Combined Project Information Documents / Integrated Safeguards Datasheet (PID/ISDS)

Appraisal Stage | Date Prepared/Updated: 31-Jul-2020 | Report No: PIDISDSA28694

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Angola	P172985	Angola Crisis Response and Resilience: Health and Nutrition Security	P160948
Parent Project Name	**Region**	**Estimated Appraisal Date**	**Estimated Board Date**
Angola Health System Performance Strengthening Project (HSPSP)	AFRICA EAST	10-Aug-2020	29-Sep-2020
Practice Area (Lead)	**Financing Instrument**	**Borrower(s)**	**Implementing Agency**
Health, Nutrition & Population	Investment Project Financing	Republic of Angola	Ministry of Health

Proposed Development Objective(s) Parent

The Project Development Objective (PDO) is to increase the utilization and the quality of health care services in target provinces and municipalities.

Proposed Development Objective(s) Additional Financing

The Project Development Objective (PDO) is to increase the utilization and the quality of health care and nutrition services in target provinces and municipalities.

Components

Improving the Quality of Health Services Delivery in Target Provinces
Strengthening System-wide Enabling Factors that Support Delivery of Quality Health Services
Contingent Emergency Response Component (CERC)
Project Management and Monitoring and Evaluation

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	145.00
Total Financing	145.00
of which IBRD/IDA	145.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Bank for Reconstruction and Development (IBRD)	145.00

Environmental Assessment Category

B-Partial Assessment

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

B. Introduction and Context

Country Context

1. **Angola is facing the most severe drought of the last 38 years which has been aggravated by the disruptions caused by the COVID-19 pandemic.** The persistent drought has plagued 10 of 18 provinces for more than two years. The prolonged drought reaches the south of the country, mainly the provinces of Cunene, Huíla, Namibe and Cuando Cubango. In these regions, many families live on agriculture and livestock. The lack of water and food for people and livestock is causing a very critical situation. This already dire situation has been further impacted by the COVID-19 pandemic. With over 100 confirmed cases of COVID-19 by mid-June 2020, Angola is in its initial transmission stages of the pandemic that has infected more than six million people worldwide and took the life of more than 370,000 individuals.[1] The World Food Program estimates that the disruptions caused by COVID-19 may double the number of people facing starvation around the world to nearly a quarter of a billion[2]. The COVID-19 pandemic has thrown into stark contrast the inequalities inherent in our food systems. Even though COVID-19 cases are concentrated in the capital Luanda, it is expected that cases will spread to other provinces including the ones affected by the drought. The two months of stringent lock-down in Angola with massive disruptions in labor markets and loss of incomes has aggravated the food security situation especially for the poor and vulnerable, such as the southern provinces in Angola already being affected by the drought.

2. **As a result of the drought, it was estimated that 8 percent of the population would be food insecure from October 2019 onwards and further impacted economically due to the COVID-19 lock-down measures.** The affected ranges between 76% and 94% of population in the provinces of Namibe, Cunene and Cuando Cubango, depending on year. According to the Post-Disaster Needs Assessment (PDNA), there were 1,139,064 people affected by drought in Cunene (755,930), Huila (205,507) and Namibe (177,627). A recent study on

[1] https://coronavirus.jhu.edu/map.html
[2] https://www.wfp.org/news/covid-19-will-double-number-people-facing-food-crises-unless-swift-action-taken

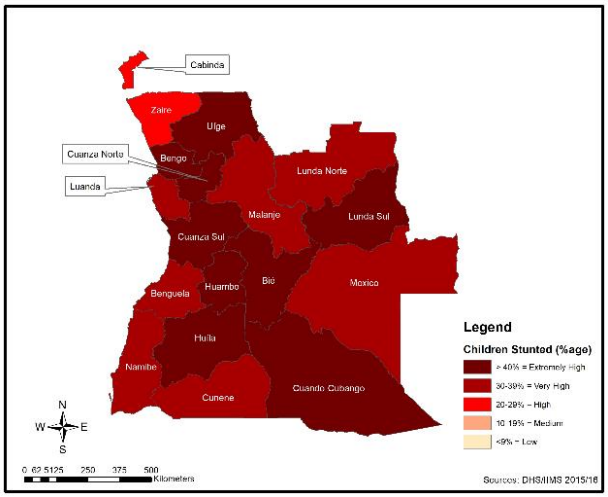
Water Security and Drought Resilience in the South of Angola conducted by the World Bank reported that between 2012 and 2013 southern Angola suffered a severe drought linked to the El Niño effect. Consequently an increase in the number of malnutrition cases; of family abandonments; of domestic violence; of charcoal production and deforestation, is all evidence of a deteriorating crisis. Only in Huila, cases of malnutrition went from 1,357 to 10,000, between 2011-2016. With the current state of calamity and continued lock-down measures in place in Angola, the consequent loss of income due to the loss of informal market business and wage losses, will further restrict the purchasing power of many families who were already on the borderline of poverty in Angola. An African Union study has projected that up to 20 million jobs could be lost in the region due to the COVID-19 crisis[3].

3. **The food insecurity resulting from the drought is being felt on a national scale and is expected to be long-lasting due to the continuation of the COVID-19 state of calamity restrictive measures in place.** Immediate food and nutrition insecurity resulting from the drought was initially expected to last at least until May/June 2020. The restrictive COVID-19 lock-down measures in place in Angola since March 2020 until present have exacerbated the malnutrition situation by worsening the food security crisis. This crisis is caused by a decline in food imports, challenges in transportation of domestic production, shortages of agricultural inputs, as well as income loss for many families. Furthermore In Angola the biggest impact at this moment is not only being caused by the lock down due to COVID but the sharp drop in the oil price by about 50% since January 2020 which will have a direct impact on the fiscal and external accounts, given the country high reliance on the oil sector. The fiscal situation is expected to deteriorate significantly in 2020 due to reduced oil revenues, higher-than usual budgeted health-related expenditures, and increased debt burden While the Southern region of Angola is suffering the most from the severe and cyclical droughts since 2012, the challenges from the food and nutrition insecurity in the south will be felt nationally. The southern provinces are key food producers for national consumption and already face food shortages. The economic impacts for all sectors as a result of the drought are estimated at over US$749 million, with the agriculture-livestock-fisheries sector being by far the most affected (US$561.7 M), estimated based on the livestock deaths reported in Namibe (110.000), Huila (150.000) and Cunene (240.000). Losses in the three provinces were calculated based on the reduced production of cereals and other crops, milk and meat.

4. **The shortage of food exacerbates the underlying chronic malnutrition, putting the country further at risk the country's already challenged human capital.** As articulated by Angola Government leadership, the drought crisis is a malnutrition crisis putting at risk the country's already low human capital index rating. Angola faces high levels of multiple forms of malnutrition: chronic and acute undernutrition and micronutrient deficiency. In addition to the high prevalence of chronic malnutrition or stunting (38 percent among children under 5), 8 percent of children under-5 suffer from acute malnutrition or wasting, and there is a high prevalence of micronutrient deficiency (52 percent of children under-5 suffer from Vitamin A deficiency and 48 percent of women ages 15-49 are anemic) (DHS 2015/16). A total of 16 of Angola's 18 provinces reported chronic malnutrition rates of extremely and very high, with 9 of those provinces having rates above 40% among children under-5. The two remaining provinces, even though not reporting extremely or very high, are still classified as having high rates. Visually speaking, as per Figure 1 below, Angola's map shows the rates of "extremely high" and "very high" malnutrition rates covering nearly the entire country. Only the tip (two provinces) have rates of "high" which is still concerning. The provinces with "extremely high" (above 40%) rates of malnutrition form an X-pattern across the map of country and the gaps left by the X are filled in by provinces with rates of "very high" (30-39%).

[3] https://au.int/sites/default/files/documents/38326-doc-covid-19_impact_on_african_economy.pdf

Figure 1. Chronic malnutrition (stunting) in children under-5 by province in Angola, 2015



Source data: DHS IIMS 2015/2016

Sectoral and Institutional Context

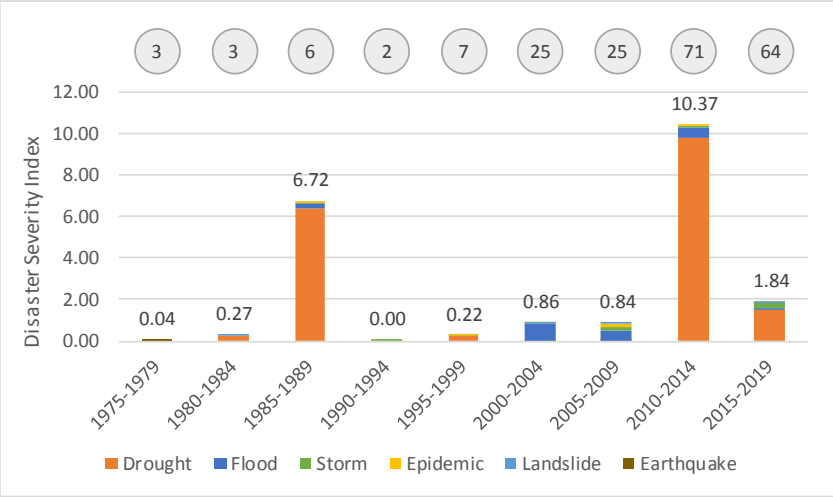
5. **In 2019, the fourth year of severe drought further aggravated the food security and nutrition crisis which affected 2.3 million people, including close to half a million children under the age of five.**[4] Water scarcity for crops and livestock led to a poor 2018–2019 harvest season. As a result, the cost of basic commodities—such as corn flour, beans, sugar—increased by 25 percent. Small farmers and herders are also negatively impacted. More than 877,199 livestock (35 percent of the total) has died. Furthermore, the movement of people in search of better pasture and water for both human and animal consumption has contributed to increased number of school dropouts. More specifically, 614 out of 887 primary schools in the Cunene province are affected by droughts leaving approximately 150,000 children without access to education—almost 70 percent of the total students in the province (Provincial Education Directorate).

6. **Droughts are the most common natural disaster in Angola, having affected millions of persons in the past fifty years**. Between 1977 and 2019, 206 events were reported in Angola (**Error! Reference source not found.**)—including droughts, floods, storms, epidemics, landslides and earthquakes—that caused 8,674 deaths and affected more than 14.3 million people. Hydrometeorological disasters account for the lion share of the population affected, with droughts, floods and storms having affected respectively c. 12.4 million, c. 1.5 million and c. 0.3 million people since 1977. According to the Post-Disaster Needs Assessment conducted for the consecutive droughts (2015–2016) estimated the affected population at 1.5 million in 2015, and 1.2 million during the first trimester of 2016. Most of the population affected by droughts live in the southern provinces of Cuando Cubango, Cunene, Huila, and Namibe. While droughts affect the largest share of the population, floods and storms are the most frequently reported disasters in Angola (73 percent of reported events) followed by epidemics (15 percent), which are also more lethal. Despite being less frequent, landslides have resulted in a significant number of deaths compared to the number of people affected. Angola has experienced an increase

[4] Source: Angola Humanitarian Situation Report, United Nations Children's Emergency Fund (UNICEF), June 2019.

in the number of large-scale hydrometeorological events since 2000 after 20 years of low-severity disasters (Figure 2).

Figure 2 Disaster severity by type of event, Angola (1977-2019)



Source: Authors' calculations based on data from EM-DAT and DesInventar.

Note: For a given disaster, severity is defined as a weighted average of deaths (coefficient 1) and total affected (coefficient 0.3) relative to total population.[5]

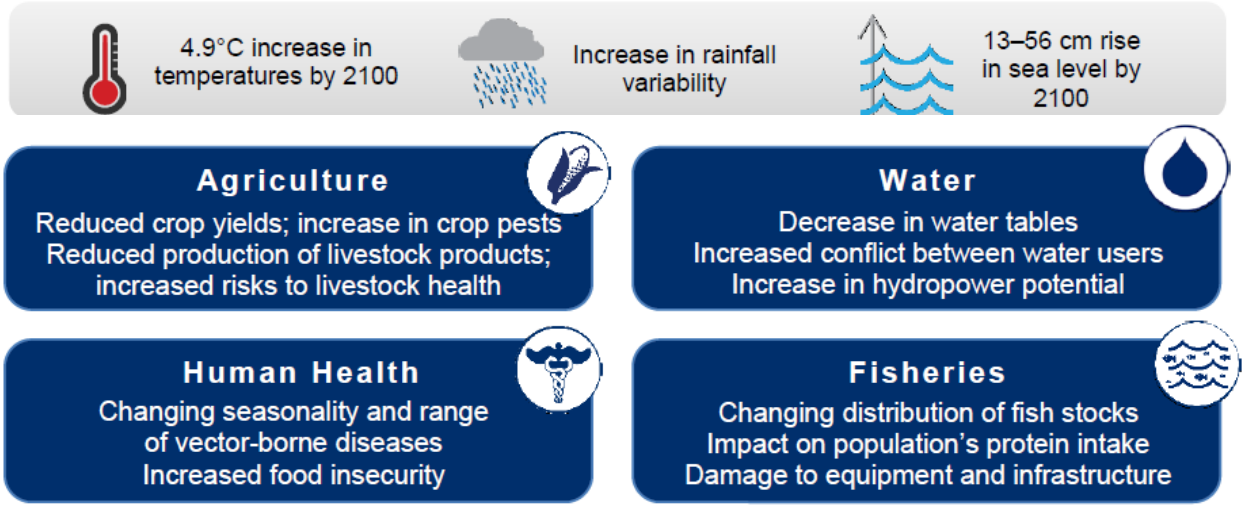
7. **Climate change is expected to increase the frequency and intensity of hydrometeorological disasters with adverse effects on key sectors of the Angolan economy** (figure 3). Between 1970 and 2006, temperature increased by 1.5°C in coastal areas and the north, and by 1.0°—2.0°C in the east and center regions of the country. In addition, average annual rainfall decreased by about 2.4 percent per month every decade during the same period. Notwithstanding the lack of climate data6 as most weather stations were destroyed during the civil war, it is expected that temperature will continue to rise, and the country will experience more erratic rainfall patterns. Projected climate changes include an increase in temperature of 4.9°C by 2100 in the eastside of Angola and slightly less in its coastal and northern regions[7]; below average and more volatile rainfall, particularly in the southern region; potential heavier precipitations in the east and northeast of the country; and sea level rise between 13 and 56 cm by 2100 with subsequent effects on coastal sedimentation and erosion.

[5] This measure has been defined following Mauro and Becker (2006), Fomby et al. (2009), and Cabezon et al. (2015).

[6] Regional climate models for the southern Africa regions do not include Angola because of lack of data in recent years and limited modelling ability. While few models include areas close to Angola (Shongwe et al, 2009, and KNMI, 2006), the country climate is diversified with arid and semi-arid zones in the south and humid areas in the north, which makes difficult to obtain reliable projections of the impact of climate change.

[7] Different models indicate that monthly temperature could increase by 2.8°C to 6.8°C in Angola by 2080-2099, with the larger increases in September, October and November. Source: The World Bank's Climate Change Knowledge Portal.

Figure 3. Climate Projections and Main Impacts by Sector in Angola



Source: Climate Risk Profile Angola. USAID, Adaptation Thought Leadership and Assessments (ATLAS) Task Order No. AID-OAA-I-14-00013, September 2018.

8. **The COVID19 pandemic together with its socio-economic consequences is expected to impact other main health priorities in Angola such as HIV, TB and malaria.** The impact will most likely arise from disruptions in the usual activities and services resulting from the mitigation strategies in response to the COVID-19 epidemic leading to the scaling back of certain activities and care-seeking patterns, as well as, reduced capabilities of the health system due to the high demand for the care of COVID-19 patients and interruptions in the supply of commodities as a result of disruptions domestically or internationally. The impact in terms of HIV the impact will most likely arise from individuals being less likely to refill prescriptions, intentional scaling back of HIV services.[8] The impact on TB could potentially arise from intensified household exposure, diagnosis dropping down 70% and drug sensitivity testing dropping 50-100%.[8] The impact on malaria will arise from disruption of long-lasting insecticidal nets distribution and seasonal malaria chemoprevention activities, as well as, reduction of clinical case treatment by 50%.[8] In high burden settings such as Angola, HIV, TB and malaria related deaths over the next 5 years may be increased by up to 10%, 20% and 36%, respectively, compared to if there were no COVID-19 pandemic.[8] Angola is being affected by the dual shock of the COVID-19 pandemic and collapsing global oil price. Angola is extremely oil depended for both exports and fiscal revenue which have a direct impact on the capacity to import food goods. This economic crisis will further decrease the, already slim, state's budget investment in public health vertical programs such as HIV, TB and malaria. This will inevitably compromise effective program implementation for these highly prevalent diseases in Angola.

9. **Poverty is expected to increase 48.7 percent in 2019 to 50.8 percent in 2021 using the baseline growth projection, although this could be worse if we consider the combined effects of low oil prices and the COVID19 crisis**. The restrictive mitigation measures implemented with the objective of slowing the spread of the pandemic is expected to increase unemployment and fiscal losses for the Government. According to the

[8] https://www.imperial.ac.uk/media/imperial-college/medicine/mrc-gida/2020-05-01-COVID19-Report-19.pdf

household survey of Angola IDREA 2018/19, 32.3 percent of the population is considered poor and in the rural regions 54.7 percent of the population is poor and in the urban regions 17.8 percent of the population is poor, this corresponds to about 8.9 million individuals. Ensuring basic services and food security for poor and most vulnerable families will be critical as the income for the informal sector (where most Angolans work, about 45 percent) will be largely affected by the COVID19 restrictions. Additionally, the closure of small businesses and reduced economic activity may cause more individuals to fall into poverty. The WB note on the Economic Impact of COVID19 in Angola states that there is a considerable fraction of households above the poverty threshold (the non-poor) that are vulnerable to falling into poverty, as a result of even small declines in their income. Moreover, the depth of poverty among poor households (their distance from the poverty threshold) may be further increased by low asset holdings and limited access to basic services, especially in rural areas.

10. **The lack of consistent rain fall in the southern region of Angola has resulted in the loss of crops for subsistent farmers, likewise pastoral communities in the region have also suffered considerable losses of cattle and small ruminants as was observed by multiple WB missions to the southern region of Angola in 2019.** Furthermore, the low export revenues are set to have a negative impact on the import capacity of the country with less food goods in the market causing an increase in prices. Angola imports the greater part of its food goods and in December 2019, it was reported by Jornal de Angola that USD$ 1.3 billion had been spent to import food in a period of 10 months from January to October 2019. Most recently the COVID crisis and the consequent restrictions has caused a disruption to economic activities in the formal and informal sectors. The combined effects of the loss of income for families caused by the COVID19 crisis and reduced import of food are set to contribute to the food insecurity and malnutrition status of the country. A coordinated approach between the Health, Agriculture, Social Protection and Water sectors will be important in order to address the aggravated malnutrition situation.

C. Proposed Development Objective(s)

Original PDO

The Project Development Objective (PDO) is to increase the utilization and the quality of health care services in target provinces and municipalities.

Current PDO

Key Results

The key results for the Additional Financing to support activities to address chronic malnutrition are the following:

- Percentage of children 6-23 months old receiving micronutrient powders
- Percentage of children under 5 with height correctly measured and recorded at the health facility.
- Percentage of participating health facilities in the performance-focused nutrition scheme that receive satisfactory rating from women and caregivers whose children received nutrition services

D. Project Description

11. **An Additional Financing of US$145 million to the World Bank-financed HSPSP project (P160948) has been identified as the most efficient way to provide an immediate response to the urgent malnutrition crisis**

exacerbated by the drought and flood conditions resulting from the climate crisis and the COVID-19 pandemic. The aim of the AF is to first, replace a total of US$80.0 million which was allocated away from the original HSPSP for emergencies. These emergencies add up to US$80 million, which included US$42.0 million from the HSPSP Component 1 which was used to trigger the CERCs to respond to the drought (CERC 1 for US$12 million and CERC2 for US$30 million); and US$38 million which was allocated from the HSPSP Component 2 to respond to public health emergencies (HIV US$15 million, malaria US$7 million, Ebola US$1 million, COVID-19 for US$15 million). In addition to replacing project funds used for emergencies, the AF will inject new resources in a two-fold manner. First, it will allocate US$50.0 million as a new component to address chronic malnutrition in a sustained manner on a national scale, thereby aligning the project with one of the main human capital objectives to reduce stunting. Second, an additional US$15.0 million will be allocated to strengthen institutional capacity and project management to support the implementation of a larger and more demanding Bank-financed health investment portfolio which has grown from one investment project to four separate investment windows. The HSPSP project amount would thus increase from the current US$119.7 million to US$226.7 million to account for this proposed second AF. Table 1 provides a summary of the financing allocations to the project components.

Table 1: Original and Revised Allocations to Project Components (in US$ Million)

Component	Original Allocation 2018	AF 1: GAVI Child Health 2019	CERC 1 2019	CERC 2 2020	Public Health Emergencies *HIV, Malaria, Ebola, COVID-19* 2020	**Proposed AF 2: Nutrition 2020**
1. Improving the Quality of Health Services Delivery in Target Provinces	65.00	74.70 *(+9.7)*	62.70 *(-12.0)*	62.70	24.70 *(-38)*	**74.70** *(+50.0)*
2. Strengthening System-wide Enabling Factors that Support Delivery of Quality Health Services	35.00	35.00	35.00	5.00 *(- 30.0)*	5.00	**35.00** *(+30.0)*
3. Contingent Emergency Response Component (CERC)	0.00	0.00	12.00 *(+12.0)*	42.00 *(+30.0)*	42.00	**42.00**
4. Project Management and Monitoring and Evaluation	10.00	10.00	10.00	10.00	10.00	**25.00** *(+15.00)*
5. High Impact Nutrition Interventions	0.00	0.00	0.00	0.00	0.00	**50.00** *(+50.00)*
Total	110.00	119.70	119.70	119.70	81.70	**226.7**

12. **US$80.0 million of the total AF financing of US$145.0 million will return to Component 1 and 2 to finance original activities as outlined in the HSPSP Project Appraisal Document.**

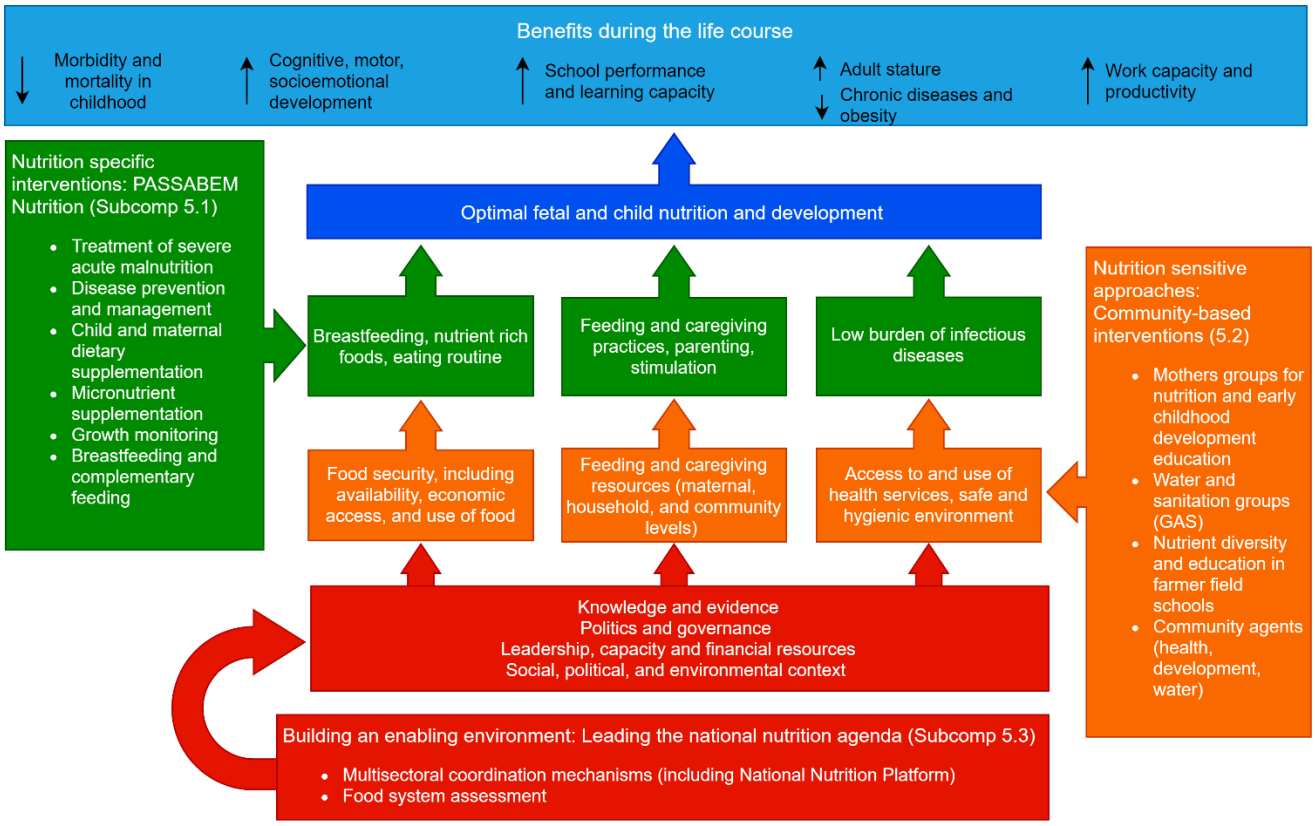
13. Component 1 provides financing for the delivery of health services which includes: (i) inputs such as equipment, supplies, and mobile health team visits, and (ii) capacity building for provincial and municipal health workers to better manage, supervise, and provide quality control of maternal and child health services provided

at different levels of health care, based on norms and guidelines. To complement service delivery, this component also supports key actions to strengthen local governance of the health system by: (i) incentivizing managers to maintain and implement health system maps (*mapas sanitários*) in the targeted provinces and municipalities, (ii) developing an enabling environment for the implementation of hospital waste management system in additional target provinces of the project, duplicating the national plans for management of environmental and hospital waste for the Province of Luanda, and (iii) review of existing citizen engagement mechanisms to define an approach that helps clients provide feedback which in turn can be used to improve services.

14. Component 2 supports institutional strengthening across the national health system including the strengthening of the national School of Public Health. The US$30 million financing made available under CERC2 was the original allocation for the school of public health. This school of public health activity is advancing and on track for disbursement in year 3-4 of the project, but the amount allocated to the school of public health was made available for an immediate CERC2. Component 2 will also be amended to allow financing to support large endemic disease programs, such as, HIV, malaria, and tuberculosis. This will be extremely important in light of the dual impact of COVID19 pandemic on both the morbimortality of these three health priorities as well as in the inevitable decrease of public health financing that was highlighted above. GoA, through the Minister of Health, formally requested financial support to procure HIV drugs (anti-retroviral drugs (ARVs)). Considering the economic crisis experienced both globally and in Angola due to the COVID19 pandemic, such requests are likely to continue in the near future and therefore the public health directorate will need continued financial support to ensure effective program implementation. Through this additional funding the vertical programs will receive support to develop and implement Annual Action plans, including but not limited to: procurement of drugs and other related health commodities, development of integrated supply chain plans at CECOMA, technical assistance in terms of program management and trainings.

15. **The new AF resources of US$65 million will be allocated to a new component 5 (US$50 million) to provide high-impact nutrition services and to component 4 (US$15 million) in support of institutional capacity building and project management.** Of the US$65 million, a total of US$50 million will be allocated to a new component 5 to address the national chronic malnutrition crisis in Angola and will be focused in three areas. The first being for scaling up the performance-based financing scheme being piloted under HSPSP to performance-focused nutrition services in the provinces with the highest rates of chronic malnutrition. The second area would focus on preventing chronic malnutrition at the community and household level. The third area would support multisectoral coordination for food security and nutrition programs and activities. The balance of the US$65 million, US$15.0 million, will be allocated to component 4 in support of institutional capacity building and project management. Under the parent project, which began with a total financing of US$110 million, a total of US$10 million was allocated to support institutional capacity building and project management following the World Bank recommendations to maintain a 10% allocation of the total financing envelope for project management. The two AFs, shown in Table 1, require enhancing the government institutional capacity to address a multi-sectoral national challenge of chronic malnutrition, and on the other hand, increased project management to maintain a strong pace of implementation of an increased work program. The specific activities to address chronic malnutrition to be supported with the new resources of US$50.0 million are described below.

Figure 4. Project entry points onto immediate, underlying and basic causes of malnutrition



Source: Authors' based on the Conceptual Framework of Determinants of Undernutrition (UNICEF, 2013)

Component 5.1. Performance-Focused Health Services Nutrition Package (US$30 million)

16. **A total of US$30 million will be allocated to scale up the pilot PBF scheme, PASSABEM, to implement a performance-focused nutrition package of services.** The package will include both preventive and curative nutrition services, and will complement and strengthen the current services provided through the health system. This subcomponent will be implemented in nine provinces with extremely high rates of chronic malnutrition (> 40%), those needing to reinforce the current coverage provided under the health sector portfolio (HSPSP and GAVI AF), and the drought affected provinces. These provinces are: Bie, Cuanza Sul, Cuanza Norte, Huambo, Huila, Cuando Cubango, Lunda Sul, Cunene, and Namibe. (Table 2 below). Health centers in the target provinces will be supported and incentivized to improve utilization and coverage of an enhanced package of performance-focused nutrition interventions.

Table 2. Rates of Stunting (Height for Age) in Angolan Provinces (Percentage below -2 Standard Deviation)

≥ 40% = Extremely High			30-39% = Very High			20-29% = High		
Province	Stunting Rate (%)	Coverage	Province	Stunting Rate (%)	Coverage	Province	Stunting Rate (%)	Coverage
Bie	50.8	AF	Cunene	39.3	AF	Zaire	24.9	
Cuanza Sul	48.8	GAVI	Lunda Norte	38.7	HSPSP	Cabinda	21.6	GAVI
Cuanza Norte	44.5	AF	Moxico	38.5	HSPSP			
Huambo	43.6	AF	Namibe	33.8	AF			
Huila	43.6	AF	Benguela	33.1	GAVI			
Cuando Cubango	42.9	HSPSP	Malanje	31.9	HSPSP			
Lunda Sul	42.1	AF	Luanda	29.7	HSPSP/GAVI			
Uige	41.7	HSPSP						
Bengo	39.7	HSPSP						

Source: IIMS 2015/2016. *Note*: Highlighted Provinces are being added to the Project's implementation area through the AF

17. **The performance-focused nutrition package will include interventions in line with the 2013 Maternal and Child Nutrition *Lancet* Series recommendations**. These recommendations include nutrition-specific interventions such as height monitoring and growth promotion and effective tracking of faltering children, early initiation and exclusive breast-feeding, deworming, micronutrient supplementation of women and children (folic acid, iron, zinc, vitamin A, and multiple micronutrients), complementary feeding, and treatment of severe and moderate acute malnutrition. While some of the proposed services are already included in the package of services being incentivized through the PBF scheme (vitamin A supplementation for example), the PASSABEM-Nutrition package will add interventions such as management of acute malnutrition and multiple micronutrient supplementation to the package of incentivized services.

Table 3. Package of Services offered under PASSABEM and PASSABEM Nutrition

PASSABEM	PASSABEM Nutrition
Early registration of pregnant women	Micronutrient supplementation (children 6 months to 5 years)
Well child visits for infants under 12 months of age	Treatment of severe acute malnutrition ready-to-use therapeutic food (RUTF)
Complete immunization schedule for children under-5	Lipid-based nutrition supplementation for chronic malnutrition prevention (children 6 to 24 months) (Plumpy Sup)
Live births with birth weight above 2500 g	Lipid-based nutrition supplement for pregnant and lactating women (Plumpy Sup)
Pregnant women tested for HIV, hepatitis B and syphilis	

18. **The PASSABEM-Nutrition services complement nutrition-specific interventions already offered through the original PASSABEM package of services.** The PASSABEM-nutrition scheme will build on the experience of the PASSABEM scheme already under implementation under HSPSP focused on incentivizing the delivery of a package of maternal and child health services (Box 1). These include making use of the methodology and

process already in place for the identification and registration of the beneficiary population. In addition, the PASSABEM-Nutrition scheme will benefit from the transition to electronic data capture currently under way under the original PASSABEM-scheme. Lastly, PASSABEM-Nutrition scheme will benefit from the processes already in place for the financial transfers to the municipal-level and the decision-making role of the health facility in the use of the PASSABEM resources.

19. **PASSABEM-Nutrition targets populations ages 0-5 and 15-24.** It will reach nearly 1.5 million beneficiaries in nine provinces and approximately 36 municipalities. Poverty maps developed under the social protection project and population maps produced by the water project were used to identify the municipalities where the target population is concentrated in line with the poverty rates. The proposed Additional Financing of US$30 million for the implementation of the PASSABEM Nutrition scheme will provide financing for a two-year implementation period (~US$25 million) of the scheme and resources (US$5 million) for essential medicines and therapeutic foods to be purchased to support the delivery of nutrition services under the PASSABEM scheme.

Table 4. Costing of PASSABEM Nutrition Scheme

Provinces	# of Municipalities	Estimated Beneficiary Population	Cost for 2 years
Bié	4	117.515	2.161.246
Cuando Cubango	5	131.159	2.020.954
Cuanza Norte	1	2.132	37.970
Cuanza Sul	4	161.938	2.550.291
Cunene	5	284.197	6.072.971
Huambo	6	230.823	4.047.549
Huíla	4	337.045	6.033.195
Lunda Sul	2	17.189	206.887
Namibe	5	154.201	1.961.863
Total	**36**	**1.436.198**	**25.092.927**

Source: Task team with inputs from poverty maps and national census data

Box 1. Results Based Financing (RBF) in Angola - *PA*rto *S*eguro *SA*úde para o *BE*be e a *M*ãe (PASSABEM)

The Performance-Focused Nutrition Package to be financed under the proposed AF, will build on and use the Results Based Financing (RBF) methodology already being implemented under the Health System Performance Strengthening Project (HSPSP) known locally as PASSABEM.

PASSABEM has already been under implementation for one year in the five pilot municipalities in Angola. The goal of PASSABEM is to generate incentives to improve the quantity and quality of health services targeting maternal and child health. The incentives have a two-fold focus: (i) to improve coverage of maternal and child health services and (ii) to improve health outcomes and results in the delivery of the package of maternal and child health services. In its first year of implementation, PASSABEM has already made key achievements

Registration and Identification of the Population.

- Out of a total target population estimated at 201,000 people for the five pilot municipalities, 87,930 have been identified and registered which is 43.7% of the estimated population. Of those registered, 53.5% are children under five and the rest are women in the 15-49 age range.
- An additional 71,000 people, outside of the PASSABEM target group of women and children, have been registered through the PASSABEM scheme. The municipalities use the PASSABEM process and opportunity of identifying and registering the population to capture additional groups (age, sex) that make up the catchment population of the health facility.
- A unique identification method has been developed to allow the identification and registration of individuals who do not own a *bilhete de identidade*. Individuals are identified by an algorithm that is generated from a combined set of unique personal data which becomes their ID within the health system to track PASSABEM related services delivered/received. In the future, facial and finger recognition technology will be built into the process to improve accuracy.

Creating a Record of the services delivered to the identified population

- Municipal Health Facilities record all services delivered in the production systems, including those related to PASSABEM indicators, which are reviewed and validated at the municipal, provincial, and project-level. This not only allows statistical information to be extracted but to track the services delivered to specific individuals.
- In this first year of implementation, data was captured in registry books. The transition is currently being made to capture data at the level of where the service is delivered (at the health facility) in tablets.
- More than 6,500 services are currently being registered per month, and municipalities are working to clear bottlenecks to reach even greater registration levels.

Transfer of resources for decentralized use

- The municipalities receive project funds from two types of transfers. The fixed, monthly transfer is calculated based on the number of beneficiaries registered. The variable, quarterly transfer is calculated from the total services/consultations delivered and the achievement of target goals set by the health facility.
- An approximate US$500,000 has been transferred under the fixed transfer scheme and about US$20,000 has been transferred under the variable scheme, since the registration of services began later than the identification process.
- Funds transferred to municipalities are deposited in a separate bank account for the project and municipalities to have decision-making authority on how to spend the resources within the limits of a set of eligible goods and services established by the municipalities together with the HSPSP team. This constitutes an important contribution to the decentralization process that the Government has been implementing as a long-term strategy for public management.

Component 5.2. Prevention of chronic malnutrition through a community-based, multisectoral approach (US$15 million)

20. **A total of US$15 million will support the prevention of chronic malnutrition at the community and household levels through a multisectoral approach building on the initial efforts supported under CERC 1.** This activity will target the same provinces and municipalities of the PASSABEM-Nutrition scheme to reinforce the service delivery of PASSABEM-Nutrition through community engagement in support of developing a sustainable and community-responsive scheme. As with the PASSABEM-Nutrition scheme, the target provinces were identified based on being one of the four drought affected provinces, having the lowest rates on the Angola provincial Human Capital Index (HCI), and (iii) having the highest rates of chronic malnutrition. These provinces include: Cuando Cubango, Cunene, Huila, and Namibe, four drought affected provinces that are among the five provinces with the lowest HCI and where an initial multi-sectoral effort to address chronic malnutrition financed by the CERC is underway that can be scaled up through this AF; and Bie, Cuanza Sul, Cuanza Norte, Huambo, and Lunda Sul for having extremely high rates of chronic malnutrition (>40%) (Table 2). While the focus is on the nine provinces indicated above, other provinces can be supported based on evolving demand. The key activities to be supported include strengthening the participatory community led interventions, engagement with community agents, and delivery of nutrition-specific interventions through local non-governmental organizations.

21. **The experience from a short-term response to address malnutrition in emergency situations will inform a longer-term, multi-sectoral approach.** The short-term approach using the CERC instrument supported a rapid response to protect children from acute malnutrition's worst consequence, child mortality. During 2020, World Vision will implement the nutrition component of the emergency response in a multi-sectoral manner which integrates sectoral interventions from agriculture, health, and water and in working with municipal-level technical teams. This short-term experience is a good opportunity to test in some communes the longer-term approach that the Bank aims to support in addressing the chronic malnutrition challenge. This long-term approach recognizes that the first 1,000 days offers the window of opportunity for pregnant and lactating women to be sensitized to use antenatal and post-natal services and will benefit from counseling on behaviors and feeding practices that promote good health and nutrition during pregnancy. The children under two related services could be on child growth promotion and cognitive development, infant and young child feeding practices, management of childhood illness and acute malnutrition at community level.

22. **A new community level approach could be based on the creation of Mothers Groups (MGs), following the experience of countries such as Senegal.** Within the MGs, a specific set of mothers of children under five, Mother Group Leaders (MGLs), can be identified, selected and trained to lead the delivery of nutrition-specific interventions. The MGLs will be trained to deliver monthly growth monitoring of the children under-two following the WHO protocol. Adequate weight gain for children during their first two years of life will be the goal of MGLs interpersonal communication with mothers and caregivers. This dialogue will be the cornerstone for optimizing the child's growth because of the decisions that will be taken regarding the child's needs to overcome decelerations in growth over the following month. From that dialogue, different recommendations can be raised related to feeding practices, hygiene and sanitation and a child's environment. Growth promotion of children includes home visits for children who are absent or who did not have an adequate growth over two consecutive months despite not being acutely malnourished.

23. **The community-based approach for malnutrition management will require the enhancement of**

capacities for communities and health centers to ensure an effective management of moderate cases at community level and a functional referral system to health structures for severe cases. Children suffering from severe acute malnutrition will be referred to health structures for adequate medical care. MGs will be provided with comprehensive and adapted communication tools (counseling cards, aide-memoire, picture box). The technical capacities of the MGLs to communicate are more than important for the expected behavior changes and social transformation. MGLs can also be trained to reinforce mothers and caregivers' capacities to provide age-appropriate cognitive and developmental stimulus during their first 1,000 days.

24. **The community health agents (CHAs) will be supported to link patients with appropriate nutrition services within the health sector.** This will include the development of an enhanced curriculum to train the CHAs on nutrition-specific and -sensitive activities focused on reinforcing household behavior change on complementary feeding, early childhood stimulation, and hygiene, improved supervision and mentorship, and innovative technologies to enhance their effectiveness and strengthen their links to the health system. This subcomponent will also support training of other community-based agents (including water agents, community development agents) on identifying malnutrition in children. Linkages with other community agents will depend on the multisectoral collaboration promoted through subcomponent 5.3.

25. **This subcomponent will also support engagement with local authorities from the agriculture, education, water, social protection and health sectors.** These activities will include close coordination with the agriculture sector to enhance the scope of the farmer field schools to introduce nutrition-sensitive interventions to increase access to nutritious and diverse diets through potential actions such as biofortification, home gardens with diversified foods based on local products, among others. With the education sector, a school feeding program piloted under the CERC will be assessed for local incorporation and a deworming campaign will be implemented. The school feeding plan was developed under the CERC financing to bring children who had dropped out due to the drought back to school and created parent committees engaged in the design and roll-out and to ensure the continuity of the program. The deworming activities will be guided by a prevalence mapping already conducted under the parent HSPSP project which highlights the municipalities with the highest rates of deworming. With the water sector, WASH interventions supported under the CERC will be scaled up to establish additional water points in schools to be accompanied with training programs on hygiene, sanitation, nutrition delivered jointly by community health agents with WASH agents and agriculture and nutrition focal points. In addition, the Water and Sanitation Groups (GAS in its Portuguese acronym) will be further strengthened with a defined coordination with community health agents who can help guarantee and educate the community on the proper use of and management of equipment.

26. **The multi-sectoral nutrition sensitive interventions will be built on the community-based approach targeting the most vulnerable communities and households.** The nutrition sensitive interventions will mainly focus on household food security and access to safe water and sanitation and will be supported through community-driven projects. The interventions will be implemented with the support of contracted Implementing Structures (IS). Community Driven Development approaches will be used to ensure community engagement and development of adapted grants. This component will rely on citizen engagement to allow the community to identify initiatives to be supported by the project which will enhance capacities of households in general, and women in particular, to produce, buy and provide adequate food for the household, notably for children and women. Community nutrition initiatives will be defined according to community needs with attention given to existing entry points as farmers' field school and GAS (water and sanitation groups). From the farmers' field school different nutrition sensitive intervention can be developed: kitchen gardens, small

livestock husbandry, use of improved seed varieties and animal races, food conservation and transformation technologies, etc. The GAS will be key to develop the promotion of hygiene of water sources at the community level in order to prevent diarrhea among children under-five. At the household level, from the GAS the focus will be on promoting the use of potable and clean water, supporting the most vulnerable households with latrines, hand washing and water purification kits. The ending open defecation strategy will be the key strategy for behavior change at the community level.

27. For the community-level nutrition activities, in order to facilitate the management of the WB support, the project will look to contract Implementing Structures (IS). These can be NGOs of CBOs with relevant technical and administrative capacities and with experience managing a participatory approach and innovative methods to ensure community involvement and ownership.

Component 5.3. Institutional Strengthening to lead a transformative national nutrition agenda (US$5 million)

28. **To support national action to address the chronic malnutrition crisis, US$5 million will be allocated to high-impact behavior change at a national-level.** This financing will support the Government to establish clear leadership over a national nutrition agenda with an operational focus and multi-sectoral engagement. In support of establishing country leadership, this component will finance the institutional strengthening of the Ministry of State for Social Areas to empower this body to lead a national nutrition agenda. The institutional strengthening will complement Scaling Up Nutrition (SUN) Trust Funds under which the Ministry of State for Social Areas will establish a secretariat which will elevate the chronic malnutrition crisis at a national level and coordinate the multi-sectoral actions. This additional financing will support the Secretariat to carry out its coordination function and roll out a national communications strategy to raise the visibility and importance of the national chronic malnutrition crisis.

29. **A comprehensive food system assessment will serve as a point of convergence for dialogue between health, water and sanitation, agriculture, climate, education and jobs sectors.** This assessment will analyze the various parts of Angola's food system: nutrient adequacy of production, food affordability and availability, food waste and loss, food system and ecosystem resilience, and food safety[9]. It will also include an analysis of the policy framework(s) that uphold the food system. From a health and nutrition standpoint, the food system assessment will support an analysis of the nutrient content of current production, imports, and consumption patterns in order to identify food system gaps in key macro- and micronutrients that contribute to growth and development, especially that of children and adolescents.

30. **Activities under the Institutional Strengthening subcomponent aim to harmonize existing cross-sectoral government, Bank-financed, and other partner-supported efforts to combat undernutrition, promote rural and agricultural development and jobs, and foster resilient communities.** Given the overlapping goals of Angola's Human Capital Plan, and WB-financed projects in education, agriculture, water and sanitation, and social protection, a food systems approach will assist in aligning priorities, policies, and actions towards shared development goals. In addition, multiple development partners operate in the food space, including the World Food Program, African Development Bank, European Union, UNICEF, and the Chinese Development Bank. From the government side, multiple programs, including social protection programs (Plano Integrado de Desenvolvimento Local e Combate à Pobreza 2018 – 2022, *Valor a Criança, e Reforço das Competências*

[9] Gustafson et al. 2016. Seven food system metrics of sustainable nutrition security. *Sustainability, 8(196)*

Familiares, Kwenda), feeding programs (*Merenda Escolar, Programa de Leite e Papa*), as well as water and agricultural-sector programs often have overlapping areas of implementation, roles and responsibilities.

31. **This subcomponent will support the consolidation of the multisectoral National Nutritional Platform as the leading force behind Nutrition and Food security initiatives.** This platform will provide a space to convene actors across sectors and to elevate the dialogue surrounding the malnutrition crisis facing Angola, and it will be placed under the Ministry of State for Social Areas. It will support the development of a cohesive communications strategy and of a harmonized set of tools and messages to be used by different ministries and development partners which will align the design and delivery of key messages around nutrition and food security. This activity will also be further complemented by Scaling Up Nutrition (SUN) Trust Fund Resources which will support advocacy and multi-sectoral coordination at the level of the Ministry of State for Social Areas, strengthening a national nutrition platform to include municipal-level actions, and south-to-south exchange with international and relevant country experiences.

32. **The Results Framework will be updated to capture progress related to improved nutrition practices, and utilization of quality nutrition-specific interventions, that are expected to contribute to a reduction in chronic malnutrition.** Two new indicators will measure service delivery in the area of percentage of children 6-23 months old receiving micronutrient powders and percentage of children under 5 with height correctly measured and recorded at the health facility. In addition, a citizen engagement indicator will be introduced related to the percentage of participating health facilities in the performance-focused nutrition scheme that receive satisfactory rating from women and caregivers whose children received nutrition services.

Component 4. Project Management and Monitoring and Evaluation (US$15.0 million).

33. **As part of the AF, US$15.0 will be allocated towards Component 4 for strengthening institutional capacity and project management, including monitoring and evaluation**. Component 4 began with an original allocation of US$10 million in line with an overall project envelope of US$110 million. With the growth of the health program in Angola through an already processed AF1 of US$9.7 million, a regional disease surveillance project (REDISSE) of US$60 million, and this proposed AF2 of US$145.0 million, the health program has and will further expand its geographic scope and the depth of interventions. This expanded effort will require increased management and implementation oversight, fiduciary support, and monitoring and evaluation to properly capture results and progress attributable to the different health interventions. Component 4 will also provide support to the Ministry of Health for strengthening its institutional capacity, particularly the National Directorate of Public Health (DNSP in its Portuguese acronym) to lead the health sector interventions needed to address the chronic malnutrition crisis and to engage in multi-sectoral coordination efforts in support of improving Angola's human capital.

E. Implementation

Institutional and Implementation Arrangements

43. The AF will rely on the MOH project coordination unit in place (Unidade Central de Coordenação – UCC, in its Portuguese acronym), which has technical capacity, has taken on important roles in coordination of technical activities with MOH counterparts and key donor partners, and is supported by experienced project management and fiduciary capacity. The UCC team will support the MOH team with the technical, fiduciary,

and implementation activities of the AF. Furthermore, the Ministry of State for Social Areas will be engaged to support the multi-sectoral coordination needed to advance the nutrition agenda in Angola. The Bank team has already engaged the Office of the Ministry of State for Social Areas, and specifically the Minister of State herself who reports to the President, to serve as the national champion for advocacy and multi-sectoral coordination of a national agenda to address chronic malnutrition. The Office of the Ministry of State for Social Areas is already working with the MOH, UCC, and Bank teams having participated in the working group session to define an operational plan to address the malnutrition consequences resulting from the drought emergency financed by the HSPSP Contingent Emergency Response Component funds and sent a representative to the Scaling Up Nutrition (SUN) global gathering held in Nepal in early November 2019 as part of the Angola Government delegation.

F. Project location and Salient physical characteristics relevant to the safeguard analysis (if known)

The aim of the AF through the HSPSP is to first, replace the amount, which was allocated away from HSPSP Component 1 and Component 2 of the Parent project to cover emergencies (CERCs and COVID-19, malaria, and HIV). In addition to the replacement of project funds, the AF will inject new resources first by allocating US$50.0 million to address the national chronic malnutrition crisis in Angola through component 5 on high Impact Nutrition Interventions, in 9 provinces: Bie, Cuanza Sul, Cuanza Norte, Huambo, Huila, Cuando Cubango, Lunda Sul, Cunene, and Namibe. The proposed AF expands the geographical coverage of the HSPSP project to cover additional eight provinces, namely: Bié, Cuanza Norte, Huambo, Huila, Lunda Sul, Namibe, Cunene and Zaire. These provinces were selected to support the delivery of child health services, with a focus on implementing a performance-focused package of nutrition-specific interventions within the provinces found to have extremely high rates of chronic malnutrition with no current coverage of service delivery through the HSPSP nor GAVI AF.

G. Environmental and Social Safeguards Specialists on the Team

Paulo Jorge Temba Sithoe, Environmental Specialist
FNU Owono Owono, Social Specialist
Nadia Henriqueta Gabriel Tembe Bilale, Environmental Specialist
Santiago Estanislao Olmos, Social Specialist

SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	

Performance Standards for Private Sector Activities OP/BP 4.03	No
Natural Habitats OP/BP 4.04	No
Forests OP/BP 4.36	No
Pest Management OP 4.09	No
Physical Cultural Resources OP/BP 4.11	No
Indigenous Peoples OP/BP 4.10	Yes
Involuntary Resettlement OP/BP 4.12	No
Safety of Dams OP/BP 4.37	No
Projects on International Waterways OP/BP 7.50	No
Projects in Disputed Areas OP/BP 7.60	No

KEY SAFEGUARD POLICY ISSUES AND THEIR MANAGEMENT

A. Summary of Key Safeguard Issues

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:

TAF activities may slightly increment environmental and social impacts already identified under the parent project. The AF aims at: i) replace the amount, which was allocated away from HSPSP Component 1 and Component 2 of the Parent project to cover the emergencies (CERCs and COVID-19, malaria, HIV), and; ii) to address chronic malnutrition crisis in 9 provinces (Bie, Cuanza Sul, Cuanza Norte, Huambo, Huila, Cuando Cubango, Lunda Sul, Cunene, and Namibe). Project activities under the CERC provide support to address acute malnutrition with a view to scale-up good practice to address malnutrition through nutrition-specific and sensitive interventions. The acquisition of medical supplements and other medical equipment may lead to increased risks and safety concerns to the healthcare workers resulting from handling medical equipment and administering supplies as well as increased concerns to patients and to the community health and safety from incremental healthcare waste generation and handling in the healthcare facilities. Since, the scope and type of activities are similar in nature to those financed under the parent project,

AF shall not trigger additional safeguard policies. Notwithstanding, to ensure that any likely incremental environmental and social risks are duly addressed, the existing environmental safeguards instruments for the parent project, namely the Environmental and Social Management Framework (ESMF) and Healthcare Waste Management Plan (HCWMP) were updated, consulted upon and publicly disclosed in country and at the Bank's website. Both ESMF and HCWMP include specific measures and procedures for the safe handling, storage, and processing medical equipment, supplement and waste including the techniques for preventing, minimizing, and controlling environmental and social impacts. In addition, the ESMF includes the implementation arrangements to be put in place as well as budget provisions for environmental and social risk management; training programs focused on compliance monitoring and reporting requirements.

The Indigenous Peoples Policy Framework (IPPF) developed for the parent project defines requirements in relation to OP 4.10, including institutional arrangements and project design requirements, and is the precursor and guidance to an Indigenous Peoples Plan (IPP) which shall be developed in the early stages of project implementation to ensure that IPs receive project benefits (culturally appropriate health services) and adverse impacts are mitigated. As such, the IPPF developed for the parent project remains valid. The IPPF provides guidance for screenings to be conducted in provinces and municipalities where the project will have interventions, to identify where IP communities are present.

The IPPF developed for the parent project focuses on the San, the indigenous peoples present in southern Angola with greatest recognition by government authorities and whose identity and presence is well documented, as project interventions under the parent project were anticipated in Cuando Cubango and in neighbouring provinces where small numbers of San may be found. San (or Khoisan) groups are known to be present in all the provinces of southern Angola – Cuando Cubango, Cunene, Huíla, and Namibe. While other IP groups present in southern Angola (namely, the Ovahimba and related groups such as the Kwisi) are mentioned in the IPPF developed for the parent project, as the AF expands the geographic coverage of the parent project these groups will need to be more explicitly considered – in screenings and in the preparation of an IPP – as these groups are known to be present principally in the provinces of Cunene and Namibe. A simple update to the parent project IPPF shall be made reflecting the expanded geographic coverage.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:
Proposed project activities are not expected to have any long-term and irreversible adverse environmental and social impacts. Like the parent project, project investments may strengthen sound environmental and social practices around the health sector through the application of the guidelines and provisions laid out in both Environmental and Social Management Framework (ESMF) and Healthcare Waste Management Plan (HCWMP) which were duly updated, consulted upon and re-disclosed.

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.
The AF resources will support the prevention of chronic malnutrition at the community and household levels in Provinces that are most affected by the drought, have extremely high rates of chronic malnutrition (>40 percent), and that present the lowest rates on the Angola provincial Human Capital Index. As such, project benefits are expected to outweigh any likely adverse environmental and social impacts.

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.
The Ministry of Health (MOH) through the project coordination unit (Unidade Central de Coordenação – UCC, in its Portuguese acronym), has taken on important roles in coordination of technical activities with MOH counterparts and key donor partners, and is supported by experienced project management.

The borrower's capacity to handle environmental safeguard policies was faced with challenges but is but it is expected to improve with the hiring of the E&S specialists. The safeguards rating has been Moderately Unsatisfactory from the last two missions. This was due to a gap period in the monitoring of the implementation of Healthcare Waste Management Plan by UCC and the absence of preparatory measures necessary to ensure that feasibility studies for the construction works take into account environmental and social dimensions. Consequently the performance rating was downgraded and an Action Plan was agreed upon and launched which include (i) immediate appointment of two dedicated E&S specialists (1 social & 1 environment); (ii) carry out E&S screening preparatory steps for the preparation of the Environmental and Social Management Plan (ESMP); (iii) designated and train E&S focal points at provincial and municipal levels in safeguards and social risks; (iv) establish strategic partnerships with relevant

Ministries, (e.g., Ministry of the Environment) for environmental and social management and compliance as well as monitoring of the GRM system and social risks. While some progress has been made in the implementation of the action plan, such as the preparation of Healthcare waste management and biosafety training materials and the preparation of provincial strategic plans for healthcare waste, the team is actively following up on key remaining actions in the upcoming missions. On the other hand, TORs for the pre-feasibility studies for the construction of National School of Public Health have been prepared in include basic provisions to address likely Enviromnetal and social risks and impacts. While the UUC is at bidding phase for pre-feasibility, ESMF provisions will guide the preparation of the ESMP which should consulted upon and publicly disclosed prior to works commencement.

Currently the UCC does not have an Environmental and Social Specialist in place. The hiring process is underway as part of the action plan which includes appointment of (1) Environmental and (1) Social (E&S) Specialist within one month after project approval to be suitably trained to coordinate and supervise the preparation and implementation of E&S instruments in the project and to manage the project's overall environmental and social risks. In addition, The World Bank team has prepared and will implement a capacity building and training program to help the prospective E&S Specialists and the UCC to manage environmental and social risks of the entire WBG-financed health portfolio in Angola as set out in the ESMF.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.

As per the Angolan EIA procedures established by the Environmental Framework, all activities listed on the annex of Decree 51/2004 are subject to a public consultation program organized by the Ministry of Environment, as per Art. 10 of the Decree. In the context of the parent ESMF, public consultation was held on December 11 and 13, 2017, having been preceded by information dissemination with the publication of the non-technical summary of the project, letters and public advert released through newspaper (The tables 14 below summarize the issues/suggestions raised by participants in the two meetings).

For the present HSPSP-AF and as a result of the outbreak and spread of COVID-19, the Angolan government in line with recommendations from the World Health Organization (WHO) has mandated people to exercise social distancing, and specifically to avoid public gatherings to prevent and reduce the risk of the virus transmission. Strict restrictions on public gatherings, meetings, public group events and people's movement have been imposed. The public also is increasingly becoming aware and concerned about the risks of transmission, particularly through social interactions at large gatherings. Consequently, in the public consultation process of the PFSS-FA project, a combination of methods such as virtual meetings and the use of Emails was adopted to communicate with stakeholders in the provinces covered by the PFSS-FA. In this context, a list of stakeholders was created based on previous consultations on similar projects, as well as direct identification of key stakeholders in the provinces.

In this case, the participants were contacted through their Emails, through which the project's document were sent, specifically the proposed HSPSP-AF project activities and the respective potential environmental and social impacts. Subsequently, stakeholders were invited to either issue their comments or attend small meetings of less than 10 people where presentation was delivered virtually. The Consultation process could be summarized as following:

i) Stakeholders identification by the technical Team through telephone numbers;
ii) Sending out Emails to Stakeholders with project information for review, including a questionnaire form for stakeholders to provide their inputs;
ii) Virtual presentation to small groups of stakeholders or individually to explain the projects objectives;
iv) Stakeholders sending their forms with inputs to the technical team;
v) Technical Team reviewing the forms and integrating stakeholders' views/feedback and comments into the report.

The consultation process carried out between 22 May – 11 June 2020, in the target provinces of C.Norte, Malanje, Bié, Huíla, Lunda Sul target of HSPSP-AF identified the following priorities and need to complement the HSPSP-AF components:

i) Design and implement a water, sanitation and hygiene (wash) project and corresponding behavior change campaign towards good wash practices;
ii) Ensure availability of financial resources to upgrade the existing waste treatment (handcrafted) incinerator to those modern and clean incinerators;
iii) Study of viability of promoting vegetable gardens according to the availability and arrangement of the water holes that exist in the areas most affected by the drought to complement existing nutrition projects;
iv) The need for technical capacity building for a better management of medical units - particularly the maternity.
v) The need to address bring to the responsibility of other actors in the society with regards to aspects of diseases prevention in the communities' municipality managers and districts administrators must know the heath conditions under which the communities live.
vi) The need to carry out sensitization actions within the communities with a view to ensure observation of hygienic conditions.
vii) Handling of medical waste
viii) Apart from investing on health infrastructure construction, the government shall invest in human capacity for a better management of equipment and infrastructures and hence a better diseases prevention.

The feedback and inputs from the consultations were subsequently captured and reflected in the final versions that were sent public disclosure in the Angola widely-coverage newspaper.

B. Disclosure Requirements (N.B. The sections below appear only if corresponding safeguard policy is triggered)

Environmental Assessment/Audit/Management Plan/Other

Date of receipt by the Bank	Date of submission for disclosure	For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors

"In country" Disclosure

Indigenous Peoples Development Plan/Framework

Date of receipt by the Bank	Date of submission for disclosure

"In country" Disclosure

C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting) (N.B. The sections below appear only if corresponding safeguard policy is triggered)

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