Mozambique District and Community Health Services Revitalization

Program-for-Results (P179913)

Environmental and Social Systems Assessment (ESSA) Report

Draft

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Prepared by the World Bank

ABBREVIATIONS AND ACRONYMS

ANC	Antenatal care
APS	*Agentes polivalentes de saúde* (community health workers)
CERC	Contingent Emergency Response Component
CMAM	Central Medicines Warehouse
CONEm-B	*Cuidados Obstétricos e Neonatais de Emergência Básicos* (Basic Emergency Obstetric and Neonatal Care)
CONEm-C	*Cuidados Obstétricos e Neonatais de Emergência Completos* (Complete Emergency Obstetric and Neonatal Care)
CPF	Country Partnership Framework
DA	Procurement Department
DH	District Hospital
DHIS	District Health Information System
DLI	Disbursement Linked Indicator)
DNAM	National Directorate of Medical Services
DNSP	National Directorate of Public Health
DPC	Directorate of Planning and Cooperation
DPS	Provincial Directorates of Health
DRH	Directorate of Human Resources
ESF	Environmental and Social Framework
ESRS	Environmental and Social Review Summary
ESSA	Environmental and Social Systems Assessment
FCDO	Foreign, Commonwealth and Development Office (of the United Kingdom)
GBV	Gender Based Violence
GFF	Global Financing Facility
GRS	Grievance Redress Service
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
IC	Investment Case
IDA	International Development Association
LIC	Low Income Country
M&E	Monitoring and Evaluation
MISAU	*Ministério da Saúde* (Mozambique Ministry of Health)
NCD	Non-communicable disease
NIS	National Institute of Statistics
RMNCAH	Reproductive, maternal, newborn, child and adolescent health
PAP	Program Action Plan
PCAS	Environmental and Social Commitment Plan
PDO	Program Development Objective
PEFA	Public Expenditure and Financial Accountability
PESOE	*Plano Económico e Social e Orçamento de Estado* (Economic and Social Plan, State Budget)
PESS	*Plano Estratégico do Sector da Saúde* (Health Sector Strategic Plan)
PFM	Public Financial Management

PforR	Program for Results
PHCSP	Primary Health Care Strengthening Program
PMU	Program Management Unit
POM	Program Operational Manual
QGAS	Environmental and Social Management Framework
SEA/SH	Sexual Exploitation and Abuse and Sexual Harassment
SDSMCAS	District Services for Health, Women, Children and Social Action
SISMA	*Sistema de Informação de Saúde para Monitoria e Avaliação* (MISAU's HIS for M&E)
SPS	*Serviços Provinciais de Saúde* (Provincial Health Services)
SSA	Sub-Saharan Africa
TFR	Total Fertility Rate
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene

Table of Contents

Figures

Tables

EXECUTIVE SUMMARY

The project development objective is to improve the utilization and quality of health care and nutrition services at district level with a focus on vulnerable populations. This is fully aligned with the common objective of improving the utilization and quality of health services and strengthening the health system in Mozambique.

The project investments will target the Central and Northern Region of Mozambique, covering 40% of the country's districts. It will cover prioritized districts, selected based on clear vulnerability criteria such as the Multidimensional Poverty Index, access to primary health care, vulnerability to climate change, capacity to respond to epidemics and emergencies at the district level, and the readiness of district hospitals to manage obstetric and neonatal emergencies.

The proposed program aims to support Mozambique in strengthening its health system and addressing key bottlenecks that are preventing better health outcomes. The Program will focus on the district level with an emphasis on vulnerable population groups where weak health outcomes are concentrated, in order to ultimately effect improvements in maternal and child survival, a lowered total fertility rate and adolescent fertility rate (critical for a demographic dividend), reductions in child stunting, and more satisfied users of public health services.

The Program will support the implementation of the PESS over five years (2024-2028), focusing on prioritized high-need districts located largely in the central and northern parts of the country. The Program will likely support 62 priority districts out of 154 districts country-wide (40 percent of all districts). The Program will align with the last year of the current Plano Estrategico do Sector da Saude/ Health Sector Strategic Plan (PESS) and most of the forthcoming 5-year PESS, which is expected to continue the current set of priorities, and with the rollout of the new Community Health Sub-System Strategy, approved in late 2022. To optimize use of resources, the Program will cover prioritized districts, selected based on clear vulnerability criteria such as the Multidimensional Poverty Index, access to primary health care, vulnerability to climate change, capacity to respond to epidemics and emergencies at the district level, and the readiness of district hospitals to manage obstetric and neonatal emergencies. World Bank interventions will be coordinated with those supported by community-based organizations at the district level.

Building on the existing Primary Health Care Strengthening Program (PHCSP), the Program will support the PESS, aligning with three of its ten key objectives. The PESS objectives supported by the Program are: (i) increase access and utilization of health services; (ii) ensure the quality of services and health care provision; and (iii) strengthen the Mozambican health system. These three overarching goals of the PESS are justified because access and utilization of health services by the most vulnerable and poor, despite improvements over the years, remain limited and inequities in health status are still a reality across socio economic strata and geographical areas.

A PforR with an Investment Project Financing [IPF] component offers many advantages. Building on results under the Primary Health Care Strengthening Program (PHCSP, P163541) which supports Mozambique's

Investment Case focusing on Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH-N), a PforR is again proposed as the primary instrument so that: (i) key reforms that strengthen institutions and build capacity in areas not affected by conflict can continue to be incentivized; (ii) Bank support to Mozambique's health sector can continue to be effectively harmonized with that of other partners; (iii) the PforR's results focus can be leveraged while supporting the government program using existing country systems and health sector strategies. Adding an IPF component will enable impact in conflict-affected northern areas, working through third parties, helping to channel financial and technical support and strengthen the health system substantially.

The project is a Program for Results (PforR), structured in four Key Result Areas (KRAs). The Program's four Key Result Areas (KRAs) are: (i) KRA 1.: Improving maternal health and pregnancy outcomes; (ii) KRA 2. : Improving child health and nutrition; (iii) KRA 3. Preventing endemic diseases and non-communicable diseases and (iv) KRA4.: Strengthening the health system. A brea

1. **KRA 1. Improving maternal health and pregnancy outcomes**. The Program will support both demand and supply side. On the ***demand side***, the Program will support community-based health promotion and prevention activities under the new community health subsystem strategy. On the ***supply side***, the Program will, through DLI7, incentivize the establishment of more balanced health teams in district hospitals and health centers with internment.
2. **KRA 2. Improving child health and nutrition**. The Program will incentivize through DLI2 the rollout of a community-based nutrition intervention package for children aged 0-2 years, prioritizing provinces with stunting rates of 20 percent or more.
3. **KRA 3. Preventing endemic and non-communicable diseases**. The Program will support a reduction in the burden of malaria among pregnant women, by promoting four doses of intermittent presumptive treatment of malaria during pregnancy. By supporting community interventions and health promotion activities, other endemic diseases will be targeted including HIV, TB, parasitic infections, and diarrheal diseases.
4. **KRA 4. Strengthening the health system.** The following dimensions will be supported by the Program: *Infrastructure:* Rehabilitation of health facilities, especially district hospitals, with climate-resilient features (informed by and complementary to ongoing work under the Mozambique Disaster Risk Management and Resilience Program - Additional Financing [P179270]), addition of water and sanitation infrastructure, and solar electrification. *Laboratory diagnostics*: The Program will support district-level improvement of laboratory diagnostics through staff training; acquisition and maintenance of equipment; and consistent compliance with quality standards. *Decentralization, Data for Decision-making, Governance and Health Financing*: The Program will incentivize through DLIs the more widespread implementation of program contracts in targeted districts, as well as a greater share of domestic financing for family planning products.

The environmental and social (E&S) management of the PforR activities will be undertaken under existing E&S systems, both at national level and at the level of implementing agencies. In accordance with the

World Bank's Policy/Directive "Program-for-Results Financing" (PforR) the World Bank is being undertaken an Environmental and Social System Assessment (ESSA) of the proposed Program.

The overarching objective of the ESSA is to ensure that the risks and impacts of the Program activities are identified and mitigated, and to strengthen systems and build capacity to deliver the PforR in a sustainable manner. Where the implementing agency does not meet the World Bank's requirements, such as lack of regulatory authority or organisational capacity to effectively manage environmental or social risks, complementary actions are proposed to strengthen the management system as well as additional measures to improve program performance.

The ESSA is carried out following the Bank's ESSA Guidance Note for assessment of alignment with six core principles: 1) General principle of environmental and social management; 2) Natural Habitats and Physical Cultural Resources; 3) Public and Worker Safety; 4) Land Acquisition and Loss of Access to Natural Resources, 5) Indigenous Peoples and Vulnerable Groups and 6) Social Conflict.

From an environmental perspective, the PforR, as is currently designed, is a moderate-risk program on the environmental aspects, given (potential) health care facility rehabilitation and/or construction, which will generate solid waste including hazardous waste (with potential also for asbestos containing demolition materials), noise, dust, etc.

The methodology comprised initial interviews with key informants (MISAU'S departments), preliminary screening; description of program environmental and social effects and assessment of borrower capacity to manage environmental and social risks.

Preliminary environmental and social (E&S) screening conducted by the Bank's team indicated that the overall E&S risk classification of the proposed activities to be supported under this PfoR will range from low to moderate. None of the proposed KRAs are likely to result in high environmental or social risk, assuming good international industrial practice (GIIP) for those DLIs involving civil works, repair and maintenance. Many of the supporting KRAs are designed to improve institutional performance and will have positive environmental and social impacts, subject to appropriate institutional capacity to design and implement the KRA.

The Environmental and Social risk is considered moderate, as there is clear indication of improvements of safeguards implementation in existing projects, including proper management of health care wastes, health and safety of workers and management of construction impacts. While Program activities are mostly expected to generate positive environmental impacts, potential adverse impacts are also likely to occur. The scale of anticipated civil works related to the construction and rehabilitation of health facilities is unlikely to generate environmental and social risks. Additionally, the Program is not likely to have significant impacts on natural habitats, or create environmental pollution, apart from temporary and localized impacts during construction phase and issues related to health care waste management as discussed below. The Program is also not likely to cause negative changes in land use patterns and/or resource use.

Although the scale of anticipated civil works to be supported by the Program may not result in high environmental and social risks, past experience in projects involving civil works show that poor construction waste management; inadequate sanitation conditions for workers, poor workers' health and safety records and difficult relationships between contractors and construction workers have consistently been a challenge in the course of project implementation. These issues should be adequately considered during Program implementation, to mitigate associated negative environmental and social impacts. Land acquisition, where necessary, must be well documented according to the national guidelines included in the Program Operations Manual to ensure clear ownership and compensation for any impacts on land occupants or users.

Overall, the social impacts for the project are expected to be positive. MISAU has a relatively developed system to manage social risks and impacts associated with the proposed activities. The functions for complaint handling, communication and community engagement are scattered across departments and units within MISAU as described further in the ESSA. Gender and GBV/SEA/SH issues as some of the dimensions of vulnerability are handled by dedicated units and MISAU has been working on a set of gender indicators which will be incorporated in the Monitoring and Evaluation (M&E) Framework. For the purpose of the program, measures to address gender and vulnerability (language, geography, cultural barriers) will be built into the Program Action Plan (PAP) and integrated in specific DLIs as appropriate.

National environmental and social laws and regulations (mainly the EIA Decree 54/2015) are in general considered robust and adequate for most of the activities financed under this Program. The regulatory framework is also consistent with international standards, including the World Bank Group Environmental and Social Framework, with some minor differences. Enforcement of the regulations is constrained by inadequate institutional capacity, insufficient human resources and poor cross-sectoral coordination at various levels, including coordination within the Ministry of Health (MISAU), where environmental aspects receive less attention.

Consultation and Disclosure: An initial meeting was held with the MISAU coordination and safeguards team, where the objectives and scope of ESSA were explained and also the understanding of the procedures, standards, and approach that the institution follows for environmental and social management. Additional ESSA disclosure meetings will be held and to this end, the identification of relevant stakeholders is underway. The mapping of the main stakeholders is underway, and the consultation process will be carried out during the preparation of the Program.

Inputs to the Program Action Plan: Overall, the ESSA shows that the environmental and social systems provided for in specific national environmental legislation, with implementation of actions to address the gaps and to enhance performance during implementation, are adequate for Program implementation. However, the assessment is also shows that to support the program management E&S associated with the program in a sustainable way will require a combination of three type of interventions: (i) institutional organization for better E&S risk management; (ii) support E&S system and procedure development; (iii) E&S training and skills development and (iv) E&S implementation support. The following table summarizes the measures that the ESSA team recommends for inclusion in the Program Action Plan:

Pillar	Proposed E&S actions	Indicative timeline	Responsibility[1]
(i) institutional organization for better E&S risk management	1.1. Develop ToR providing the justification/rationale, scope, and objectives for the institutional organization for better E&S risk management of MISAU	3 months after effectiveness	MISAU
	1.2. Hire a consultant and undertake E&S functional review of MISAU and propose effective ways to manage E&S risk within MISAU based on the national legal framework and international best practices	5 months after effectiveness	MISAU
	1.3. Undertake nationwide consultation within MISAU on the proposed E&S institutional organization	Mid 2024	Consultant/MISAU
(ii) Support E&S system and procedure development	1.4. Environmental and Social Management System Manual (following ISO 14001 or WBG guidelines), including among others, OHS standards to ensure GIIP	First Year	MISAU
	1.5. Community-based intervention guidelines to ensure engagement of men in family planning and sexual and reproductive health activities	Throughout program implementation	MISAU
	1.6. Expand existing complaint and accountability systems to other health units through GAUs, scorecards and placement of complaint boxes and national coverage achieve 50% by the of the program	Throughout program implementation	
	2.1 Ensure gender-based violence is reflected in the curriculum of health professionals, including APEs	Throughout program implementation	MISAU
	2.2 Include approaches to gender and socio-cultural sensitivity are reflected in the curriculum and training of community health workers (APEs) and	First Year	MISAU

[1] The first is the primary responsible entity

Pillar	Proposed E&S actions	Indicative timeline	Responsibility[1]
	health center and district/rural hospital staff and supported by appropriate promotional/awareness materials (e.g., checklists, posters, videos)		
	2.3 Ensure that health waste management protocols are included in training curricula for health professionals	First Year	MISAU
	2.4 Inclusion of waste management in health facility scorecard	First Year	MISAU
	2.5 Improve the registry of compliance obligations during pharmaceutical waste handling at Health Centers and disposal at District, Provincial, and Central Hospitals and Medical Stores to include disposal methods, site of disposal, list of participants and witnesses, community monitoring actions, etc., and disseminate.	Throughout program implementation	
	2.6 Develop and implement a generic Stakeholder Engagement Plan on Pharmaceutical Waste Disposal at District, Provincial, and Central Hospitals and Medical Stores for key players: CMAM, DSA, Local Communities, Municipalities, Protection Police, Environmental Licensing authorities, etc., attending their roles from the identification phase (e.g., site selection), preparation phase (e.g. environmental education and awareness) throughout the last phase of monitoring (community monitoring).	First Year	MISAU
	2.7 Preparation of TORs samples for E&S assessments of construction and rehabilitation works	Before the start of the program	MISAU
	2.8 Conduct pharmaceutical waste and equipment for disposal inventory for District, Provincial and Central Hospitals and Medical Stores and	First Year	MISAU

Pillar	Proposed E&S actions	Indicative timeline	Responsibility[1]
(iii) E&S training and skills development	prioritize the waste disposal according to a timeline based on waste quantities, environmental risks and opportunities costs (e.g. synergies in transporting or incinerating waste from 2 or more different locations in one facility).		
	2.9 Assess security concern and development management plans for activities in the northern Mozambique	Before the start of activities	MISAU
	3.1 Training for health care providers, dissemination through community consultations, inclusion in scorecard	Throughout program implementation	MISAU
	3.2 Undertake at least one training of Environmental Health Department technicians at central level, provincial focal points and district levels on the E&S safeguards, focusing on roles and responsibilities of sector personnel at each stage, especially for activities/projects involving construction works, and on project screening.	Ever Year	MISAU
	3.3 Training of E&S focal points in guiding principles for safe and ethical handling of SEA/SH allegations (confidentiality, survivor centrality and safety).	Throughout program implementation	MISAU
	3.4 Conduct at least one training on new disaster contingency protocols for APEs and SDSGCAS managers in vulnerable districts as defined by the National Institute of Calamities Management (INGC)	Throughout program implementation	MISAU
	3.5 Conduct refreshment courses to key staff that are responsible for Pharmaceutical Waste Management (handle, store and dispose) at the Provincial and Central Hospitals and Central, Regional, and Provincial Medical Stores based on existing material.	Throughout program implementation	MISAU

Pillar	Proposed E&S actions	Indicative timeline	Responsibility[1]
	3.6 Conduct refreshment courses to key staff that are responsible for Pharmaceutical Management (receiving, store, returning of expired/damaged medicines) at the District Medical Stores and the health facilities they service based on existing material.	Throughout program implementation	MISAU
	3.7 Promote women empowerment through the promotion of their participation in capacity building and jobs/tasks that are usually not allocated to them, including in technical and management positions and in civil works.	Throughout program implementation	MISAU
	3.8 Implementation of an awareness campaign for workers on GBV/EAS/SH and signature of Codes of Conduct by all workers, with specific provisions on GBV/EAS/SH.	Ongoing, particularly before the start of civil works	MISAU
	3.9 Provide MISAU's Environmental Specialist with training on health facility waste management	Every Year throughout the program	MISAU
	3.10 Preparation and implementation of E&S training for staff, taking in consideration the potential E&S effects identified for the PforR activities.	Throughout program implementation	MISAU
(iv) E&S implementation support	4.1 Engagement of a social development specialist to provide oversight for gender and socio-cultural sensitivity in TA, service delivery protocols, community awareness campaigns and consultation processes at MISAU. The social development Specialist is also expected to lead the review and enhancement of existing GRM	Before the start of civil works	MISAU
	4.2 Hiring of environmental and social specialists with a minimum of 5-year work experience in E&S related matters	Before the start of the program	MISAU

1 INTRODUCTION

1.1 Context

The Program is aligned with Mozambique's national development plans, which emphasize human capital, social transformation, good governance, and decentralization. Human capital development is a strategic pathway to transformation in Mozambique.[2]Human capital development and social justice are among the three priorities of the current five-year government plan (*Programa Quinquenal do Governo 2020-2024*), supported by good governance and decentralization. While there are important links with other levels of health service provision, the proposed District and Community Health Services Revitalization Program (P179913) aims to improve the utilization and quality of health care and nutrition services at district level with a focus on vulnerable populations. This is key to helping the poorest and most vulnerable families build their human capital and is aligned with the forthcoming long term national development plan (*Estratégia Nacional de Desenvolvimento 2023-2043*), in which social transformation and governance are key focus areas.

The proposed program aims to support Mozambique in strengthening its health system and addressing key bottlenecks that are preventing better health outcomes. The Theory of Change (Figure 1) summarizes these bottlenecks and the required inputs to achieve the expected outputs and outcomes under the Program. The Program will focus on the district level with an emphasis on vulnerable population groups where weak health outcomes are concentrated, in order to ultimately effect improvements in maternal and child survival, a lowered total fertility rate and adolescent fertility rate (critical for a demographic dividend), reductions in child stunting, and more satisfied users of public health services.

The Program will support the implementation of the PESS over five years (2024-2028), focusing on prioritized high-need districts located largely in the central and northern parts of the country. The Program will likely support 62 priority districts out of 154 districts country-wide (40 percent of all districts). The Program will align with the last year of the current Plano Estrategico do Sector da Saude/ Health Sector Strategic Plan (PESS) and most of the forthcoming 5-year PESS, which is expected to continue the current set of priorities, and with the rollout of the new Community Health Sub-System Strategy, approved in late 2022. To optimize use of resources, the Program will cover prioritized districts, selected based on clear vulnerability criteria such as the Multidimensional Poverty Index, access to primary health care, vulnerability to climate change, capacity to respond to epidemics and emergencies at the district level, and the readiness of district hospitals to manage obstetric and neonatal emergencies.

Adding an IPF component will enable achievement of results in conflict-affected northern parts of the country, working through third parties. This will help to channel financial and technical support to these

[2] World Bank. 2021. Mozambique SCD - Coming Together for a Better Future

areas, and to develop and achieve more substantive health system strengthening. Expertise can be brought in to build an institutional development plan. Mozambique also has a strong history of using the PforR instrument to strengthen Public Financial Management and achieve specific improvements in the medical supply chain, and of effectively employing DLIs in the Education sector. Elementary Polyvalent Agents/ Agentes Polivalentes Elementares (APE) and third-party service providers will be engaged in implementation of activities, especially in remote communities with particular focus on vulnerable groups and areas of significant presence of IDPs and active conflict depending on the specific needs. The engagement of APEs and third party will provide the needed expertise and flexibility to deliver services in a context of fragility and heightened tension. Their interventions will be coordinated together with the district coordination units and endorsed central and provincial. The proposed program is structured around three key results areas (RAs): KRA 1. Improving maternal health and pregnancy outcomes; KRA 2. Improving child health and nutrition; KRA 3. Preventing endemic and non-communicable diseases; KRA 3. Preventing endemic and non-communicable diseases; and KRA 4. Strengthening the health system. The specific description of each RA is provided under section 2 of this ESSA.

1.2 ESSA Process, Purpose and Methodology

1.2.1 ESSA Process

The following components make up the World Bank process for the preparation of an ESSA:

- *Preliminary screening:* to ensure that activities that are judged to be likely to have significant adverse impacts that are sensitive, diverse, or unprecedented on the environment and / or affected people are not included in the PforR design and are excluded from the program.
- *Stakeholder engagement:* which must provide the opportunity for both internal and external stakeholders to meaningfully participate in the ESSA process, inform the preparation of the ESSA Report, and provide inputs throughout the lifecycle of the program. Generally, during the PforR preparation process, field-level one-on-one and focus group community consultations together with a stakeholder workshop are conducted to meet the stakeholder engagement requirements.
- *Analysis:* Using available documentation and the information collected during stakeholder engagement, the ESSA analyses the responsible institutions' capacity to manage environmental and social risks based on the strength of their applicable systems, staff capabilities and history, and taking into consideration the likely significance of the potential impacts associated with the preparation and implementation of the program.
- *Grievance Mechanism (GRM):* The ESSA reviews the program-level grievance mechanisms in place and assesses their adequacy and effectiveness. The ESSA confirms whether the GRMs are suitable to receive, record, resolve, and follow-up on complaints or grievances received.
- *Recommendations:* The ESSA identifies measures and actions to manage any significant gaps in the capacity of the responsible institutions to implement E&S management systems at a level commensurate with the identified risks of the program, and consistent with the Bank's core principles and planning elements. The Bank and the borrower together agree to implement these as part of the program.
- *Disclosure:* The draft ESSA report must be disclosed before program appraisal so that the views of interested members of the broader public may be solicited and considered before program

decisions are made final. Further, the final ESSA report and recommended actions are to be completed before negotiations, and the final version disclosed accordingly.

1.2.2 ESSA Objectives

The main objectives of this ESSA are to:

a) identify the potential environmental and social impacts/risks applicable to the Program interventions,
b) review the policy and legal framework related to management of environmental and social impacts of the Program interventions,
c) assess the institutional capacity for environmental and social impact management within the Program system,
d) assess the Program system performance with respect to the core principles of the Program-for-Results (PforR) instrument and identify gaps in the Program's performance, and
e) describe actions to fill the gaps that will input into the Program Action Plan (PAP) in order to strengthen the Program's performance with respect to the core principles of the PforR instrument.

This assessment is based on the World Bank policies for a PforR lending instrument, which employs a risk management approach to environmental and social management. For each proposed PforR operation, the World Bank team assesses (at the program level) the borrower's (implementing agencies') institutional and organizational capacity to manage environmental and social risks associated with the program. If the World Bank team concludes that the borrower's environmental and social management capacity does not meet the World Bank's requirements, such as lack of regulatory authority or organizational capacity to effectively manage environmental or social risks, complementary actions may be proposed to strengthen the management system as well as additional measures to improve program performance. The principles of ESSA are listed in Table 2 below. As seen, principles 1, 2, and 3 focus primarily on assessment of environmental aspects, principles 4, 5, and 6 are mainly concerned with social aspects. Nonetheless, principle 1 is equally relevant for social assessment as this relates to stakeholder consultation, information dissemination, and responsive GRM.

Table 1: ESSA core principles

Core principles	Description
Core principle 1: Environmental and social management procedures and processes are designed to (a) promote environmental and social sustainability in the program design; (b) avoid, minimize, or mitigate against adverse impacts; and (c) promote informed decision-making relating to a program's environmental and social effects.	Whether for design of new programs or program activities, or for support to existing programs or activities, the World Bank will confirm that, as relevant, the program procedures do the following: • Operate within an adequate legal and regulatory framework to guide Environmental and Social Impact Assessments at the program level. • Incorporate recognized elements of environmental and social assessment good practice, including (a) early screening of potential effects; (b) consideration of strategic, technical, and site alternatives (including the 'no action' alternative); (c) explicit assessment of potential induced, cumulative, and trans-boundary impacts; (d) identification of measures to mitigate adverse environmental or social impacts that cannot be otherwise avoided or minimized; (e) clear articulation of institutional responsibilities and resources to support implementation of plans; and (f) responsiveness and accountability through stakeholder consultation, timely dissemination of program information, and responsive grievance redress measures.
Core principle 2: Environmental and social management procedures and processes are designed to avoid, minimize, and mitigate adverse impacts on natural habitats and physical cultural resources resulting from the program.	• Includes appropriate measures for early identification and screening of potentially important biodiversity and cultural resource areas • Supports and promotes the conservation, maintenance, and rehabilitation of natural habitats; avoids the significant conversion or degradation of critical natural habitats; and if avoiding the significant conversion of natural habitats is not technically feasible, includes measures to mitigate or offset impacts or program activities • Considers potential adverse impacts on physical cultural property and as warranted, provides adequate measures to avoid, minimize, or mitigate such effects.
Core principle 3: Environmental and social management procedures and processes are designed to protect public and worker safety against the potential risks associated with (a) construction and/or operations of facilities or other operational practices developed or promoted under the program; (b) exposure to toxic chemicals, hazardous wastes, and otherwise dangerous materials; and (c) reconstruction or rehabilitation of infrastructure located in areas prone to natural hazards.	• Promotes community, individual, and worker safety through the safe design, construction, operation, and maintenance of physical infrastructure, or in carrying out activities that may be dependent on such infrastructure with safety measures, inspections, or remedial works incorporated as needed • Promotes the use of recognized good practice in the production, management, storage, transport, and disposal of hazardous materials generated through program construction or operations; promotes the use of integrated pest management practices to manage or reduce pests or disease vectors; and provides training for workers involved in the production, procurement, storage, transport, use, and disposal of hazardous chemicals in accordance with international guidelines and conventions • Includes measures to avoid, minimize, or mitigate community, individual, and worker risks when program activities are located within areas prone to natural hazards such as floods, hurricanes, earthquakes, or other severe weather or climate events
Core principle 4:	• Avoids or minimizes land acquisition and related adverse impacts

Core principles	Description
Land acquisition and loss of access to natural resources are managed in a way that avoids or minimizes displacement, and affected people are assisted in improving, or at least restoring, their livelihoods and living standards.	• Identifies and addresses economic and social impacts caused by land acquisition or loss of access to natural resources, including those affecting people who may lack full legal rights to assets or resources they use or occupy • Provides compensation sufficient to purchase replacement assets of equivalent value and to meet any necessary transitional expenses, paid before taking of land or restricting access • Provides supplemental livelihood improvement or restoration measures if taking of land causes loss of income-generating opportunity (for example, loss of crop production or employment) • Restores or replaces public infrastructure and community services that may be adversely affected
Core principle 5: Due consideration is given to cultural appropriateness of, and equitable access to, program benefits giving special attention to rights and interests of Indigenous Peoples and to the needs or concerns of vulnerable groups.	• Due consideration is given to cultural appropriateness of, and equitable access to, program benefits giving special attention to rights and interests of Indigenous Peoples and to the needs or concerns of vulnerable groups.
Core principle 6: Avoid exacerbating social conflict, especially in fragile states, post-conflict areas, or areas subject to territorial disputes.	• Considers conflict risks, including distributional equity and cultural sensitivities

1.2.3 ESSA Methodology

The assessment included the following:

i. A review of existing regulations, procedures and guidelines that apply to the Mozambique District and Community Health Services Revitalization;
ii. Analysis of environmental effects, including residual impacts, systemic risks such as the risk of not identifying significant impacts, potential consequences from inadequate enforcement of mitigation measures, as well as the operational risks of unexpected impacts, accidents and natural hazards;
iii. Review of social effects, including residual impacts and systemic risk, consultation mechanisms, grievance mechanisms, information dissemination and disclosure, participation and transparency;
iv. An assessment of the capacity to implement the environmental and social management system, including monitoring, supervision and reporting, at both local and national levels.

Desk review

The review covered current environmental and social laws and regulations (e.g. Environmental Law Nr. 20/97, AIA regulation-Decree Nr. 54/2015, Biomedical Waste Regulation-Decree Rr. 8/2003), Draft National Environmental Health Strategy (2017-2025), relevant environmental and social reports (e.g. Environmental and Social Management Frameworks (ESMF); Environmental and Social Management Plans (ESMP); and Infections Control and Waste Management Plans (ICWMP)), on the implementation of the current World Bank projects (Health Service Delivery Project and Southern Africa Tuberculosis and Health Systems Support Project-SATBHSS), as well as the ESSA of the Public Financial Management for Result Program in the pharmaceuticals subsector.

Consultation meetings

The WB team held initial meetings with MISAU coordination and safeguards team, with the view to brief them about the objectives and scope of the ESSA, including to obtain information about their understanding about the application of environmental and social procedures, standards, and approaches at institutional level. Further exercise to identify stakeholders is underway, therefore, consultation process will be an ongoing exercise.

Identification of potential associated environmental and social effects

This process assessed potential environmental and social effects associated with Program implementation, including assessment of Borrower's capacity to mitigate unavoidable impacts and optimize social and environmental benefits.

Validation workshop

A validation workshop will be held in November 2023 with technical staff from MISAU (National Directorate of Planning and Cooperation, National Directorate of Public Health, Department of Infrastructure), Ministry of Land and Environment (MTA) and Civil Society Organizations. The draft ESSA report will be circulated ahead of the meeting. Feedback from the workshop will be incorporated into ESSA final version and a full list of participants and summary of their feedback will be attached as Annex.

Document dissemination

The ESSA report will be publicly disclosed through the World Bank and advertised in the national press, and public comments will be allowed during the dissemination period.

Implementation of Actions

An implementation action plan was jointly developed with the client specifying actions to improve system performance during the Program implementation period and beyond.

2 PROGRAM DESCRIPTION

2.1 The Government's Five -Year Investment Case Health Program

Mozambique's Investment Case for RMNCAH-N provided the framework to channel financing to high impact RMNCAH-N investments, focusing on target groups while strengthening the national health system. Approved in 2017, it has helped to address demand-side constraints and gender norms and inequalities through a multi-sectoral approach, emphasizing community-based engagement; to operationalize the GoM's health sector strategic plan; and to align vertical donor financing, largely outside the government budget and financial management system, to strategic plan priorities.

The GoM's health sector strategic plan (Plano Estratégico do Sector da Saúde, PESS, 2014-2019), has been extended to 2020-2024 and defines priorities for optimal resource allocation to achieve better health outcomes. The PESS is operationalized by the annual Economic, Social Plan and State Budget (Plano Económico e Social e Orçamento do Estado, or PESOE), the Health Sector's Expenditure Program which is coordinated by the Ministry of Economy and Finance. A new PESS is under development for the period 2024-2028. Its thematic priorities will be closely consulted with development partners and are expected to remain consistent with those of the current PESS outlined below.

The PESS prioritizes the following: (i) strengthening of the organization and management of health services to be more responsive to people and community's needs; (ii) defining and implementing a package of quality health services for each level of care; (iii) reinforcing the capacity of primary health care to improve response capacity, access and progressively expand supply of services; (iv) improving availability and rational use of medicines including vaccines, equipment as well as innovative technologies for screening and early diagnosis of communicable and non-communicable diseases; and (v) strengthening of the referral system particularly at the secondary level to ensure health care continuity. Mozambique aims to increase health care facilities especially at the primary level in rural and peri-urban areas, while ensuring adequate equipment and staff. Health promotion interventions are emphasized at

all levels including the community, working through community health workers. To improve utilization of health services, the health sector will improve communication and advocacy to increase demand for services by the community and vulnerable populations.

2.2 The District and Community Health Services Revitalization Program-for-Results (PforR) Scope

The Program will support the implementation of the PESS over five years (2024-2028), focusing on prioritized high-need districts located largely in the central and northern parts of the country. The Program will likely support 62 priority districts out of 154 districts country-wide (40 percent of all districts). The Program will align with the last year of the current PESS and most of the forthcoming 5-year PESS, which is expected to continue the current set of priorities, and with the rollout of the new Community Health Sub-System Strategy, approved in late 2022. To optimize use of resources, Program will cover prioritized districts, selected based on clear vulnerability criteria such as the Multidimensional Poverty Index, access to primary health care, vulnerability to climate change, capacity to respond to epidemics and emergencies at the district level, and the readiness of district hospitals to manage obstetric and neonatal emergencies. World Bank interventions will be coordinated with those supported by community-based organizations at the district level.

Building on the existing PHCSP, the Program will support the PESS, aligning with three of its ten key objectives. The PESS objectives supported by the Program are: (i) increase access and utilization of health services; (ii) ensure the quality of services and health care provision; and (iii) strengthen the Mozambican health system. These three overarching goals of the PESS are justified because access and utilization of health services by the most vulnerable and poor, despite improvements over the years, remain limited and inequities in health status are still a reality across socio economic strata and geographical areas. The quality of health services at all levels warrants improvement according to the most recent Service Delivery Indicators Survey (2014) and to an assessment of the quality of services provided by community health workers done by the WB in 2021. The common denominator of these challenges is an underfunded and weakened health system performing sub-optimally. Thus, it makes sense for the Program to tackle the most critical bottlenecks impairing further progress in volume and quality of services, especially in the districts. All District health care and health systems expenditures will be eligible for financing. Other health expenditures incurred at provincial and central level will be eligible, with the exception of: (i) large contracts that either exceed 25 percent of the total Program expenditure, or exceed the Operations Procurement Review Committee thresholds for Substantive fiduciary risk (whichever is lower); (ii) expenditures on construction of new hospitals and levels Two, Three and Four health facilities and hospitals (as described in Ministerial Diploma 127/2002, of July 31), or health centers that would be classified as category A or category A+ under Decree 54/2015, of December 31; and (iii) expenditures on high tech medical equipment such as Magnetic Resonance Imaging Scans, or similar destined for level Three and Four hospitals. The Government also may not report as part of their contribution to the Program any expenditures that have been financed through World Bank Investment Project Financing or vertically by other health partners.

The Programme for Results (PforR) is structured in four key RAs, specifically:

- **KRA 1. Improving maternal health and pregnancy outcomes**. The Program will support both demand and supply side. On the ***demand side***, the Program will support community-based health promotion and prevention activities under the new community health subsystem strategy.[i] It will incentivize, through DLI8, the training and deployment of *Agentes Polivalentes de Saúde* (APS, formerly APE), the quality of services they provide, and use of an IT platform (UpScale) to assist them in delivering services and collecting data. Through APS, more pregnant women are expected to complete ANC visits early in the pregnancy and deliver their babies in health facilities. The Program will also incentivize community consultations and dialogue related to services provided at the facility and community levels to give voice to users and make services more responsive and sensitive to local needs, and to the extent possible to norms that are not harmful to health. There will be a further focus on health promotion and prevention activities including encouraging HIV-related services among men. Critically, the Program will incentivize through DLI3 outreach to adolescents in both schools and communities on sexual and reproductive health information and services, which will contribute to reducing unwanted pregnancies in this group.

- On the ***supply side***, the Program will, through DLI7, incentivize the establishment of more balanced health teams in district hospitals and health centers with internment. It will also support efforts to ensure that more district hospitals provide Complete Emergency Obstetric and Neonatal Care (*Cuidados Obstétricos e Neonatais de Emergência Completos*, CONEmC) services; that a greater share of health centers provide Basic Emergency Obstetric and Neonatal Care (*Cuidados Obstétricos e Neonatais de Emergência Básicos,* CONEmB services, and that first level referral hospitals (district, rural and general) possess essential infrastructure and trained staff. Finally, the availability of essential medicines and nutritional supplements for MCH will be supported through a combination of DLIs. Technical support and outsourcing logistics to private sector will be in line with the Strategic and Logistic Plan for Pharmaceuticals.

- **KRA 2. Improving child health and nutrition**. The Program will incentivize through DLI2 the rollout of a community-based nutrition intervention package for children aged 0-2 years, prioritizing provinces with stunting rates of 20 percent or more. The Program's day-to-day management at the community level may be outsourced to non-state actors at that level or jointly with community-based organizations and APS, under the oversight of the District Health Services and with technical support from the provinces and MISAU. The nutrition intervention will be provided along with interventions to improve parenting skills focused on early stimulation and behavior change to improve infant and young child feeding practices. This can be done through community and family groups including both men and women, organized by community-based organizations (where possible, led by women), with the support of community leaders. These interventions will be integrated with the vaccinations program to ensure that children receive an integrated package of health, nutrition, and early childhood development interventions to achieve maximum synergies and effectiveness.

- **KRA 3. Preventing endemic and non-communicable diseases.** The Program will support a reduction in the burden of malaria among pregnant women, by promoting four doses of intermittent presumptive treatment of malaria during pregnancy. By supporting community interventions and health promotion activities, other endemic diseases will be targeted including HIV, TB, **parasitic** infections, and diarrheal diseases. There will be a continued focus on TB notifications including among pregnant women, building on achievements under the Southern Africa TB and Health Systems Support Project (P155658) which closes in December 2023. Also, through the Program's IPF component, a CERC will assist the health sector in case of outbreaks or health-related emergencies. The Program will support child health prevention and promotion interventions including bed nets, deworming, and WASH activities. The Program will focus more on prevention, supporting screening interventions (for breast, cervical, prostate cancers, hypertension, and diabetes) at the primary level, and vaccination programs targeting adolescents to help prevent NCDs, e.g., the HPV vaccine to prevent cervical cancer. In addition, to incentivizing results in terms of NCD prevention, there will also be specialized technical assistance under the IPF component to assist MISAU in designing preventive and treatment interventions integrated at the primary level. Finally, investments in health systems to improve performance will improve the capacity of district health services to address NCDs both as a point of entry of NCD cases and up through a continuum of care to the highest level, as well as for follow up and monitoring cases of NCDs in their catchment area.

- **KRA 4. Strengthening the health system.** The following dimensions will be supported by the Program:

    - *Infrastructure:* Rehabilitation of health facilities, especially district hospitals, with climate-resilient features (informed by and complementary to ongoing work under the Mozambique Disaster Risk Management and Resilience Program - Additional Financing [P179270]), addition of water and sanitation infrastructure, and solar electrification. Existing infrastructure at the first referral level has suffered recent cyclone damage as well as direct destruction in areas affected by conflict. The program will support the piloting of "waterless toilets" in health facilities which reuses black water through chemical, physical and biological processes to flush toilets, saving significant quantities of water and reducing bad odors in toilets. Such toilets are needed in remote areas with limited availability of water.
    - *Laboratory diagnostics*: The Program will support district-level improvement of laboratory diagnostics through staff training; acquisition and maintenance of equipment; and consistent compliance with quality standards.
    - *Decentralization, Data for Decision-making, Governance and Health Financing*: The Program will incentivize through DLIs the more widespread implementation of program contracts in targeted districts, as well as a greater share of domestic financing for family planning products. There will be a focus on increased spending of program funds in selected provinces, districts, and health facilities, and on improving PFM systems.

Table 2: Disbursement linked indicators per result area

Key Result Area (KRA)	Disbursement linked indicator (DLI)	DLI allocation (MUSD)
KRA 1— Improving maternal health and pregnancy outcomes.	DLI 1: Percentage of DHs in target districts rehabilitated with climate resilient and energy-efficient infrastructure	10.36
	DLI 2: Number of DHs and Health Centers Type I with quality assurance teams in place and implementing at least one performance assessment based on score cards in a year	10.40
	DLI 3: Percentage of target districts implementing program contracts to provide services in their health catchment area	9,.60
	DLI 4: Family planning commodity availability in service delivery points ensured through on-budget funding	7.32
KRA 2— Improving child health and nutrition	DLI 5: Number of APS trained and working at community level who report their activities to the health facility to which they are assigned in accordance with existing protocols	8.80
	DLI 6: Number of service delivery points providing SRH information and services to adolescents in target districts	8.78
	DLI 7: Percentage of DHs with adequate numbers and qualifications of health professionals to manage obstetric and neonatal emergencies	8.00
	DLI 8: Number of targeted districts that achieve 85% coverage for of institutional deliveries	8.00
KRA 3— Preventing endemic and non-communicable diseases	DLI 9: Percentage of children aged 0-24 months receiving a Nutrition Intervention Package in target districts	8.00
KRA 4— Strengthening the health system		
	Total	79.24

2.3 Program Environmental Effects

2.3.1 Potential Adverse Environmental Impacts

The proposed PforR activities are expected to improve the utilization and quality of health care and nutrition services at district level with a focus on vulnerable populations. Some relatively minor negative social and environmental impacts may result from the program. The civil works related to the rehabilitation of health facilities, especially district hospitals, with climate-resilient features, addition of water and sanitation infrastructure, and solar electrification are unlikely to result in high environmental and social risks. Based on the project description, the analysis of the national regulatory system and previous World Bank-supported activities implemented by MISAU, the civil works are considered unlikely to have significant impacts on natural habitats, or create environmental pollution, except for temporary and localized construction phase impacts. The Program is also not likely to cause negative changes in land use patterns and/or resource use. The management of biomedical waste may be an issue, due to lack of compliance with Mozambique's regulations governing the generation, storage, transport and disposal of the waste. The anticipated scale of potential adverse environmental or social impacts on human populations are site-specific, reversible, and easily manageable with adequate mitigation measures.

In summary, the potential environmental issues identified, which will be the focus of the ESSA, are as follows:

Issues associated with physical intervention

The Program may support civil works related to the construction and rehabilitation of health facilities. Although civil works may not result in high environmental risks, construction activities may generate adverse impacts if poorly managed. Common impacts of construction processes include soil erosion and compaction resulting from earth-moving activities; contamination of soils due to spills of oils and chemicals; and pollution and nuisance due to poor sanitation and the accumulation of construction and domestic waste. These impacts will require adequate environmental management.

Management of biomedical waste

Biomedical waste potentially impacts on biodiversity, water and soil. By law, all biomedical waste must be controlled according to a facility-specific waste management plan, but this is seldom the case and waste management non-compliance with the biomedical waste regulations is typical of most health centers throughout the country. Waste management process requires good planning and coordination in each of the sectors within a health unit. Effective waste management involves the entire waste cycle, including generation, collection, temporary storage, transport, treatment, and final disposal, so as to minimize hazards to the environment.

2.3.2 Potential Environmental Benefits

Overall environmental impacts of the Program are likely to be positive with potentially significant environmental benefits. The program is an opportunity for MISAU to improve the performance of the Department of Environmental Health, particularly in relation to its engagement in environmental

assessment and monitoring processes in MISAU projects, especially projects involving civil works and waste management, particularly because the proposed PforR will provide E&S capacity support, which may involve, the design of clear E&S procedures, training activities.

2.4 Program Social Effects

The proposed PforR is expected to have positive social effects as it is designed to improve health services to underserved groups, and will incentivize through DLI3 outreach to adolescents in both schools and communities on sexual and reproductive health information and services, which will contribute to reducing unwanted pregnancies. Moreover, the program will target the most vulnerable and underserved provinces (six provinces), which per se provides for a greater opportunity for inclusion of the most disadvantaged and marginalized groups.

2.4.1 Potential Adverse Social Impacts

In summary, the potential social issues identified, which will be the focus of the ESSA, are as follows:

Impacts associated with physical intervention (civil construction works): The footprint of proposed infrastructure is not expected to result in resettlement or livelihood impacts through physical damages or restriction of access to subsistence resources. Projects that result in resettlement are ineligible under this PforR financing. However, it is likely that compensation for lost or damaged resources may be necessary in specific cases. Managing nuisance may be important in some cases (construction noise, ineffective waste handling and disposal, poor sanitary arrangements on site), as well as the disruptive effect of construction labor on surrounding communities. It also worth noting that the presence of workers engaged in planned civil works is likely to (with lower degree) result in changes in power dynamic between construction workers and local communities which may increase SESA/SH risks and impacts.

Impacts related to the operation of health facilities: Inadequate hygiene, and worker and patient health and safety conditions have the potential to generate negative impacts. Poor biomedical waste management procedures not in accordance with Mozambique regulatory requirements are also a significant risk. The operation of the health centers is likely to generate workplace sexual harassment among health professionals and between health professionals and users.

Impacts related to discrimination, stigma and cultural appropriateness of service protocols and delivery: Given the Program focus on vulnerable populations it is key to ensure that patient service, facility conditions and delivery protocols, and health care worker training is culturally sensitive and seeks to overcome any deliberate or inadvertent discrimination. Failure to provide information in local languages, to be culturally sensitive and gender appropriate, and to provide women with access to information and decision-making regarding their care, would result in adverse impacts in what is intended as a beneficial program. Similarly, the failure to recognize the stigma related to TB, HIV, etc., and the risk factors of vulnerable groups, will result in negative outcomes to an otherwise beneficial program. It will also be important to ensure that services designed for youth are not provided in a gender inappropriate manner (some children do not feel comfortable expressing their problems to a professional of the opposite gender) and that consultation wards do not lack privacy, particularly in the case of adolescent

pregnancies, which are frequently discriminated against both by the community (cultural norms) and professionals.

Community Engagement: The Program includes instruments for community engagement such as the community consultation process (DLI 3), and strengthening of the Government's community health worker program. However, facility siting, construction management and service delivery model and protocol designs should include community consultation as well. In the absence of comments and suggestion boxes, a grievance procedure and TA to enable communities to advocate for improvements in health service delivery and participate effectively in community consultations and similar processes, the objectives of the program may not be fully met. Failure to raise community awareness on gender issues through health education, promotion of greater involvement of men in family's health though reinforcement of family consultation, partner participation in pre-natal consultations as well as men's active involvement during labor, may also result in the loss of program benefit. These dimensions should be reflected in TA and technical notes.

2.4.2 Potential Social Benefits

The principal objective of the Program is designed to deliver significant social health care benefits, in general, while targeting women, youth and the poorest provinces. Moreover, the project is likely to deliver on key gender challenges affecting access to health services. The program integrates several key actions to close gender gaps as the Program will work on the demand side to increase access of women and girls to basic services in communities through an increased share of female APS (currently only a third are female) trained on GBV and more adolescent friendly Sexual and Reproductive Health Services (SERHS). On the supply side, it will equip district hospitals with critical equipment to save maternal and neonatal lives, and improve the training of all health providers, including related to their treatment of women and girls.

3.0 EXPERIENCE OF PREVIOUS HEALTH PROJECT

3.1 Primary Health Care Strengthening Program (PHCSP)

The ongoing PHCSP has achieved significant results, with increased access to health services and improved deployment of human resources for health, despite the COVID-19 pandemic. DLIs have resulted in noteworthy gains: a significant increase in the use of RMNCAH services, particularly in the number of deliveries carried out institutionally in priority districts; expansion in family planning coverage; improvement in the performance of health units as measured by facility scorecards; provision of sexual and reproductive health services in schools; increased number of active community health workers providing community-level health services; and a remarkable increase in the allocation of clinical officers to primary health facilities. A critical community-based approach to tackling malnutrition has also been set up. These achievements occurred during the COVID-19 pandemic and while recovering from its impact on the overall government program. PHCSP resources should be fully utilized by the time of closing at the end of December 2023.

3.2 Health Service Delivery Project (HSDP)

During the project preparation phase, an ESMP was prepared since the exact locations of the site for the construction of Health Centers were known. Additionally, a Programmatic Environmental Assessment for the Integrated Vector Management Programs for Malaria Vector Control was also prepared. The project preparation included extensive consultation led by the local Government authorities, involving the beneficiary communities, to identify available land areas free of pre-existing land rights for the construction of the new Type II health centers. The ESMP covered all 19 sites for construction of the health centers. An environmental and social screening form was used to screen each site prior to construction in order to identify potential issues not covered in the general ESMP.

The ESMP prepared under the HSDP was consistent with both national ESIA regulations as well as World Bank OP/BP 4.01 policy. The ESMP included specifications on the health care waste disposal facilities provided in the new health centers, as well as guidance on how to manage health care waste in line with the adopted Health Care Waste Management Plan (HCWMP) and national regulations. The project recruited a construction supervision consultant to manage both the quality of civil works and compliance with the ESMP.

The World Bank Support Missions undertaken during project implementation identified nonconformities related to construction waste management, workers health and safety issues, irregular contractual status between contractors and construction workers, as well as lack of consistent monitoring evidence and related reports. In the last seven months prior to the project closing date, MISAU agreed to undertake an E&S compliance assessment for all project activities to verify whether the ESMP mitigation measures were being properly implemented, given that there was no systematic reporting, and more importantly it aimed to propose measures to improve ESMP implementation. The World Bank and MISAU agreed that MISAU should hire E&S specialist to assist with all ongoing Bank-financed projects.

3.2 Southern Africa Health Systems and TB Support Project

The SATBHSS project followed the framework approach to environmental and social safeguards management, since the exact subprojects were not known at the time of project preparation. MISAU prepared an ESMF and RPF. The ESMF contained an environmental and social screening tool for investments to be financed by the project. A comparative analysis of the Mozambican national legislation as well as the specific regulation on the environmental impact assessment process (Decree No. 54/2015) are aligned with the World Bank OP 4.01 on environmental assessment. The ESMF included guidelines for environmental and social assessment processes, as well as specific guidelines for Incinerator Operation, since minimizing incinerator emissions is strongly related to good programming and compliance with specific operating procedures. The project is in the first year of implementation. The environmental and social specialist to be recruited will attend to all MISAU projects funded by the World Bank, and will be based in the Department of Environmental Health.

3.3 Public Financial Management (PFM) for Results Program

The objective of the PFM for Result's Program was to improve the transparency and efficiency of expenditure for the storage, distribution and availability of medicines and for the management of complete primary schools. The Program covered the Ministry of Economy and Finance, and the Ministries of Health and Education. An assessment carried out under the ESSA of the PFM for Result's Program indicated that Mozambique has experience in dealing with pharmaceutical waste within the supply chain.

The program complements other World Bank supported projects as shown below.

Additional Financing - Mozambique DRM and Resilience Program (P171270). This Program undertook a detailed mapping of health facilities damaged by Cyclones Fredy and Guambe in 2022 to determine priority facilities for rehabilitation with resilience features. A basic catalog for retrofitting facilities and other public buildings was developed and a new policy on construction is being developed to ensure that facilities meet energy efficiency and climate resilience standards. The proposed Program will build on the mapping done and will rehabilitate select district hospitals that will serve as referral point for a cluster of facilities and nearby districts. The Additional Financing will cover select health centers.

Mozambique Institutional Capacity Building Project (P179942). The project is being prepared by the Governance GP and will address critical gaps in public sector capacity along common and cross cutting themes. It will support the development of procurement and public financial management skills and systems, including digitalization, and environment and social risk management, all of which are much needed in the health sector. The proposed Program will focus more on building capacity in technical areas including the training of select cadres of health professionals.

Mozambique Human Development Integrated Project (P180524). The project is being prepared by three GPs (Education, SP and HNP). It will include the provision of family health services such as nutrition, immunizations, and early stimulation, especially at subdistrict level. The Program will not overlap with interventions in areas targeted by the HD integrated project and will seek to maximize synergies, e.g., in delivering nutrition interventions and vaccinations by combining training, outreach.

Investing in Inclusive Human Capital Development in Northern Mozambique (P175298). This multisectoral project (HNP, Education and SPJ GPs) is being implemented. Like P180524, its health component focuses on service provision to vulnerable people including those displaced by the conflict. The Program will expand, through third party providers, interventions to districts not covered by P175298 if it is safe to do so. In addition, the Program will help build management capacity of district health teams and forge partnerships with the private sector to support specific areas such as rehabilitation of facilities, sanitation, and solar panels for facilities.

3.4 Lessons learned

The implementation of WB-funded projects by MISAU has rendered the institution with the knowledge and systems to manage E&S risk and impacts of projects. The above projects have enabled MISAU to develop protocols and systems relevant to E&S risk management. It is equally relevant to note that the implementation of PforR has presented a number of challenges for the teams, especially at the local level.

Among others, these challenges include (i) lack/limited number of E&S personnel including Gender, GBV/SEA/SH specialists, (ii) limited resources for the existing E&S specialists and MISAU officials to adequately provide oversight support, especially to remote areas and (iii) limited knowledge and enforcement of national laws and ESF.

4 LEGAL, REGULATORY AND INSTITUTIONAL FRAMEWORKS

4.1 Legal and Regulatory Framework Applicable to the Program

4.1.1 Environmental and Social Policies and Legal Framework

The Mozambique Constitution, in Article 90 (Right to a Balanced Environment) states that: *"All citizens shall have the right to live in a balanced environment and shall have the duty to defend it. The State and the local authorities, with collaboration from associations for environmental protection, shall adopt policies to protect the environment and shall promote the rational use of all natural resources."* As such, the constitution recognizes the right to a safe and healthy environment. It also refers to the duty of the state and local authorities to protect the environment. Article 94 emphasizes the right to a healthy life and Article 36 guarantees equal rights to men and women.

The social legal and political framework includes:

The Gender Policy and Implementation Strategy (2006) ensures integration of gender issues in sectoral plans. In the socio-cultural domain, Section 1.4 establishes that: access to health services should be increased, promoting quality services to the most vulnerable; reproductive health care should be improved to ensure gender sensitive initiatives to respond to common reproductive health needs; better continuity with nutritional education campaigns promoting nutrient-rich products for children, pregnant women and elderly; and improvement in mother and child health care and shared family responsibilities between men and women.

The Health Ministry Dispatch on Integrated Care for Gender Violence Victims, approved in January 12, 2012: establishes the standard procedures at health facilities for gender related violence victims, who are mostly women and girls.

Penal Code, Law No. 35/2014, of December 31, aiming (in particular) to decrease discrimination and promote the rights of women, decriminalize abortions done within 12 weeks of pregnancy, and recognize sexual abuse and domestic violence as punishable crimes.

Health Sector Gender Equality Inclusion Strategy approved in 2009 (currently under review): recognizes existing inequalities in the health sector and proposes addressing them through: improvement of institutional capacity in the gender unit; human resource development considering balanced distribution in male and female numbers and decision-making roles; promotion of men's involvement in sexual and reproductive health; and measures to address gender-based violence.

Prevention and Elimination of Premature Marriage National Strategy, approved in 2015, seeks to eliminate child marriage and address its causal factors.

The environmental legal and political framework includes:

The National Environmental Policy, approved by Resolution No. 5/95 of December 6, 1995, which laid the foundations for all subsequent environmental legislation. In accordance with Section 2.1, the main

purpose is to ensure sustainable development through an acceptable and realistic compromise between the country's socioeconomic development and environmental protection. The policy is intended to establish the principles for the preservation of the country's natural resources and of the environment in general, for present and future generations.

Environmental Law No. 20/97, of October 1: The Law establishes the legal basis for the utilization and practical management of the environment and its components with a view to promoting sustainable development in Mozambique. This law prohibits the storage or disposal of toxic pollutants in the soil, subsoil, water and the atmosphere. It is enabling legislation for other laws dealing with specific environmental aspects, including regulations on environmental quality standards to ensure the sustainable use of resources in the country, hazardous waste regulations, regulations governing the process of environmental impact assessment (EIA) and many other laws. Following this, MITADER has developed guidelines for the EIA process (approved in Ministerial Diploma Nr. 129/2006), and guidelines for public participation in the environmental impact assessment process (approved in Ministerial Diploma Nr. 130/2006).

Ministerial Diploma Nr. 129/2006 establishes core principles for environmental management, namely:

- Management of the environment so that it improves citizens' quality of life and protects biodiversity and ecosystems;
- Recognition and valuing of local communities' traditions and knowledge;
- Prioritization of systems that prevent environmental degradation;
- The importance of public participation;
- The principle of "polluter pays";
- The importance of international cooperation in ensuring appropriate environmental management.

The Draft National Environmental Health Strategy (2017-2025) defines the improvement of coordination of hospital waste management as a strategic priority (PE.1.10), with the expected outcome being the reduction of environmental health risks associated with the handling, storage, and disposal of hospital waste. The following main actions are recommended in this regard:

- Develop/update and disseminate standards and information material, education and communication regarding the safe and environmentally sound management of hospital waste;
- Monitor/promote the implementation of policies and regulations regarding the safe and environmentally sound management of hospital waste at health facility level.

The strategy introduces the Health Impact Assessment ('AIS' in Portuguese) as an approach to the identification of potential health and health equity risks resulting from the implementation of certain policies and projects. AIS is used as an instrument that supports decision-making and is an important step in ensuring that economic and development decisions take health objectives into consideration.

Another strategic priority (PE.8.1) of the strategy is to support the systematic implementation of AIS, in particular for policies and projects that have the greatest influence on the environmental determinants of health. The strategy recommends the following actions:

- Define mandatory requirements, in certain circumstances, to conduct a health impact assessment;
- Define national standards or guidelines related to the process of health impact assessments;
- Develop a competency model for the accreditation of AIS professionals.

Standards and biomedical waste management procedures in health facilities (2010) specifies additional details to the rules governing the handling of HCWM and treatment, including the Personal Protective Equipment (PPE) that should be worn, and the minimum standards for waste storage areas. The standards indicate that health centres should ideally include a simple incinerator, but also allows for them to be installed in rural areas for the disposal of small quantities of all types of medical waste.

The National Plan for the Management of Biomedical Waste (2010) analyses the current weaknesses of the medical waste management system based on the survey carried out in 2007 and specifies a number of actions for improvement, most of which focus on the provision of equipment and training and strengthening of the waste monitoring system.

The Regulations on the Management of Biomedical Waste (Decree no 8/2003 of February 18th) establish that: MTA (formerly MICOA) is responsible for; the development of guidelines for biomedical waste management; licensing (with advice from the Ministry of Health), of vehicles, transportation, storage and removal of biomedical waste; and monitoring of compliance with the rules established in the regulations. MISAU is responsible for; developing (in consultation with MTA) an overall waste management system; ensuring treatment of biomedical wastes before disposal; approving biomedical waste management plans in medical units and companies dealing with waste; monitor separation of bio-medical waste and performing, in co-ordination with other bodies, audits on procedures and premises to store and destroy bio-medical waste; ensuring that final storage of bio-medical waste within medical units does not have negative impact on the environment or public health and safety; implement training and capacity building programs regarding bio-medical waste management; and supervising, in co-ordination with the Ministry of Labor, activities performed by occupational hygiene and safety officers and monitors within medical units

Chapter II of the Regulations deals with biomedical waste management. Health facilities, research institutes and enterprises covered by the Regulations must develop a biomedical waste management plan for the waste they produce. This is to be based on the waste management hierarchy, with consideration of waste prevention, minimization, storage, recycling, treatment, transport and disposal. Waste producers have specific obligations of waste producers, including waste minimization, separation, treatment of infectious waste, protection of employees against waste-related incidents, public protection both inside and outside medical units against waste-related incidents, building of employees capacity about occupational health and environmentally-related issues, minimizing the impacts of waste disposal, and

allocation of an occupational health and safety and environmental specialist to coordinate and supervise biomedical waste management procedures.

Chapter III of the Regulations deals with the identification and storage of biomedical waste. Each health facility or company handling biomedical waste must separately manage five groups of waste, including infectious waste, cutting and/or perforating waste, anatomical waste, common waste and other types of waste. Bin types and colours are specified for particular types of waste. Details of the storage requirements for management of each waste type are provided.

Chapter IV of the Regulations covers disposal requirements of each waste type. Requirements are set out for the preparation of a risk assessment to determine the best option for disposal, developed as a part of the waste management plan for the medical unit. Disposal requirements are provided for infectious waste, cutting and/or perforative waste, anatomical and radioactive waste, common waste, medicine waste, hazardous substances waste, radioactive waste and cyto-toxic medicine waste.

Chapter V sets out requirements for the transportation of biomedical waste.

In most cases, health facilities face significant challenges in implementing Decree 8/2003. Incineration is not used as a general practice, and medical waste is typically burned in pits dug in the grounds of the health facility.

Occupational Health and Safety is managed by combining provisions from different legal instruments namely: the Constitution, the Labor Law (Nr.23/2007 of August 1) and a series of provisions from subordinate legislation, much of it inherited from the colonial period. ILO conventions, especially Convention no 17, related to compensation for workplace accidents as well as ILO Convention no 18, regarding compensation for occupational illnesses, also apply.

The Constitution (Article 85) states that all workers have a right to a fair wage, rest and vacation and to a safe and hygienic work environment. The Labor Law (Articles 216 through 236) indicates that workers have the right to work under hygienic and safe conditions and that employers have the obligation to create such conditions and to inform workers about the risks associated with specific tasks that they are supposed to perform. Creating safe working conditions would include the provision of safety equipment and appropriate work clothing to prevent accidents and negative effects on workers' health.

Under the Labor Law employers and workers are expected to work together to ensure health and safety at the work place. Companies with a high risk of accidents or occupational hazards are required to establish workplace safety committees to ensure compliance with health and safety norms, and to investigate the causes of accidents and organize preventive measures. Such committees must include representatives of both the employer and the workers.

The Labor Law also stipulates that industry-specific regulations on health and workers' safety may be established by ministerial diploma, by the Minister of Labor, the Minister of Health or the Minister in charge of the specific sector. In December 2008, the Ministry of Health approved specific guidelines in this regard (MISAU/DNAM, "Guidelines on Safety and Health in the Workplace").

Health and Safety considerations are also included in the regulations Establishing the Legal Regime of Occupational Accidents and Diseases, Decree Nr. 62/2013 of December 4. Article 5 of this regulation makes the employer responsible for implementing the measures prescribed in the laws and regulations preventing occupational accidents and diseases, and for training workers about risk prevention.

According to the **Draft of the Biomedical Waste Strategy**, the choice of the treatment method of biomedical waste must be based on the following factors:

- Disinfection efficiency, environmental and health considerations, mass reduction and volume;
- Health and biosafety considerations, including system capacity which depends on the quantities produced, types of waste to be treated, maintenance and operation, and availability of operators;
- Space, public acceptance, risk of toxic / hazardous emissions and legal issues.

The Department of Environmental Health at MISAU has the overall responsibility for policy coordination on issues of management of medical and biomedical waste. However, there are departments that provide health services, which have the primary responsibility for implementing HCWM management standards through training of health personnel. In practice, all departments should collaborate to provide training as part of the preventive health department infections program, with MISAU at the provincial level conducting periodic performance audits.

The Environmental Impact Assessment Regulations (Decree 54/2015 of December 31) establishes rules governing the environmental impact assessment process, which apply to all public or private activities that may directly or indirectly impact on the environment. The main entity in this process is the National Directorate for Environment, part of MTA. The National Agency for the Control of Environmental Quality (AQUA), also part of MTA, oversees the compliance of the EIA regulations during project life cycle. However, the responsibility to ensure compliance with the EIA regulations lies with each project Implementing Agency. In this case and context of the Program, the Ministry of Health shall comply with the requirements of the EIA regulation.

The environmental assessment process involves the following steps:

a) *Project Registration***:** The applicant is required to register the project with MTA.

b) *Screening***:** The project is classified to determine the level at which the environmental assessment should be carried out. The applicant prepares a Screening Report (a template is already included in the legislation) which is submitted to MTA. The project is classified by MTA.

Based on the analysis in steps a) and b) above, MTA decides whether an EIA is required or not. Projects are classified as category A+ and A (full EIA is required, with supervision by MITADER at the national level), category B (simplified environmental assessment is required, under the supervision of MTA at the provincial level) or category C (no specific environmental assessment is required, the project follows environmental best practices through an ESMP to be approved by MTA). This process

is applicable for the proposed the present Program (refer to the shaded areas of Figure 1), but only in respect of category B or category C projects. **Category A and A^{+} projects, for which a full ESIA is required, are not funded under PforR.**

c) *Environmental assessment:* For category B projects, a Simplified Environmental Assessment must be prepared which complies with the reporting requirements in Article 12 of Decree 54/2015. The applicant is required to prepare a Terms of Reference for the study for approval by MTA before proceeding, in accordance with Article 12 of Decree 54/2015. Article 13 sets out the requirements for the content of a Simplified Environmental Assessment report, which must include a non-technical summary, a description of the project (including details of its location and boundaries), the legal framework applying to the project, relevant environmental and social baseline information, an assessment of impacts and an ESMP, which includes monitoring of impacts, environmental education programs), and a public participation report, as stipulated in Article 9 and 15.

   For Category C projects, the environmental license is issued on the basis of an ESMP, prepared by the applicant.

d) *Environmental Licensing:* For and C projects, MTA's Environmental Provincial Services (SPA) issues the license.

e) *Monitoring of Project Implementation***:** The proponent prepares and implements an appropriate monitoring program (i.e., an environmental management program).

f) *Public participation*: Public participation is required during the project scoping phase and after the draft Environmental Assessment is completed for Category A^{+}, A and B projects. Public participation must be undertaken in accordance with Article 15 of Decree 54/2015, and Ministerial Diploma 130/2006, which provides details of the process to be followed.

   The proponent is responsible for undertaking the process, and ensuring that is free, fair and culturally appropriate. The proponent must identify interested and affected parties and ensure that they have appropriate information on which to comment and adequate opportunities to express opinions. The public must be notified 15 days before any public meeting to discuss the scoping and reporting phase of the project. A public participation report must be prepared to accompany the environmental documentation submitted to the regulator and there must be clear evidence in the report and in the environmental assessment itself, of the response to any public concerns. If there is very strong public opposition to a project, MTA may organise public hearings before making a decision. The public participation requirements in Decree 15/2015 and the associated Ministerial Diploma 130/2006 are broadly consistent with World Bank ESF.

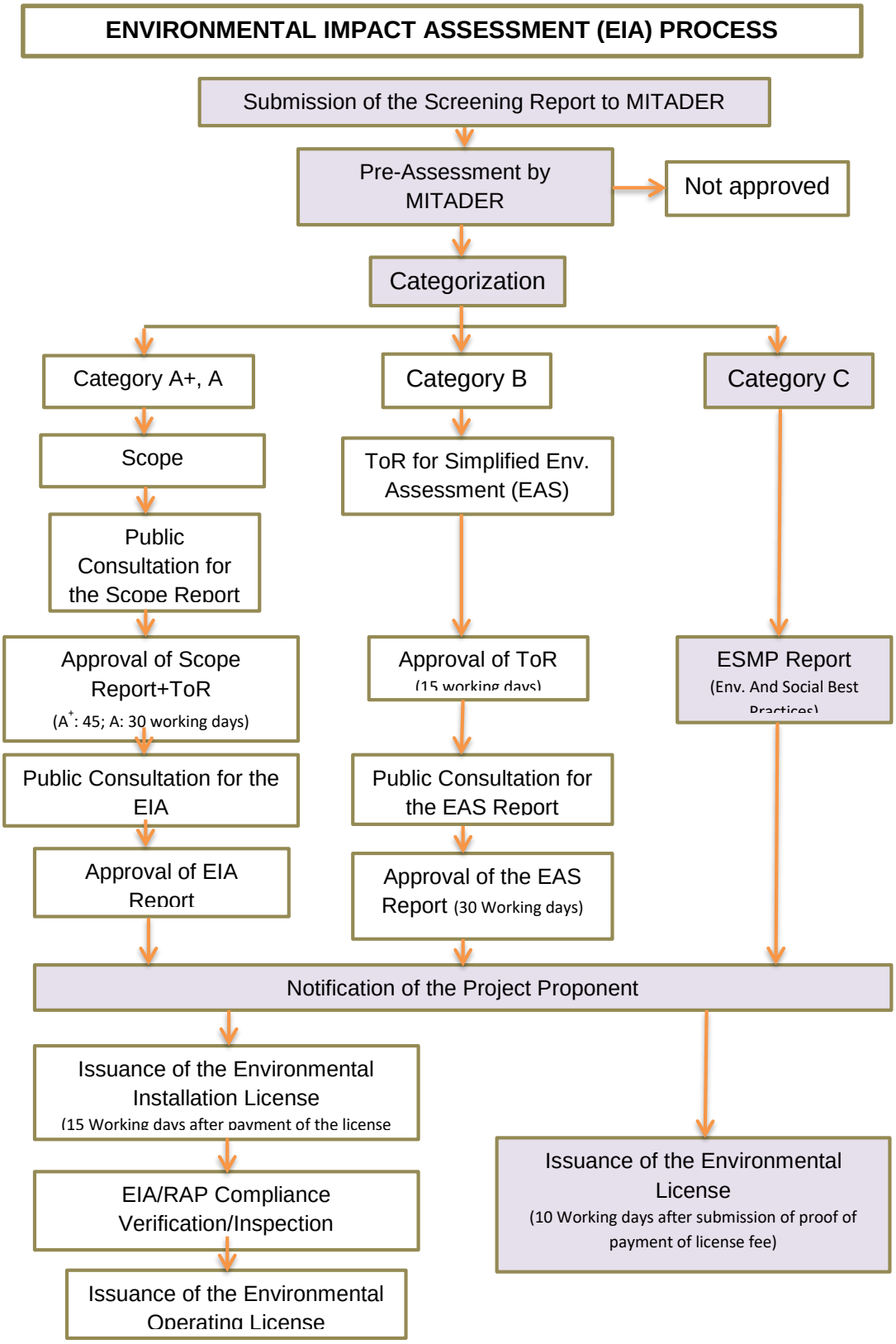

Figure 1: EIA Process, emphasizing Category B and C Projects (Source: Adapted from the EIA Decree N° 54/2015)

4.2 Institutional Responsibilities

4.2.1 Overall Responsibilities

The Ministry of Health (MISAU) is the implementing authority for the health services. According to the statutes of the Ministry of Health (MISAU), recently revised and approved by Resolution No. 4/2017 of May 26, MISAU is composed of national directorates, departments, and supervised and subordinate institutions. The National Directorate of Public Health (through the Department of Environmental Health) and the Department of Infrastructure and Hospital Equipment are charged with the responsibility for the environmental and social assessment process.

The *National Directorate of Public Health* has several responsibilities, including to: develop and update specific public health legislation and promote its implementation by all sectors of society; promote the inclusion of health aspects in all Sectoral Policies of the Government; and stimulate community participation and involvement in health promotion. The *Department of Environmental Health*, as part of the National Directorate of Public Health, is responsible for all actions related to environmental health and social impact management.

When requested to do so by MTA and also by project proponents from various sectors, the Department of Environmental Health should actively participate in the review of EIA reports to ensure the incorporation of health aspects into the projects. However, there is no clarity about their direct participation in the environmental process of projects designed and implemented by MISAU. Ideally, the Department of Environmental Health should be deeply involved in EIA processes in parallel with the Department of Infrastructure and Health Equipment responsible for contract management, as well as the Procurement Department.

Considering a specific project to build a Health Facility, the following steps are relevant for the participation of the Department of Environmental Health (Figure 2):

- *Project conceptualization*: preliminary technical study, preliminary 'Environmental and Social Information Form' in accordance with Article 7 of Decree 54/2015 (submitted to MTA for categorization of the Environmental Assessment that is required), verification of legal land aspects (DUAT), and development of the ToR for project design. The Department of Environmental Health should ensure that the ToR for the project design makes provision for environmental and social assessment and licensing, based on MTA categorization.
- *Project design and tender documents*: The Department of Environmental Health must ensure that the Simplified Environmental Assessment is prepared by independent consultants registered with MTA (Category B projects), including an ESMP (Category B & C projects). In addition to social and environmental management requirements, the ESMP should include requirements for health and safety of workers and labour and working conditions for the Contractor's personnel. Any design recommendations that arise from the ESMP must be included in the detailed design. The Construction ESMP must be included in the tender documents for the construction contract.

Before project implementation, the Department of Environmental Health needs to be fully involved in the Tender evaluation and provide scores for E&S components of each Technical Proposal received. The score for E&S aspects should be considered in the total score of the technical proposal.

- *Project implementation*: An ESHS officer will be required on both the contractor's and the supervisor's teams. The contractor will be responsible for implementing the ESMP and producing monthly progress reports. The Department of Environmental Health must regularly monitor the site activities to verify compliance with the ESMP provisions and ESHS requirements and report to the World Bank twice a year.

These proposed actions for the Department of Environmental Health should be included in its departmental and legal responsibilities, specifically described in the organizational structure of MISAU, as part of the role of the National Directorate of Public Health.

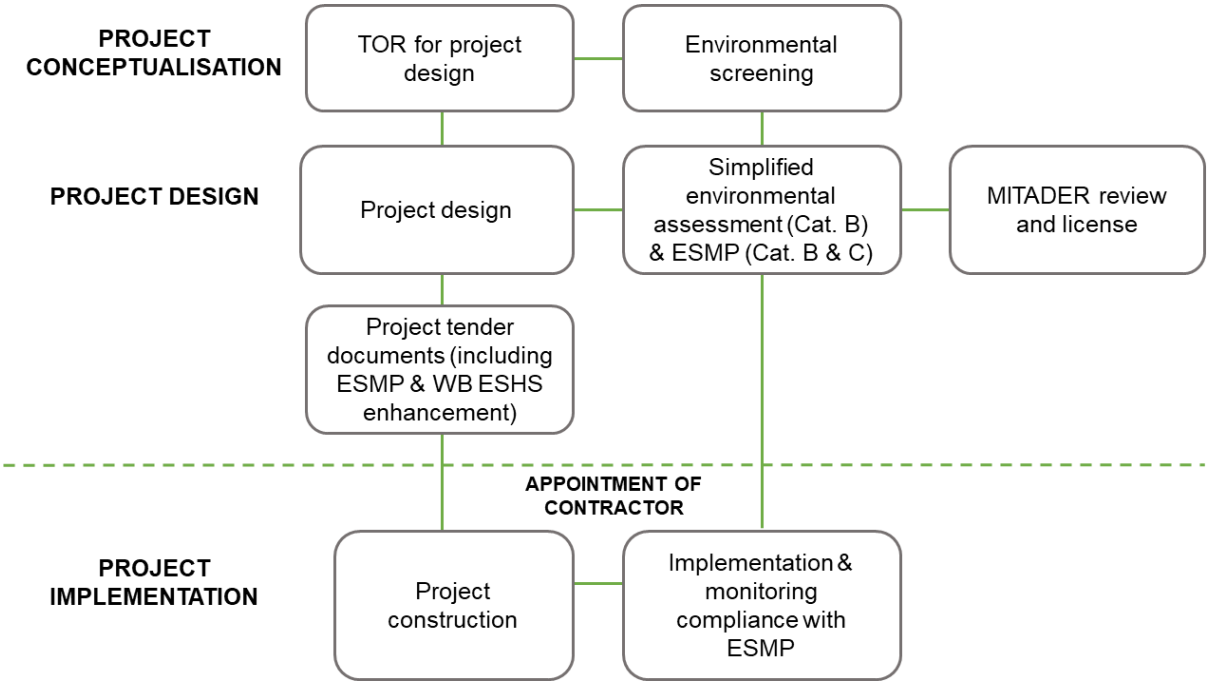

Figure 2: Steps in the Environmental Process for a PforR Construction Project

The responsibilities of the ***Department of Infrastructure and Hospital Equipment*** include the following: ensuring the supervision construction works controlled at national or provincial level; coordinating, monitoring and supervising the construction, maintenance and rehabilitation of infrastructure; monitoring the design process and providing technical assistance in accordance with the strategies and priorities defined for the sector. In discharging these responsibilities, the DIHE needs to coordinate closely with the DEH on environmental and social aspects, including the implementation of the ESMP(s).

4.2.2 Environmental and Social Responsibility

The Ministry of Land and Environment (MTA) is the key government agency responsible for coordination of government actions related to environment and social safeguards (particularly the new Environmental Impact Assessment Regulation- approved by the Decree 54/2015 of December 31). MTA has the mandate to direct the implementation of environmental and social safeguards policies and to coordinate the sustainable planning and use of natural resources of the country. At the central level the processes of environmental impact assessment are the responsibility of the National Directorate of Environment (DINAB), in particular, all projects classified as category A^+ and A (full EIA required).

At provincial level, MTA is represented by the Provincial Environmental Provincial Services (SPA). SPA is responsible for guiding, reviewing and licensing projects for which Category B and Category C assessments have been prepared. At district level, MTA's representation is through the District Planning and Infrastructure Services (SDPI). This department is responsible for handling issues related to land use planning, as well as any issue related to environmental protection. However, staff typically have limited training on environmental and social matters, which constrains effective environmental and social management at the district level. Most sector ministries have designated human resources and/or a unit responsible for environmental and social affairs. These environmental and social units are often comprised of only a single person, who acts as a focal point, and who typically has other responsibilities.

Public participation is compulsory for A+, A, and B projects. The EIA regulations, approved by the Decree 54/2015 of December 31, state that the public participation process must be carried out in the presence of the Environmental Impact Assessment Authority and the respective sector of the activity under evaluation.

To date there are no specific environmental assessment regulations for the health sector, so all activities/projects which could directly or indirectly influence the environment are covered by the provisions of the Decree 54/2015 EIA regulations and must follow the environmental assessment procedures provided in them. MISAU is required collaborate with MTA through a registered environmental consultant to carry out the required category of environmental impact assessment.

The National Agency for the Control of Environmental Quality (AQUA), which a division of MTA, directly supervised by the Minister, has the following functions:

- Develop and adopt benchmarking indicators for the assessment of risks associated with polluting substances and propose prevention and mitigation measures;
- Control the management and handling operations of chemical products, discharges of effluents and emission of pollutants;
- Coordinate waste management at national level with the relevant sectors (including MISAU).

In relation to hospital waste management, MTA is responsible for policy development and licensing, whilst MISAU is responsible for management of waste within health care facilities, including training and capacity development.

4.2.3 Responsibility for Resettlement and Land Acquisition

Projects that involve resettlement automatically require Category A or A+ environmental assessments, in accordance with Annexures I and II of Decree 54/2015. These projects may not be funded under PforR. Land acquisition for infrastructure construction is governed by MTA under the EIA regulations and related processes, as described above, and would also fall in the purview of the MISAU Department of Environmental Health. The E&S specialists hired by that Department must have the capacity to manage these aspects, as well as other environmental and social aspects that may arise during project preparation, implementation/construction and operation.

5 CAPACITY AND PERFORMANCE ASSESSMENT AND IDENTIFICATION OF GAPS

Building on results under the PHCSP, a PforR is again proposed as the primary instrument so that: (i) key reforms that strengthen institutions and build capacity in areas not affected by conflict can continue to be incentivized; (ii) Bank support to Mozambique's health sector can remain harmonized with that of partners; (iii) the PforR's results focus can be leveraged while supporting the government program using existing country systems and health sector strategies. Section 3.4 of this report outlined MISAU's in E&S management based on assessment of implementation of WB funded projects. The following section sections present the assessment of relevant E&S systems- legal and institutional.

5.1 Adequacy of the Legal Framework

The Laws and Regulations governing the EIA process in Mozambique are sufficient to ensure that any component of the Program that requires environmental licensing will be subject to an appropriate level of environmental assessment. The environmental assessment process, as set out in Decree 54/2015 and described in Section 3, is consistent with World Bank Safeguards Policies, with some minor differences.

5.2 Institutional Constraints

While the World Bank has been working to support strengthen health sector institutions under the ongoing Program, there is still a long way to go on institutional capacity building for E&S implementation. The PforR approach significantly relies on existing implementation agencies whose capacities are known to be limited. The government's commitment and capacity to recruit and apply adequate resources for technical assistance and monitoring and evaluation will be critical for successful program implementation. While the focus of the Program will rest on building management capacity at district level, some attention will be required to ensure that other structures benefit from technical assistance as needed.

The WB team is working with the government to identify key required technical assistance and to incorporate these needs into the budget framework and in legal covenants where necessary. The aim is to improve readiness of district and provincial level entities to implement the Program through a series of dialogues/workshops to discuss and disseminate operations guidelines. The Mozambique Institutional Capacity Building Project (P179942) is being prepared by the Governance GP and will address critical gaps in public sector capacity along common and cross cutting themes. It will support the development of procurement and public financial management skills and systems, including digitalization, and environment and social risk management, all of which are much needed in the health sector. The proposed Program will focus more on building capacity in technical areas including the training of select cadres of health professionals. The highlights of the institutional assessment of MISAUs are as follows (also refer Table 1):

Limited capacity to manage the Environmental Assessment Process. While the Environmental Assessment must be undertaken by a consultant (an individual or company) registered with MTA as an EIA Consultant, Decree 54/2015 does not specify rules for the competence of the proponent. The proponent's responsibilities in environmental assessment apply to the initial phase of project categorization (where a "Preliminary Environmental Information Form" must be completed and

communicated to MTA); the determination of the Terms of Reference for the independent consultant; the provision of relevant information to the consultant; the review of the Environmental Report prepared by the consultant; and other tasks that are typically required to guide the environmental assessment to its conclusion.

For the Mozambique District and Community Health Services Revitalization Program, the implementation of good environmental assessment practice is constrained by a limited human resourcesin the MISAU. The Department of Environmental Health does not have sufficient human and technical capacity to effectively manage the environmental and social assessment process and the experience and qualifications of the staff who supervise environmental, social, health and safety aspects is inadequate. At central level, MISAU Department of Environmental Health and Department of Infrastructure has few professionals directly responsible for environmental and social impact assessment processes. As a result, environmental assessments for projects that require licensing are done in the absence of appropriate participation by MISAU

Limited capacity to manage the environmental and social aspects of tendering for construction contracts. MISAU capacity limitations also affect performance at other stages of the EIA process. The content of the EIA and EAS includes an environmental management plan (ESMP) consisting of specific management programs. Where projects involve civil construction, the tender documents must include the ESMP so that the Contractor can price any environmental compliance requirements into the Bid. Adjudication of bids must take the bidders' response to ESMP requirements into account. Usually the consultants responsible for the completion of the Environmental Assessment and ESMP have completed their scope of work by this stage, and MISAU lacks the experienced personnel to undertake these tasks internally.

Limited capacity to manage the implementation of environmental and social compliance set out in the ESMP. Responsibility for the implementation of the mitigation measures in the ESMP lies with the proponent. In cases of civil construction works, the proponent may delegate all or some of the responsibility to other parties; nevertheless, ensuring that there is compliance with the environmental license remains the responsibility of the license holder. The proponent may do so either directly, using internal staff, or through the construction manager or EHS officer hired to supervise the construction contractor.

At MISAU's level, the technical supervision of the construction of health units is carried out by the Department of Infrastructure through a contracted Supervisor. Based on experience of the construction of Health Centers financed under the HSDP, supervision of the implementation of the ESMP has been carried out by a Supervisor representing MISAU, and has generally not met the standard that is required by Safeguards Policy. Systems to identify, assess and mange environmental and social risks and impacts are also weak or absent. While the potential environmental and social risks associated with construction of small (Category B) health centers are generally fairly minor, they nevertheless require appropriate management.

Limited capacity to manage biomedical waste. The lack of responsible management of biomedical waste is a key safeguard risk. Compliance with the provisions of the regulations on biomedical waste management is very poor at all levels of health care. Most of MISAU's health units do not have waste treatment facilities and segregation of waste and temporary storage is not done in accordance with legal requirements. The Regulations establish that health units and other institutions handling biomedical waste should provide an environmental health and safety (EHS) specialist for the coordination and supervision of the biomedical waste management process. This legal obligation is not fulfilled in many of the health units.

Absence of environmental management systems, procedures, and guidelines. There are no environmental management systems in place in MISAU, nor any procedures or guidelines available that foster compliance with good environmental practice. In addition to the problems of staffing, this creates the further constraint that personnel are uncertain about their responsibilities and how to go about meeting them.

Limited training in environmental and social impact management. There is inadequate provision for training of personnel to manage environmental and social safeguards at any national, provincial or district level.

5.3 Summary of Performance Constraints

Through a range of interventions, including extensive technical assistance, the Mozambique District and Community Health Services Revitalization Program is designed to support the Government's efforts to improve health services to beneficiaries. Being targeted largely at Mozambique's most vulnerable and marginalized groups (women, children, underserved populations), the Program is fully in line with Social Safeguard requirements.

With regard to negative program side effects, existing health service practices leave room for improvement, but in the context of the Mozambique District and Community Health Services Revitalization Program, it is not expected that any major negative environmental or social risks will result, with the possible exception of the impact of poor biomedical waste management. While resettlement may be an issue in relation to some MISAU activities, projects that involve resettlement are automatically excluded from PforR financing and are therefore not an issue for consideration under the Mozambique District and Community Health Services Revitalization Program. Local negative environmental and social impacts are likely in cases where health units are built without sufficient capacity to supervise the construction contractor.

The existing capacity at MISAU has been improving with several WB funded operations in the last years, and under the already existing Primary Health Care Strengthening Program – PforR PHCSP (P163541), the E&S team improved the level of management and technical implementation of national E&S regulations, consequently, structured capacity reinforcements in the form of Technical Assistance and on-going capacity development are part of the plan, hence this new Program. The northern provinces of Mozambique have also benefited from four (5) qualified E&S officials, under the Inclusive Human Capital Development Project. Environmental and social risks and impacts at the project level requires a well-

coordinated PIU structure from MISAU at central level, therefore a PIU will be established to provide technical support beyond the reach of the provinces, districts and community levels on operational issues that require coordinated action from central level. While MISAU have previous experience with World Bank funded projects, the implementation of PforR has presented some challenges for the teams at local level, such as (i) lack of E&S including Gender, GBV/SEA/SH specialists, (ii) limited resources to E&S specialist to adequately visit and supervise remote areas and (iii) limited knowledge and enforcement of national laws and ESF. Nonetheless, MISAU will require capacity building through the strengthening of a Project Implementation Unit (PIU) and other forms of knowledge transfer to manage project environmental and social including SEA/SH risks under the World Bank Environmental and Social Framework (ESF). This PIU coordination structure at central levels will need to be adequately staffed with at least one Senior Environmental Specialist, one Senior Social Specialist and one Gender and Gender Based Violence (GBV)/ Sexual Exploitation and Abuse (SEA)/Sexual Harassment (SH) Specialist to support the IPF Component of the Program. At provincial level a well-coordinated team with at least one Environmental and Social Specialist. The Environmental and Social specialists will liaise and work daily with Environmental and Social Focal Points, respectively, from the health district and community services.

Table 3: ESSA Core Principles vs Mozambique's Environmental and Social Legislative Framework and Practice in the Health Sector

Core Principle 1: General Principle of Assessment and Management

Environmental and social management procedures and processes are designed to (a) promote environmental and social sustainability in Program design; (b) avoid, minimize or mitigate against adverse impacts; and (c) promote informed decision-making relating to a Program's environmental and social effects.		
Key Attributes related to Core Principles	**Provisions in National System (Acts, Regulations, Guidelines, Directives)**	**Proposed practice for gap filling**
Operate within an adequate legal and regulatory framework to guide environmental and social impact assessments *at the Program level.*	The national environmental framework is adequate for any projects that require an Environmental Assessment (EA), and is applicable to all public or private activities that may directly or indirectly influence environmental components.	Although the legislation establishes procedures for environmental assessment where MTA is responsible for approval throughout the project cycle, there are no clear procedures at MISAU's level that guide the Department of Environmental Health's compliance with environmental licensing for new projects and intervention in internal environmental assessment processes.
Incorporate recognized elements of environmental and social assessment good practices, including: (a) early screening of potential effects; (b) consideration of strategic, technical, and site alternatives (including the "no action" alternative); (c) explicit assessment of potential induced, cumulative, and trans-boundary impacts; (d) identification of measures to mitigate adverse	The EIA process as established in Decree Nr. 54/2015 of December 31, covers all these attributes of the Core Principle. Although the regulations do not explicitly indicate the "no action" alternative, they require a detailed description and comparison of the different alternatives. The regulations (Decree 54/2015, December 31) establish screening procedures to identify potential impacts and assign appropriate categories (A+, A, B, C), which require a specific environmental assessment. There is clear articulation between MTA and other government sectors in the environmental assessment process. Responsibility and accountability is ensured through the public consultation which is compulsory for all category A+, A, and B activities. Article 4 on legal pluralism recognizes the different normative and dispute resolution systems that	A Simplified Environmental Assessment and ESMP is required for category B activities, and for category C activities, a report indicating the environmental best practices to be followed (essentially an ESMP). Both category B & C activities must be licensed by MTA. The EIA regulations establish a requirement that a Technical Commission for Environmental Impact Assessment be established for reviewing all category A+, A, and B processes. However, MTA requests a specific opinion of the sectors of which the activity is a part. Although the requirements for coordination between MTA and MISAU is clear, the Department of Environmental Health does not have the human and technical resources to respond effectively and rapidly to all MTA requests, nor to internal interventions in environmental health. Operating E&S systems are weak and supervisory capacity and reporting/feedback processes are absent. The proposed program will consider these gaps and provide the required advisory and technical support to ensure these gaps are mitigated. On responsive and accountability through stakeholder consultation, timely dissemination of program information, and responsive to grievance redress ,measures , MISAU has relatively developed structures and

Environmental and social management procedures and processes are designed to (a) promote environmental and social sustainability in Program design; (b) avoid, minimize or mitigate against adverse impacts; and (c) promote informed decision-making relating to a Program's environmental and social effects.		
Key Attributes related to Core Principles	**Provisions in National System (Acts, Regulations, Guidelines, Directives)**	**Proposed practice for gap filling**
environmental or social impacts that cannot be otherwise avoided or minimized; (e) clear articulation of institutional responsibilities and resources to support implementation of plans; and (f) responsiveness and accountability through stakeholder consultation, timely dissemination of Program information, and responsive grievance redress measures.	co-exist in Mozambican society, insofar as they are not contrary to the fundamental principles and values of the Constitution. It also provides that there should be laws that may establish institutional and procedural mechanisms for links between courts and other forums whose purpose is the settlement of interests and the resolution of disputes. Provides the powers to the administrative court to adjudicate cases concerning disputes arising from administrative legal relations. The MISAU has a sector strategy aiming at increasing community participation in health through dedicated departments for community health as well as grievance redress mechanism that has been instituted through the Gabinete do Utente- GAUs. In addition, and through the ongoing PforR operation, Citizen Engagement Tools (Community Score Cards) has been instituted in some health centers and this serve to improve accountability of health service providers, but more importantly improve the services rendered	systems in place. The MoH has established "Gabinete do Utente- GAUs[3]" at health unit level to allow health service users to lodge complaint and seek information about the services. The coverage with GAUs is currently below 20% nation-wide. Currently, MISAU produces data on performance of GAUs. Its expansion to other districts has been slow mostly due to limited financial and material resources, including personnel. In addition to GAUs, MISAU has in place electronic platforms to engage citizens in the provision of health services, and the most recent example was during the vaccination for COVID 19 where different platforms were developed and implemented. These platforms (hotlines, Facebook) are still operational. An integrated GRM is currently being developed and the current PforR could build on from this initiative to enhance current efforts to develop and institutionalize and Integrated GRM for the entire institution.

[3] The office of health service user

Core Principle 2: Environmental Considerations - Natural Habitats and Physical Cultural Resources

Environmental and social management procedures and processes are designed to avoid, minimize, and mitigate against adverse impacts on natural habitats and physical cultural resources resulting from the Program.		
Key Attributes related to Core Principles	**Provisions in National System (Acts, Regulations, Guidelines, Directives)**	**Proposed practice for gap filling**
Includes appropriate measures for early identification and screening of potentially important biodiversity and cultural resource areas.	The Preliminary Environmental Information Form that is required in the screening phase of the environmental assessment process, which facilitates pre-assessment by MTA to determine the project/activity category, includes aspects of biodiversity and physical cultural resources.	Biodiversity aspects and physical cultural resources are always covered in the environmental assessment reports, where any issues exist. Where licensing is necessary, the EIA process is conducted by MTA-accredited consultants as required by the EIA regulations.
Supports and promotes the conservation, maintenance, and rehabilitation of natural habitats; avoids the significant conversion or degradation of critical natural habitats, and if avoiding the significant conversion	The EIA regulations do not themselves prohibit conversion of critical natural habitats, but they do require that a full EIA be conducted, which requires the inclusion of a Biodiversity Counterbalance Plan as an annex to the EIA report. The EIA regulations further indicate that during the screening phase, MTA may prohibit the implementation of a project/activity if a fatal flaw is detected in its proposed location. Critical natural habitats are among the list of fatal flaws considered in the EIA regulation (Annex V).	In cases where critical natural habitats are potentially affected, the project will be classified by MTA as Category A or A+. Such projects are ineligible under the rules of PforR. Environmental assessments are prepared by consultants registered with MTA with the professional expertise to assess impacts on natural habitats and make appropriate management recommendations, However, due to lack of capacity, and training, the supervision of compliance with construction ESMPs associated with the building of health facilities is generally poor.

Environmental and social management procedures and processes are designed to avoid, minimize, and mitigate against adverse impacts on natural habitats and physical cultural resources resulting from the Program.		
Key Attributes related to Core Principles	**Provisions in National System (Acts, Regulations, Guidelines, Directives)**	**Proposed practice for gap filling**
of natural habitats is not technically feasible, includes measures to mitigate or offset impacts or Program activities.		
Takes into account potential adverse impacts on physical cultural property and provides adequate measures to avoid, minimize, or mitigate such effects.	The Law on the Protection of Cultural Heritage (Law Nr.10/88 of December 22) provides the necessary safeguards to prevent impact on tangible and intangible cultural heritage resources.	All sectors are subject to follow the regulations, including MISAU.

Core Principle 3: Environmental Considerations - Public and Worker Safety

Environmental and social management procedures and processes are designed to protect public and worker safety by minimizing the potential risks associated with (a) construction and/or operation of facilities or other operational practices developed or promoted under the Program; (b) exposure to toxic chemicals, hazardous wastes, and otherwise dangerous materials; and (c) reconstruction or rehabilitation of infrastructure located in areas prone to natural hazards.		
Key Attributes related to Core Principles	**Provisions in National System (Acts, Regulations, Guidelines, Directives)**	**Practice**
Promotes community, individual, and worker safety through the safe design, construction, operation, and maintenance of physical infrastructure, or in carrying out activities that may be dependent on such infrastructure with safety measures, inspections, or remedial works incorporated as needed.	The Labor Law (Articles 216 through 236) indicates that workers have the right to work under hygienic and safe conditions and that employers have the obligation to create such conditions and to inform workers regarding the risks associated with specific tasks that they are supposed to perform. Decree Nr. 62/2013 of December 4, the regulation establishing the Legal Regime of Occupational Accidents and Diseases, indicates (Article 5) that the employer shall adopt the measures prescribed in the laws and regulations relating to the prevention of occupational accidents and diseases. These regulations do not explicitly mention the protection of the community. Also, the labor laws provide the rights for workers to organize through unions, which also can serve as a platform to resolve grievances between the employer and workers	Although legislation makes provisions that promote the safety of workers, it is not specific about methods, procedures and equipment for collective or individual protection on a case-by-case basis, which allows for ambiguity and ineffective monitoring, and a lack of accountability in cases of non-compliance. The program will support MISAU to fill these identified gaps concerning safety of workers. Moreover, support will be provided to ensure that workers hired or working in connection with the program have access to a complaint system within MISAU.
Promotes the use of recognized good practice in the production, management, storage, transport, and disposal of hazardous materials generated through Program construction or operations; and promotes the use of integrated pest management practices to manage or reduce pests or	Although national regulations and guidelines are not fully consistent with international good practice (i.e. WHO guidelines), acceptable procedures exist. The Regulations for the Management of Biomedical Waste (Decree No. 8/2003 of 18 February) establish rules for the generation, identification, storage, transport and disposal of biomedical waste, indicating that biomedical waste	Compliance with the provisions of the regulations on biomedical waste management is very poor. Most of MISAU health units do not have hospital waste treatment facilities and segregation is not done properly. The Regulations establish that health units and other institutions handling biomedical waste should provide an environmental health and safety (EHS) specialist for the coordination and supervision of the biomedical waste management process. This legal obligation is not fulfilled in many of the health units.

disease vectors; and provides training for workers involved in the production, procurement, storage, transport, use, and disposal of hazardous biological wastes in accordance with good international practice.	should be segregated according to its hazard class. The regulation covers all types of biomedical waste that could be generated at health units with specific requirements for the management of each waste type. Radioactive waste is one of the waste types, and must be safely re-exported back to the country of origin for disposal. Both the regulations for biomedical waste and those for general waste establish that entities handling waste should build the capacity of their workers in matters of health, occupational safety and the environment.	
Includes measures to avoid, minimize, or mitigate community, individual, and worker risks when Program activities are located within areas prone to natural hazards such as floods, hurricanes, earthquakes, or other severe weather or climate events.	National Institute for Disaster Management is responsible for all planning	Health centers are generally located outside of areas that are prone to flooding.

Core Principle 4: Social Considerations – Land Acquisition

OP: Land acquisition and loss of access to natural resources are managed in way that avoids or minimize displacement, and affected people are assisted in improving, or at least restoring, their livelihoods and living standards.		
Key Attributes related to Core Principles	**Provisions in National System (Acts, Regulations, Guidelines, Directives)**	**Practice**
No land acquisition or restriction of access is expected and the PAP will require compensation and restoration of livelihoods if any impacts are identified.		

Core Principle 5: Social Considerations – Indigenous People (IP) and Vulnerable Groups (VG)

Due consideration is given to cultural appropriateness of, and equitable access to, program benefits giving special attention to rights and interests of Indigenous Peoples and to the needs or concerns of Vulnerable Groups		
Key Attributes related to Core Principles	**Provisions in National System (Acts, Regulations, Guidelines, Directives)**	**Practice**
Undertakes free, prior, and informed consultation if Indigenous Peoples are potentially affected (positively or negatively), to determine whether there is broad community support for the program.	None (As per International Best Practices Definition, there are no IP in Mozambique).	Not applicable
Ensures that Indigenous Peoples can participate in devising opportunities to benefit from exploitation of customary resources or indigenous knowledge, the latter (indigenous knowledge), to include the consent of the Indigenous Peoples.	None (As per International Best Practices Definition, there are no IP in Mozambique)	Not applicable
Gives attention to groups vulnerable to hardship or disadvantage, including as relevant the poor, the disabled, women and children, the elderly, or marginalized ethnic groups. If necessary, special measures are taken to promote equitable access to program benefits.	The existing Resolution No. 12/98 of April 9, on Social Protection, aims to assist vulnerable groups, poor families, women, children in difficult situation, handicapped people, elderly amongst others, relates to equitable access to program benefits. In addition, the program has a pro-poor design. It is aiming at the most disadvantaged, vulnerable, and impoverished provinces. In fact, recent experience with WB funded projects (e.g., COVD 19 Preparedness and Response Project) has demonstrated deliberate policies by MISAU to target the most vulnerable groups. Various policy instruments have a pro-poor design, including gender aspects which are very well visible in policy and practices of the institution.	The ESIA process usually captures the characteristics of the vulnerable groups in the target area for health service delivery. Attention to vulnerable groups is included in the development initiatives aimed at these groups. The program includes participatory design and evaluation instruments and targets the most vulnerable groups. Particular focus on these groups will be further developed through socio-culturally appropriate service delivery protocols. Resources and capacity for management of specific social safeguards is severely limited and there are no dedicated supervisory roles and systems As indicated, MISAU has a pro-poor approach in its policies and practices. This project is an extension of such practices as it is designed to target the most vulnerable districts based on vulnerability criteria: Multidimensional Poverty Index, access to primary health care, vulnerability to climate change, district capacity to respond to epidemics and emergencies, and the readiness of DHs to manage obstetric and neonatal emergencies. As part of the program implementation, progress of the program in addressing vulnerability aspects will be carried, and this will essentially be linked to gender and GBV.

Core Principle 6: Social Considerations – Social Conflict

Avoid exacerbating social conflict, especially in fragile states, post-conflict areas, or areas subject to territorial disputes.		
Key Attributes related to Core Principles	**Provisions in National System (Acts, Regulations, Guidelines, Directives)**	**Practice**
Considers conflict risks, including distributional equity and cultural sensitivities.	The project is designed to be implemented in the most vulnerable areas. While the definition of vulnerable area takes vulnerability criteria, it is therefore likely that some activities might be implemented in conflict area of the Northern Mozambique, particularly Cabo Delgado Province.	This core principle relates to social conflict. It provides that where a PforR is implemented, it should avoid exacerbating conflict, especially in fragile states, post-conflict areas, or areas subject to territorial dispute. Under the World Bank, Mozambique falls under the category of an FCV country, and the northern Cabo Delgado (area under conflict) falls under the definition of fragile area or area under territorial dispute. Implementation of program activities has the potential of exacerbating the current conflict and endanger stakeholders. The Word Bank has ongoing funded operations in the area where a project and a regional approach to security risk assessment (SRA) and security management has been adopted. Under the proposed program, activities to be implemented in conflict areas will have to consider an approach to security management that is proportionate and context specific.

5.4 SWOT analysis for managing environmental and social risks

Table 4: E&S SWOT analysis

STRENGTHS	WEAKNESSES
• Adequate legal environmental and social framework for the program to manage E&S risks and impacts associated with its implementation • Experience with World Bank funded projects, including PforR • E&S functions reflected in mandates of some departments and units • Committed E&S consultant and civil servants working on relevant social aspects (gender and GBV/SEA/SH and complaint handling) • Advanced E&S work particularly on gender, GBV and complaint handling and citizen engagement	• Limited E&S skills and knowledge • Fragmented institutional arrangement that translates into high transaction costs for coordination of E&S activities between and among departments and units, resulting in inefficiencies in E&S activities • Limited procedures and protocols for E&S management • Lack of internal funding of E&S activities • Limited waste management capacity • Weak E&S capacity at provincial and district levels
OPPORTUNITIES	**THREATS**
• External funding presents opportunity to improve E&S performance • Utilization of external consultants to drive the E&S agenda • Synergies with ongoing projects • Donors' commitment with E&S agenda	• Military instability in the northern Mozambique has significant potential to affect program implementation, including E&S actions countrywide • Dependency on external financing to advance E&S agenda • Extreme events can undermine attainment of program sustainable goals

6 IDENTIFICATION OF PERFORMANCE IMPROVEMENTS

Human factor presents as a key challenge facing the proposed program. In addition to insufficiency in terms of numbers, knowledge about E&S risk management is generally insufficient. Additionally, and while some E&S functions can be found in some departments, these functions are scattered across departments and units which renders greater costs for E&S coordination. The proposed program is an excellent opportunity for MISAU to enhance E&S capacity through adequate staffing and training, including organizational re-arrangement of structures to ensure streamline of E&S management from central to local levels. The following elements constitute areas of improvements for the program to consider: .

- The MISAU Department of Environmental Health does not have sufficient human and technical capacity to effectively and rapidly intervene to address issues identified in environmental and social assessment. Ideally, the Department of Environmental Health should be deeply involved in EIA processes in parallel with the Department of Infrastructure and Health Equipment responsible for contract management, as well as the Procurement Department. These departments need to acquire the staff and develop the capability to discharge these responsibilities. With regard to civil works, the Department of Environmental Health must regularly monitor site activities to verify compliance with the provisions of the ESMP and ESHS requirements, and report to the World Bank during implementation support missions. These proposed responsibilities should be included in the departmental and legal responsibilities, specifically described in the organizational structure of MISAU, as part of the role of the National Directorate of Public Health.

- A dedicated Environmental and Social Safeguards Specialist must work with the Department of Environmental Health and/or in support of the PMU, and provide oversight of environmental and social aspects of the Program, especially on activities involving construction works and facilities operations, including the enforcement of all monitoring requirements, and the management of biomedical waste. Although 2 specialists were hired (one environmental and the other social), due to the demands that the sector has, these two specialists do not have the capacity to cover all programs, and it is recommended that the team at central level be increased with more specialists (environmental and social) so that it can support provinces and districts. The Environmental & Social focal pois hired for other MISAU Bank- financed projects (e.g. Investing in Inclusive Human Capital Development Project in Northern Mozambique (P175298) at provincial level can be used for this program. The districts, in turn, could have trained focal points who also respond to E&S issues.

- The program has a pro-poor design. It integrates aspects of citizen engagement, gender and GBV as central pillars dealing with vulnerability. In fact, MISAU commitment to integration of vulnerability in its policy agenda and practice are well articulated in various documents. Gender for instance has become an international commitment to an extent that MISAU is in the process of integrating gendered indicators into its M&E system under the ongoing PforR. However, the

agenda on gender has been hampered by limited resources (personnel and finances) to enable expansion of activities countrywide and ensure oversite by the central department. Citizen engagement has also advanced under the current PforR operations. As stated before, GAUs have been set up ensure the complaint handling and communication between users and health professionals. The expansion of GAUs throughout the country has not met the demand. Currently MISAU estimate national coverage of GAUs is below 20%, which means there are 80% of health with no GAUs or proper form of complaint handling. The new program shall support moving the gender/GBV and GAUs agenda by providing resources to increase coverage.

- Socio-cultural aspects of service delivery need to be assessed, systematized and supervised to enhance access, eliminate discrimination/access barriers, and enhance recipient satisfaction Engagement processes and grievance response procedures need to be strengthened. The implementation of community consultation should provide opportunities for robust stakeholder engagement of both men and women, reinforcing grievance management mechanisms, and strengthening beneficiaries' capacity to exercise their roles and responsibilities in the system. This includes promoting awareness on existing complaints handling procedures, as a well as the creation of additional measures through the community consultation tools, forums, and action plans.

- Dedicated personnel and systems and specific protocols for worker, patient and community Health and Safety are needed. Health and safety of workers, patients and communities during health facility operations, as well as socio-culturally appropriate design and delivery of services, are areas that require additional expertise and a system/role design that can effectively promote and oversee these aspects across service delivery units on an ongoing basis. This aspect requires further study but could initially be integrated in the role of the facilitators who will develop capacity building activities and TA for District Services for Health, Gender, Children and Social Action (SDSGCAS), to improve district-level health program management. It is also a key component of the TOR for the social specialist to be hired for MISAU under the PAP. Emergency systems and plans need to be evaluated, enhanced, and operationalized.

- Provision is needed at all levels of service delivery to improve biomedical waste management practices. Training will be required at National, Provincial and District levels to improve understanding of compliance requirements for biomedical waste management.

The relationship between the proposed program and the potential for exacerbating conflict particularly in the northern Mozambique has been discussed in this assessment. It has been established that the proposed activities have the potential of exacerbating the current conflict and endanger stakeholders. MISAU has ongoing World Bank funded operation in the northern Mozambique. For those operations, discussions are underway between MISAU and the World Bank team to establish a regional approach to security risk management. This proposed operation could draw and benefit from the ongoing discussion by adopting the required measures to security risk management proportionate to the program activities and context under which it will be implemented.

7 INPUTS TO THE PROGRAM ACTION PLAN

Overall, the ESSA shows that the environmental and social systems provided for in specific national environmental legislation, with implementation of actions to address the gaps and to enhance performance during implementation, are adequate for Program implementation. However, the assessment is also shows that to support the program management E&S associated with the program in a sustainable way will require a combination of three type of interventions: (i) institutional organization for better E&S risk management; (ii) support E&S system and procedure development; (iii) E&S training and skills development and (iv) E&S implementation support. . However, and as immediate term action, the establishment of internal MISAU procedures to follow the provisions of environmental legislation and social impact and risk management protocols is essential to ensure the efficient implementation of the Program from an environmental and social point of view. This includes health and safety management systems, especially for: activities/projects involving construction works, and facility management. Mainstreaming of socio-cultural service delivery and stakeholder engagement tools including grievance response mechanisms is also required. Additionally, these shall be accompanied by skills development through trainings on themes relevant for the program, and as identified in the action plan below, as well advisory support through consultants who will provide specialist support, including the institutionalization of E&S within MISAU. The Table below provides the ESSA Action Plan containing E&S measures to manage risks and impacts associated with the implementation of the program.

Table 5: Contribution to the program action plan

Pillar	Proposed E&S actions	Indicative timeline	Responsibility[4]
(i) institutional organization for better E&S risk management	2.1 Develop ToR providing the justification/rationale, scope, and objectives for the institutional organization for better E&S risk management of MISAU	3 months after effectiveness	MISAU
	2.2 Hire a consultant and undertake E&S functional review of MISAU and propose effective ways to manage E&S risk within MISAU based on the national legal framework and international best practices	5 months after effectiveness	MISAU
	2.3 Undertake nationwide consultation within MISAU on the proposed E&S institutional organization	Mid 2024	Consultant/MISAU
(ii) Support E&S system and procedure development	2.4 Environmental and Social Management System Manual (following ISO 14001 or WBG guidelines), including among others, OHS standards to ensure GIIP	First Year	MISAU
	2.5 Community-based intervention guidelines to ensure engagement of men in family planning and sexual and reproductive health activities	Throughout program implementation	MISAU
	2.6 Expand existing complaint and accountability systems to other health units through GAUs, scorecards and placement of complaint boxes and national coverage achieve 50% by the of the program	Throughout program implementation	
	2.7 Ensure gender-based violence is reflected in the curriculum of health professionals, including APEs	Throughout program implementation	MISAU
	2.8 Include approaches to gender and socio-cultural sensitivity are reflected in the curriculum and training of community health workers (APEs) and health center and district/rural hospital staff and supported by appropriate promotional/awareness materials (e.g., checklists, posters, videos)	First Year	MISAU
	2.9 Ensure that health waste management protocols are included in training curricula for health professionals	First Year	MISAU
	2.10 Inclusion of waste management in health facility scorecard	First Year	MISAU
	2.11 Improve the registry of compliance obligations during pharmaceutical waste handling at Health Centers and disposal at District, Provincial, and Central Hospitals and Medical Stores to include disposal methods, site of	Throughout program implementation	

[4] The first is the primary responsible entity

Pillar	Proposed E&S actions	Indicative timeline	Responsibility[4]
	disposal, list of participants and witnesses, community monitoring actions, etc., and disseminate.		
	2.12 Develop and implement a generic Stakeholder Engagement Plan on Pharmaceutical Waste Disposal at District, Provincial, and Central Hospitals and Medical Stores for key players: CMAM, DSA, Local Communities, Municipalities, Protection Police, Environmental Licensing authorities, etc., attending their roles from the identification phase (e.g., site selection), preparation phase (e.g. environmental education and awareness) throughout the last phase of monitoring (community monitoring).	First Year	MISAU
	2.13 Preparation of TORs samples for E&S assessments of construction and rehabilitation works	Before the start of the program	MISAU
	2.14 Conduct pharmaceutical waste and equipment for disposal inventory for District, Provincial and Central Hospitals and Medical Stores and prioritize the waste disposal according to a timeline based on waste quantities, environmental risks and opportunities costs (e.g. synergies in transporting or incinerating waste from 2 or more different locations in one facility).	First Year	MISAU
	2.15 Training for health care providers, dissemination through community consultations, inclusion in scorecard	Throughout program implementation	MISAU
	2.16Assess security concern and development management plans for activities in the northern Mozambique Before the start of activities MISAU		MISAU
(iii) E&S training and skills development	3.1 Undertake at least one training of Environmental Health Department technicians at central level, provincial focal points and district levels on the E&S safeguards, focusing on roles and responsibilities of sector personnel at each stage, especially for activities/projects involving construction works, and on project screening.	Ever Year	MISAU
	3.2 Training of E&S focal points in guiding principles for safe and ethical handling of SEA/SH allegations (confidentiality, survivor centrality and safety).	Throughout program implementation	MISAU
	3.3 Conduct at least one training on new disaster contingency protocols for APEs and SDSGCAS managers in vulnerable districts as defined by the National Institute of Calamities Management (INGC)	Throughout program implementation	MISAU
	3.4 Conduct refreshment courses to key staff that are responsible for Pharmaceutical Waste Management (handle, store and dispose) at the Provincial and Central Hospitals and Central, Regional, and Provincial Medical Stores based on existing material.	Throughout program implementation	MISAU

Pillar	Proposed E&S actions	Indicative timeline	Responsibility[4]
	3.5 Conduct refreshment courses to key staff that are responsible for Pharmaceutical Management (receiving, store, returning of expired/damaged medicines) at the District Medical Stores and the health facilities they service based on existing material.	Throughout program implementation	MISAU
	3.6 Promote women empowerment through the promotion of their participation in capacity building and jobs/tasks that are usually not allocated to them, including in technical and management positions and in civil works.	Throughout program implementation	MISAU
	3.7 Implementation of an awareness campaign for workers on GBV/EAS/SH and signature of Codes of Conduct by all workers, with specific provisions on GBV/EAS/SH.	Ongoing, particularly before the start of civil works	MISAU
	3.8 Provide MISAU's Environmental Specialist with training on health facility waste management	Every Year throughout the program	MISAU
	3.9 Preparation and implementation of E&S training for staff, taking in consideration the potential E&S effects identified for the PforR activities.	Throughout program implementation	MISAU
(iv) E&S implementation support	4.1 Engagement of a social development specialist to provide oversight for gender and socio-cultural sensitivity in TA, service delivery protocols, community awareness campaigns and consultation processes at MISAU. The social development Specialist is also expected to lead the review and enhancement of existing GRM	Before the start of civil works	MISAU
	4.2 Hiring of environmental and social specialists with a minimum of 5-year work experience in E&S related matters	Before the start of the program	MISAU

8 SUMMUARY OF PUBLIC CONSULTATION AND PARTICIPATION

The public consultation will be held in November and consultation will be organized and conducted with strong support and participation of the World Bank. The draft ESSA and invitation to the event will be distributed to MISAU departments, other government Ministries (MTA and MITESS), NGOs and civil society 15 days prior to the event. Recommendations from the consultation will be incorporated in the ESSA.

REFERENCES

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MISAU (2016), Environmental and Social Management Framework for the Southern Africa Health Systems and TB Support Project.

World Bank (2008), ESSA for the Mozambique Public Financial Management for Results Program.

MISAU (2017), Draft National Environmental Health Strategy 2017-2025.

MISAU (2010). Standards and Procedures for the Management of Bio-medical Waste in the Health Units in Mozambique.

MISAU (2010), National Biomedical Waste Management Plan.

ANNEXES

ANNEX 1 - ENVIRONMENTAL AND SOCIAL SCREENING FORM

The Screening Form has been designed for assessing environmental and social impacts and mitigation measures, if any, so that requirements for further environmental analysis can be determined.

This form must be completed by the officer responsible for environmental management or an appropriately trained representative in consultation with the affected communities as well as key stakeholders.

PART A: GENERAL INFORMATION

1. **Name of sub-project**: ……..

2. **Sector**: ……..

3. Type of activity ☐ New ☐ Rehabilitation ☐ Expansion

4. **Administrative** Location:

4.1 Bairro (Municipal Area): ……..

4.2 Village/City: …….

4.3 Locality……..

4.4 District: …….

4.5 Province: ……

4.6 Geographic coordinates: ……

5. Identification of Proponent(s): …….
6. **Address/contact**: …….
7. **Name of the Approving Authority**: ……..

Details of the person responsible for completing this screening:

8. Name: ……...

9. Job title: ……...

10. Telephone number: ……..

11. Fax number: ……..

12. E-mail address: ……..

13. Date: …….

14. Signature: ……

PART B: BRIEF DESCRIPTION OF THE SUB-PROJECT

Please provide information on the type and scale of the sub-project (area, required land and approximate size of total building floor area).

Provide information about the nature of activities during construction of the facilities including support/ancillary structures and activities required for construction, e.g. need to quarry or excavate borrow materials, laying pipes/lines to connect to energy or water source, access road etc.

1. Compliance with zoning

☐ Living space ☐ Industrial ☐ Services ☐ Green area

2. Activity infrastructure, location, siting, surroundings, dimensions and installed capacity: *(use whenever possible writings and drawings of activity)*

……
……

3. Associated Activities:
……
……

4. Brief description of the construction and operation technology:
……
……

5. Type, origin and quantity of labour:
……
……
6. Alternatives to location of activities:
……
……
……
7. Additional information through maps (refer to the attachment)

- *Location Map (in an appropriate scale)*
- *Activity framework map in the location area (in an appropriate scale)*
- *Other information deemed relevant*

PART C. ENVIRONMENTALLY SENSITIVE AREAS OR THREATENED SPECIES THAT COULD BE ADVERSELY AFFECTED BY THE PROJECT				
No	Description	Yes	No	Not known
1	Intact natural forests			
2	Riverine forest and river banks			
3	Surface water courses, natural springs			
4	Wetlands (lakes, rivers, swamp, seasonally inundated areas)			
5	Distance to the nearest wetland (lakes, river, seasonally inundated areas) less than 30 km:			
6	Area is of high biodiversity			
7	Habitats of endangered/threatened species for which protection is required under participating countries' Laws.			
PART D. GEOLOGY, TOPOGRAPHY AND SOIL				
1	Direct cause or worsening of soil loss or erosion by the project			
2	Project will lead directly or indirectly to practices that could cause soil loss or erosion			
3	Need to consult a soil scientist on the project			
4	Modification of slopes is required by the project			
5	Project will affect stability of slopes directly or indirectly			
6	Project is located where existing unstable slopes could be a hazard			
7	Soil instability in the project area black cotton soil, earthquake, landslide, subsidence			
8	Project will cause substantial increase in soil salinity			
9	Increase in chances of floods, poorly drained, low-lying, depression or block run-off – water			
10	Soil contamination and pollution hazards will result from the project			

11	Risks of contamination and pollution from latrines, dump sites, industrial discharge etc.			
12	Need to consult a geo-technical engineer			
PART E. LAND, VEGETATION AND PROPERTY				
1	There are farm lands in the project area			
2	Project will reduce or damage farm land			
3	Project will cause loss of vegetation, crops and fruit trees animals and livestock			
4	Project will cause loss of houses, infrastructures (shed, toilets, granaries)			
5	Project will cause loss or interference with access, routes for people, livestock etc			
6	Land in the project area is intensively developed			
7	The project will increase pressure on land resources			
8	The project will result in decreased holdings by small land owners			
9	The project will result in involuntary land take			
10	A land use planner should be consulted			
PART F. SURFACE WATER QUANTITY AND QUALITY				
1	Project will increase demand or cause loss of available surface water			
2	Need to consult a hydrologist			
3	Project will lead to additional discharges into surface water			
4	Project could cause deterioration of surface water quality			
5	Need to consult a hydrologist and/or water quality expert			
PART G. GROUNDWATER QUALITY AND QUANTITY				
1	Project will increase demand or cause loss of available ground water resources			
2	Project will cause natural or man-made discharge into ground aquifer			

3	Project could cause deterioration of ground water quality			
4	Need to consult a hydrologist and/or water quality expert			
PART H. AIR QUALITY				
1	Project will pollute air directly			
2	Project will lead to practices that worsen air quality			
3	Project will lead to a change in engine or fuel use that could cause serous air problems			
4	Project will result in polluted and hazardous working environments for staff			
PART I. NOISE				
1	Noise is a problem in the project area			
2	Project will result in increase in noise generation			
3	Project could make people to move to high noise level locations			
4	Project could result in noisy working environments for staff			
PART J. AQUATIC ECOSYSTEMS				
1	Significant aquatic ecosystems (wetlands, rivers, streams, lakes or ponds) are in the project area			
2	Project will affect the condition and use of ecosystems for human consumptions			
3	Significant wetland ecosystems (marsh, swamp, flood plains, or estuary) are in the project area			
4	Project will affect the use or condition of such wetlands			
PART K. TERRESTRIAL ECOSYSTEMS				
1	There are significant terrestrial ecosystem (forest, savannah, grassland or desert) in the project area			
2	Project will affect the use or condition of such ecosystems			
PART L. ENDANGERED/ THREATENED/RARE/ENDEMIC/SPECIES				

1	Endangered species exist in the project area			
2	Project will affect the habitant and number of such species			
PART M. MIGRATORY SPECIES				
1	Migratory fish, birds, or mammals use the project area			
2	Project will affect the habitat and numbers of such species			
PART N. BENEFICIAL PLANTS, ANIMALS, INSECTS, PESTS AND VECTORS				
1	There are non-domesticated plants and/or animals, used or sold by local people in the project area			
2	Project will affect these species by reducing their numbers or habitant			
3	There are currently problems with pest (plants or animals) in the project area			
4	Plants or animals might become pests due to ecological changes brought by the project in the area			
5	There are known disease problems in the project area transmitted through vectors			
6	Project will increase vector habitat or population			
7	Need to consult a public health officer			
PART O. ENERGY SOURCE				
1	The project will increase demand for conventional energy sources			
2	The project will create demand for demand for other energy sources (wood and charcoal)			
3	The project will promote supply of conventional energy sources			
PART P. LAND ACQUISITION AND LIVELIHOODS				
1	Land will be acquired			
2	People's assets or livelihoods will be affected			
3	People will lose access to natural resources			

PART Q TOURISM AND RECREATION				
1	There is, at present, a significant degree of tourism in the area			
2	There is unexploited tourism or recreation potential in the area			
3	The project will adversely affect existing or potential tourist or recreation attractions			
PART R HAZARDOUS WASTES				
1	The project will produce hazardous wastes requiring special handling, storage, treatment and disposal methods			
2.	The project will cause spread of infection within and outside the facility requiring adherence to standard precautions			

CONCLUSION:

If all the above, answers are "No", there is no need for further action.

If there is at least one "Yes", a limited Environmental Impact Assessment or an Environmental and Social Management Plan may be required.

Guide on possible action to be taken

☐ No further action if sub-project has no impact on environment

☐ An Environmental Audit if the sub-projects may create a few minor environmental impact which can be easily mitigated.

☐ Simple Environmental Review and ESMP if sub-projects may create a few minor environmental impact which can be easily mitigated.

☐ Limited Environmental Review and ESMP if sub-projects may create minor environmental problems that require site visit or construction modifications to minimize or eliminate impact.

☐ Any other recommendation (explain): ……

Summary of possible safeguard options:

……
……
……..

This form has been completed by:

Name: ……Title: ……

Date:…….. Signature: ……

ANNEX 2 - LIST OF PERSON MET IN CONSULTATION MEETINGS

Dr. António Chambal - Project Coordinator, DPC, MOH

ANNEX 3 - VALIDATION WORKSHOP

ANNEX 3.1 – List of Participants

ANNEX 3.2 – Minutes of the ESSA Validation Workshop