareness about COVID vaccines and to help generate vaccine acceptability by addressing rumors and fears. The SEP highlights the importance for engaging marginalized and vulnerable social groups such as ethnic and religious minorities, IPs, and persons with disabilities, especially those living in remote or inaccessible areas, while keeping a clear focus on those who are most susceptible to the transmission of the coronavirus, such as the elderly and those with compromised immune systems due to pre-existing conditions. The SEP also includes a grievance redress mechanism to address project-related concerns. The current mechanism for grievance redressal is limited to the toll-free helplines 1133 and 1115 and associated call centers. The centers allow complaints to be lodged but lack procedures for addressing and resolving complaints as well as pathways for documenting and transferring SEA/SH related complaints to appropriate authorities and GBV

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service providers. A capacity needs assessment covering both centers has been concluded and will inform key measures for enhancing the functionality of the centers. The MoHP and the Bank team with support of WHO is exploring opportunities including training and basic orientations for call center operators and relevant staff/consultants with a focus on GRM management and protocols for appropriate referral of sexual exploitation and abuse/sexual harassment related communication. For SEA/SH-related grievances, the Bank is working with the MoHP to plan and implement SEA/SH Prevention and Response Plan. The Bank is currently working with the ministry to implement measures to encourage women and young girls to lodge SEA/SH-related complaints for redress. The MoHP observes that due to social stigma and fear of retaliation SEA/SH related complaints are under reported.

## **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**

Through some of the project activities, direct and contracted workers, especially public health workers, could be exposed to OHS risks mainly due to the project being implemented during an ongoing COVID-19 pandemic. Most of the proposed activities will be conducted by public health staff and laboratory technicians, civil servants, and specialized consultants. The most significant risks confronting health workers is related to OHS and include exposure to infectious diseases (including COVID-19) and hazardous materials. Transport of vaccines and operation of light and refrigerated vehicles can also present the risks of accidents to drivers and community members; albeit marginal and insignificant risk. The project ESMF includes adequate measures against OHS measures aligned with the WHO and World Bank ESH guidelines. These measures include (i) procedures for entry into health care and quarantine facilities, including minimizing visitors and undergoing strict checks before entering; (ii) procedures for protecting workers against infections and hazardous waste; (iii) training and toolbox meetings on OHS procedures to all categories of workers including direct and contracted workers; (iv) post signage to isolate and moderate risks exposure; and (v) mandatory use of Personal Protective Equipment (PPE), both direct and contracted workers. Accordingly, these measures will be extended to the implementation of this AF to manage additional risks that may emerge from the deployment of additional vaccines. The ESMF and all other guidelines developed under this project will be flexible to allow review and update as new guidelines are provided by WHO over time. Whilst the AF activities are not likely to induce fire hazards, global fight against COVID-19 has recorded fire incidents in facilities with piped oxygen. As such, the ESCP of the AF includes measures to assess and respond to potential fire hazards and incidents and should adhere to international standards especially the L&FS standards as detailed in the WBG EHS Guidelines.

In line with ESS2, the use of child labor is prohibited in the project. Persons under the age of 18 are not allowed to work on any facility or site that is being financed by the project. Age verification (using certified birth certificates and citizen identification cards) will be carried out as precondition for employment. The project uses existing official administrative mechanisms as avenues for addressing complaints from direct workers whilst contracted workers have the opportunity to raise and seek redress for complaints through workers GRM mandated through contracts. A separate grievance mechanism for SEA/SH-related grievances is not yet in place, as proposed in the parent project's SEA/SH Prevention and Response Plan, but the Bank is working with the MoHP to institute this mechanism.



### **ESS3 Resource Efficiency and Pollution Prevention and Management**

Medical and chemical wastes (including water, reagents, infected materials, etc.) from the laboratories, quarantine, vaccination centers and screening posts to be supported (drugs, supplies and medical equipment) can have substantial environmental impacts and with human consequences. Solid wastes generated from medical facilities, discharge of contaminated water and fluids, chemicals and hazardous materials, and other material waste from laboratories and quarantine and isolation centers such as sharps used in diagnosis and treatment can endanger health and safety of local communities. With the expected expansion of vaccination through the AF, the quantum of medical waste in the form of used vials and syringes will increase and overwhelm the prevailing limited capacity for management of health care waste. With support from GIZ, the MOHP is improving its capacity to manage waste from medical facilities. As noted above, a national healthcare waste management standard and procedures has been developed. These procedures are only being implemented at selected hub facilities located at the central and provincial capitals, albeit limited by fiscal and technical constraints, confining the coverage and lack of oversight and reporting on medical waste management in remote locations. Project-supported hospitals and health facilities will follow the procedures outlined in the ESMF, WHO COVID-19 Guidelines. The hospitals will apply the National Health Care Waste Management standards in disposing off used vials, syringes, and other vaccine-related waste. In line with the NDVP, the parent project will technical assistance and equipment/consumable support that will allow health facilities to implement health care management procedures and adhere to the procedures outlined in the NDVP – mainly using incinerators to dispose off waste. Considerations for energy efficiency will guide the procurement, operation and monitoring of equipment and cold-chain facilities. Waste water, used chemicals and solid waste generated from quarantine facilities and laboratories will be treated and discharged as per the standards and measures by WHO.

### **ESS4 Community Health and Safety**

Apart from potential injuries from sharps and syringes on landfills and open dumps, medical and general wastes from the laboratories, hospitals, and quarantine and isolation centers have a high potential of carrying micro-organisms that can transmit diseases to the local populations if they are not properly disposed of. Whilst current medical waste management is less satisfactory, such waste are not disposed off on open dumps. The amount of waste decimated and safely disposed is far less than the waste generated. Some waste in urban municipalities' hospitals and health facilities is being disposed using autoclave while the remaining waste are being stored as the Ministry continues to improve its autoclaving and other waste management systems to manage this waste. The design of the parent project (subcomponent 1.1) includes investments to strengthen bio-safety measures. The OHS procedures in the ESMF outlines measures to prevent and minimize the spread of infectious diseases as well as Emergency preparedness and response measures. Another community health concern in the project include the potential for individuals to experience AEFIs, although these events are rare and have not been reported from the implementation of the project thus far. The MoHP, through the NVDP, has procedures to monitor, track and respond to such adverse events including provisions for compensation. These procedures are consistent with the WHO Global Manual on Surveillance of Adverse Events Following Immunization (2014).

Laboratories, quarantine and isolation centers, and screening posts under the project follows respective procedures for managing contaminated materials as well as protocols on the transport of samples. Operators of project-financed equipment and vehicles are trained/oriented on safe operation of equipment and vehicles and the national road safety regulations.



In addition, life and fire Safety (L&FS) risk associated to activities involving IDA financed oxygen therapy (e.g. PSA plants, cylinders, and piped oxygen supply) specially when near or around open fires will be considered when updating the ESMF. In respect of this risks, the ESMF, when updated, will include training and orientation of healthcare workers/facility users on L&FS, provision and use of appropriate PPEs, implementation of good international L&FS practices related to oxygen therapy and open fires near or around hospital and health care centers, emergency response, safe transport and storage of materials and waste management following of hygiene practices and protocols. The ESMF will emphasize the need for hospitals/ healthcare facilities where IDA has financed PSA plants, cylinders and/or piped oxygen supply, the fire safety measures are functional and will include (i) appropriate access restrictions / controls; (ii) correctly labelling; and (iv) have provision of scheduled routine inspection / maintenance program. Such hospitals/healthcare facilities must confirm that building designs comply with earthquake specifications, fire escapes, and other fire prevention requirements, have standard smoke exhaust and detectors, drainage, etc. as required in line with the national Building Code and international standards e.g., the US NFPA (National Fire Protection Association) code. The hospitals must maintain a plan to deal with fire emergencies, including evacuation protocols, operation of medical gas, oxygen, and vacuum system zone valves, and incident reporting root cause analysis and corrective actions and audit. Similarly, all hospital staff of such hospitals/health facilities should be trained on the emergency response plans, and evacuation drills should take place periodically, including a well-defined protocol allowing availability of emergency supplies for patient during evacuation or relocation, especially for the elderly and fragile patients, and/or patients connected to life support equipment.

The likelihood that project activities will generate or exacerbate the risks of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) is low. Nonetheless, all facilities that receive funds and support from the project are required to adopt basic work site ethics and protocols to prevent and deter workers from engaging in SEA/SH. Based on the findings of the last project performance review, the Bank is currently working with the MoHP to develop and operationalize measures against SEA/SH. Nepal has a track record of expanded program of immunization for children <5 years of age and pregnant women to reduce maternal and child mortality, with no evidence of child SEA/SH during the conduct of this program. With the proposed vaccination of children >12 years of age, child SEA/SH issues may surface and will be incorporated in ongoing SEA/SH prevention plans.

Based on the parent project, the risks related to human rights abuses through the use of security personnel in COVID-19 operations is considered moderate and manageable. As indicated in the NDVP and ESCP, the deployment of security is governed by the procedures set out in the plan, allowing the MoHP and the Ministry of Home Affairs to ensure that only personnel trained on Code of Conduct and respect for human rights are deployed for project purposes. The procedures will continue to guide the operations of the AF. The MoHP and the Home Affairs ministry will monitor, document and resolve potential concerns regarding the lapses in the conduct of security personnel whilst enforcing compliance with the code of conduct.

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

Based on the scope of the parent and AF activities, this standard is Not Relevant for managing risks of the project. The project will does not finance major civil works that will cause land acquisition and involuntary resettlement. During the last year of the project implementation, no land acquisition or involuntary resettlement has occurred from project activities, and the proposed AF is unlikely to induce such impacts.



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

No construction or rehabilitation activities are expected in the parent project and this AF. Hence, no impacts on natural habitats and biodiversity are expected. Accordingly, this standard is not considered relevant. The ESCP requires prior screening of activities for project support and will determine activities that will be implemented making sure that activities that present risks to sensitive biodiversity will be excluded.

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

Nepal's population includes indigenous peoples (e.g., Gurung, Tharu, Rai, etc) whose collective identity and presence is consistent with the characteristics that are specified in paragraphs 8 and 9 of ESS7. Official statistics indicate that this groups constitute approximately 36 percent of the population. The proposed AF activities do not present adverse impacts on indigenous people. Whilst the potential for marginalizing indigenous and vulnerable people in accessing vaccines and vaccine related information has been noted as a risk, vaccine deployment by the MoHP thus far, underscores the government's commitment to ensure inclusive and non-discriminatory access to vaccines. Nonetheless, vaccine deployment and delivery can sometimes confront local perceptions, cultural protocols and local medicinal practices of IP groups. In the event of an outbreak of COVID among IPs, the necessity for patient isolation and quarantine, social distancing, and prohibition of transmission amplifying events (e.g. funerals, cultural events, etc) could pose material effects on the cultural, ceremonial, or spiritual aspects of indigenous groups. Accordingly, this ESS is considered relevant for this project. Given the scope of the project (both parent and AF), some of the project activities - disease surveillance, public health education, and RCCE - may be carried out among indigenous groups. All project-financed activities will be carried out with due respect for the rights, dignity, aspirations, identity, culture and livelihoods of IPs. The principles and parameters to guide project activities among IP groups are set out in the ESMF of the parent project and will remain relevant for operations under the AF. Training and capacity building for health care workers as well as RCCE activities under the parent project emphasises the need to provide care for the priority and eligible population, regardless of ethnicity and social status, and with due considerations for the cultural protocols of IPs. The relevant aspects of ESS7 will be adopted to ensure full participation and consultation of IPs throughout the project implementation, and to create culturally-sensitive mechanisms by which IPs can raise concerns or seek redress for project-related grievances. Consultations and vaccination campaigns were designed to be conducted through partnership with relevant IP organizations and traditional authorities. However, limited footprints and capacity of such organization has been reported by the MoHP as issues that constrain the reach of RCCE activities in remote locations including IP communities. Based on the information available, no forced vaccination has been reported. As noted under ESS5 above, the investments under the parent project and the proposed AF are not expected to induce adverse impacts on private land, cause relocation of IPs or cause material changes to the ways of life of IPs.

### **ESS8 Cultural Heritage**

This standard is currently considered Not Relevant. Works financed by the project are limited to minor rehabilitation of existing health facilities, and involves no or minimal excavation which are unlikely to discover cultural artifacts or affect cultural heritage sites. The risks that the vaccination program may affect intangible cultural heritage of indigenous people, i.e. traditional medicinal practices is also considered less and unlikely to materialize as such traditional medicine tend to co-exist with orthodox medicine including vaccination programs.



**ESS9 Financial Intermediaries**

No financial intermediary is involved in the project

**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:**

The relevant standards of the World Bank ESF provides guidance for environmental and social risks assessment and mitigation. The requirements of these standards will be extended to the activities under the AF.

**IV. CONTACT POINTS**

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**Borrower/Client/Recipient**

Borrower: Government of Nepal

**Implementing Agency(ies)**

Implementing Agency: Ministry of Health and Population

**V. FOR MORE INFORMATION CONTACT**

Public Disclosure



## The World Bank

Second Additional Financing to Nepal COVID-19 Emergency Response and Health Systems Preparedness Project (P178205)

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### VI. APPROVAL

Task Team Leader(s):	Sangeeta Carol Pinto
Practice Manager (ENR/Social)	Christophe Crepin Cleared on 15-Nov-2021 at 08:46:50 GMT-05:00
Safeguards Advisor ESSA	Pablo Cardinale (SAESSA) Concurred on 24-Nov-2021 at 13:47:33 GMT-05:00