



# Appraisal Environmental and Social Review Summary

## Appraisal Stage

### **(ESRS Appraisal Stage)**

Date Prepared/Updated: 02/18/2021 | Report No: ESRSA01268



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Project ID	Parent Project ID (if any)
India	SOUTH ASIA	P173589	
Project Name	Meghalaya Health Systems Strengthening Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/26/2021	7/15/2021
Borrower(s)	Implementing Agency(ies)		
Republic of India	Department of Health and Family Welfare (DoHFW), Government of Meghalaya., Department of Health and Family Welfare, Government of Meghalaya		

Proposed Development Objective

The project development objective (PDO) is to improve management capacity, quality and utilization of health services in Meghalaya.

Financing (in USD Million)	Amount
Total Project Cost	50.00

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

No

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

The overall goal of the project is to strengthen the basic public health function and improve access to quality health care for the people of Meghalaya.

The specific objectives of the project are to:

- (i) Strengthen capacity of the health systems to perform public health functions.

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- (ii) Improve the quality and access to health services through innovations in primary health care and improvements of district hospitals, as well as strengthened health systems capacity.
- (iii) Support evidence-based planning and monitoring of health systems functions.

#### **D. Environmental and Social Overview**

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

The project aims to strengthen the basic public healthcare function and improve access to quality health care for the people of Meghalaya and will cover all areas of the State including remote and hard to reach areas in an inclusive manner with primary focus on strengthening all 12 district hospitals, 23 CHCs (out of 28) and 70 PHCs (out of 112) across all districts of the state. Systems will also be strengthened in the Megha Health Insurance Scheme (MHIS) which is currently used by only 56 percent families in the State.

The State of Meghalaya situated in the north eastern region of India, is a narrow stretch of land, running between Bangladesh on the South and West and Assam on the North and East. It covers an area of approximately 22,430 square kilometers and is divided into three divisions with autonomous hill councils, namely, Jaintia Hills, Khasi Hills and Garo Hills. The State has 11 districts, 6 municipal councils, 22 towns and 6459 villages.

About 70% of the state is forested, ninety percent of which is under community or private management. There are two national parks and three wildlife sanctuaries, 22 community reserves, one biosphere reserve and two elephant reserves to protect and conserve biodiversity of the state. The State has most of its land covered by hills interspersed with gorges and small valleys. Meghalaya has a fragile eco-system. It has one of the wettest places in the world. The average annual rainfall at Cherrapunjee during the last 35 years has been 11,952 mm and there were several years when it was substantially more than this amount.

The population of Meghalaya is 2.97 million. Meghalaya's main ethnic communities, each having its distinctive customs and cultural traditions are the Khasis (of Mon-Khmer ancestry), the Garos (of Tibeto-Burman origin) and the Jaintias (from South East Asia). Though largely peaceful, ethnic conflicts between the indigenous tribes and others have been noticed at times. More than 86 per cent of the population belong to the scheduled tribes (meeting the criteria of being considered as indigenous people according to ESS7). The entire state follows a matrilineal system in which the lineage (ancestry of a society is traced through that of the mother not to be confused with matriarchy). The average population density is 132 persons per square kilometers with a range of 56 to 299 persons per square kilometer between west Khasi and East Khasi Districts. As per 2011 census, Meghalaya recorded the highest population growth of 27.8 percent among all the states of the region, higher than the national average at 17.64 percent.

On an average the state is poorer than rest of India- the per capita net domestic product at constant prices (2011-12) is USD 867 (INR 61,798) which is nearly 30 per cent lower than the national average of USD 1,230 (INR 87,623). At the same time, only 16.1 per cent of the population lives below the poverty line in comparison to 37.2 per cent at the national level. As per census 2011, about 80 percent of the state population lives in rural areas with the overall literacy rate of 74 percent.



Meghalaya being the Schedule VI state under the constitution, has many legal and constitutional provisions that apply to safeguard the social, cultural and economic resources and heritage of the tribal communities. Improving health service delivery system in the state is an important aspect towards improving quality of life of the residents i.e. mainly the indigenous people.

Meghalaya state healthcare system is challenged by inadequate access to health care at all levels. Only a few health facilities have continuous water supply along with sanitation arrangements needed for good hygienic conditions for patients and staff. The electricity supply is unreliable, especially during the monsoons, in rural and remote areas. Currently, biomedical waste is largely being managed at the facility level through waste segregation and management. A system-level improvement is required since in the absence of such a facility, biomedical waste in urban areas is currently managed as part of general municipal waste.

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

The existing DoHFW governance and management structures and departments will be used for project implementation. A Project Steering Committee (PSC) under the Chairmanship of the Chief Secretary will provide oversight of the project. The Committee will also include Principal Secretary, Health and Family Welfare, and Secretaries of other relevant departments. The Committee will oversee project implementation and results and will be responsible for approving and monitoring the annual project plans and budgets and for approving amendments to the Project Operations Manual. The Commissioner and Secretary, Health and Family Welfare, will lead the Project Executive Committee (PEC) to provide regular monitoring and necessary approvals for day-to-day implementation of project activities. Given the results focus of the project, which requires coordinated action by directorates within the DoHFW, the designation of the Commissioner and Secretary, DoHFW, the senior-most official within the department is critical to effective implementation. Given the results focus of the project, which requires coordinated action by directorates within the DoHFW, the designation of a senior official within the department is critical to effective implementation.

The DoHFW will house the Project Management Unit (PMU) of the project. The Mission Director, National Health Mission (NHM) will be the Project Director and an Additional Director will be the Joint Project Director and will lead the Project Management Unit (PMU). The PMU will be responsible for the project implementation, including its regular monitoring and supervision. The PMU will have staffs deputed from all three health directorates. The PMU will have about 10 staff including for social safeguards and environmental safeguards specialists who will be responsible for overseeing the implementation of E&S activities, monitor and report to PMU on monthly/ quarterly manner at the state level. A TA provider will be set up to augment the PMU's capacity in administrative and technical areas including environment and social. Technical and knowledge partnerships as well as multi-stakeholder engagement will be established to augment technical capacity of the department.

At the health facility level, the Chief Medical Officer (CMO) will be responsible for environmental and social standards due diligence activities under the guidance of District Medical and Health Officer (DMHO) at the district level. The HCF will report on E&S activities to DMHO on monthly basis and DMHO office will compile the HCF wise E&S monitoring report and share with PMU on monthly/ quarterly basis.

The DoHFW has not directly implemented any World Bank financed project. However, it has been involved in implementing some of the national programs supported by the World Bank including National AIDS Control Support Program (ongoing) and Accelerating Universal Access to Early and Effective Tuberculosis Care project (closed). The department does not have any designated E&S staffs. There are officials who are given responsibility to oversee such tasks (e.g. the Bio-medical waste management). The DoHFW has a IEC/Communication/ Public Relation cell (which are



mainly responsible for IEC/ communication). At the healthcare facilities level, while the facilities have been managing the bio-medical waste, such management has been weak.

The ESMF that has been developed for the project identifies that the implementing agencies have both knowledge and capacity gaps to implement projects following ESF. They did not receive training on WB ESF or Safeguards policies in the past. Thus, there will be a need for training and continued capacity building assistance both from the Bank and the client side on ESF. As recommended in the ESMF, the project will provide a range of training and capacity building support on managing environmental and social risks associated with the project. Training and capacity building will target the DoHFW/PMU, HCF staffs, waste management workers and cleaners, as well as third-party waste management service providers (if any), including those involved in transporting the biomedical wastes. The training provided under NHM on biomedical waste management will continue and will be strengthened further. A training calendar will be developed for the project. Awareness and orientation on World Bank’s ESF will also be provided. Relevant training and capacity strengthening initiatives that have been identified have been included in the Environmental and Social Commitment Plan (ESCP).

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

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

Moderate

**Environmental Risk Rating**

Moderate

The proposed project does not envisage potential large-scale, significant or irreversible environmental impacts. The funding under the project is geared towards strengthening health service delivery in the state with quality and performance improvement with most activities being soft in nature such as provision of technical assistance towards human resource management, supply chain management, training, outreach activities, referral services, health related behavior change communication and program management support, regulation of biomedical waste, monitoring of health services, population coverage of the MHIS, utilization by health services, and limited support to minor civil work towards infrastructure improvement.

The project does entail a range of minor civil works for infrastructure repair and rehabilitation, but the risks and impacts associated with these activities (such as noise and dust pollution, waste management) will be localized and short-term. The Environmental and Social Management Framework (ESMF) proposes a set of mitigation measures to address the impacts caused by infrastructure repair and retrofitting work proposed under the project.

The project also plans to support improvements in infection prevention and at the health facility level, along with necessary supplies, equipment and training. It will also support development and implementation of a plan for improving management and disposal of biomedical waste generated by both government and private health facilities, in collaboration with the State Pollution Control Board and municipalities. This will help improve the overall ecosystem for bio-medical waste management that includes segregation, disinfection, collection and disposable that largely safeguards the environment and contributes in improving the quality of health service and patient safety.

With the improved utilization of health services through the project, the quantity of bio-medical waste is expected to increase. However, the level of increase is not expected to be significant and it will be gradual change over project period and can easily be managed by the health facilities with improvements being instituted as under the project

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and reflected in the ESMF. The ESMF provides the key mitigation measures with respect to BMWM, and other waste management including plastic, electronic waste, and chemical waste from laboratory. Waste Characterization study within first six months of project effectiveness will be undertaken to further inform the subject. ESMF also dwells upon instituting the mitigation measures associated with civil works and occupational and health safety measures under the project related to BMWM.

The project will support interventions to make health facilities environmental-friendly and energy efficient. This will include using solar power, conserving water resources through rainwater harvesting and landscaping, and improving public spaces. Further, to ensure gradual phasing of mercury-based medical equipment, the procurement and supply chain management of State will be strengthened. Along with overall strengthening of the health system to respond to increased burden of disease attributable to the effects of climate change, these project-supported activities will help mitigate immediate aspects of the impact of climate change on the natural environment of the state.

It is anticipated that environmental risk will get mitigated once CHCs and PHCs are able to achieve the state level and National Quality Assurance Standards (NQAS), which the project will incentivize to strengthen the systems to sustain quality of health services.

**Social Risk Rating**

Moderate

Overall, it is expected that the project will have positive social impacts, given that the components will strengthen the public health function and improve the access to and quality of health services and accountability mechanism in the State of Meghalaya across all districts. The key social risks emerge from risk of exclusion and access to services by vulnerable populations especially those living in difficult and hard to reach areas; risk to occupational and health safety issues from repair and renovation activities – though small in nature but at dispersed locations; and weak or non-existent grievance redress mechanisms. The project does not anticipate any land acquisition and/or involuntary resettlement as the infrastructure improvement activities are limited to repair, renovations, and minor expansion within the existing footprint of the health facilities.

To mitigate these risks, the DoHFW has prepared an ESMF that will guide the project to address the adverse environmental and social risks and impacts. The ESMF mandates that screening will be conducted for each of the subprojects to avoid any adverse social impacts including potential impacts on informal/ illegal settlers residing within the health facility premises/ land (if any). Concerns and needs of the vulnerable groups (including issue of access and risk of exclusion, occupational health and safety, and stakeholder engagement and grievance redressal etc.) will be addressed through following interventions: (a) HCFs in backward and remote districts and blocks to be also undertaken for internal performance management (IPM) activities to improve access to performance link quality health care in those areas; (b) strengthening and devising exclusive awareness campaigns to educate and sensitize the poor and vulnerable on health seeking behaviour through social and behaviour change communication (SBCC); (c) instituting measures for occupational health and safety in line with World Bank EHS guideline and Government of India norms; (d) strengthening the grievance redress mechanism; (e) All healthcare facilities to be compliant with universal access provisions through retrofitting; and (f) health care providers to be sensitized for services to poor and vulnerable and mechanism for provision of health services in an inclusive manner that addresses the differential needs of the vulnerable population.

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Labor influx is not expected or required as labor will be sourced locally. Thus, the expected impacts from the minor civil work are predictable, site specific and likely to have minimal adverse impacts and proposed to be mitigated with the strengthened capacity of the implementing agencies to address social issues.

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

### **B.1. General Assessment**

#### **ESS1 Assessment and Management of Environmental and Social Risks and Impacts**

##### ***Overview of the relevance of the Standard for the Project:***

Project activities and interventions will improve accountability, quality and utilization of the health services in the State by focusing on reforms to increase accountability through Internal Performance Assessments (IPAs), system development and quality improvements,.

The project does not involve any major civil works. Select HWCs will be strengthened under the Ayushman Bharat Strategy with capacity to provide an expanded package of services, including for primary screening, counselling and referral for NCDs, filling gaps in human resources, infrastructure, and equipment necessary for upgradation, piloting service delivery strategies. It involves minor civil work for infrastructure improvement and is limited to repair, renovation and retrofitting activities at targeted health care facilities. The risks and impacts associated with these activities are mainly related to noise and dust pollution, waste management, and will be localized and short-term. With enhanced capacity of the staff to manage E&S impacts, these risks and impacts are expected to be mitigated adequately. The project is not expected to involve any land acquisition or involuntary resettlement. No large-scale labor influx is expected as the magnitude of construction is limited to repair, renovation and small extension of the existing facilities.

The State has one common bio medical waste treatment facility (CTF) which is neither fully functional nor adhere to the Bio Medical Waste 2016 rules (as amended in 2018) . The bio medical waste is segregated at source and all hospitals have autoclaves, shredders/ sharps destroyers, and follow the coloured coded system of waste disposal within the hospital. The waste is disposed of by deep burial and the liquid waste is discharged directly into the drains after chemical disinfection. Other waste generated in the hospital is burnt at a designated place in the health facility. In rural areas, there is no common bio-medical waste treatment/ disposal facilities at present to collect wastes. The biomedical waste is managed through on-site disposal through use of sharps pits for sharps waste and deep burial pits for other infectious biomedical wastes. The key environmental risk emerges from the fact that with improved utilization of health services through the project, the quantity of bio-medical waste will increase incrementally. This in the backdrop of the present bio-medical waste management (BMW) practices in the State which lacks in meeting the necessary requirements, poses further risks. However, the project plans to invest to improve the overall ecosystem for bio-medical waste management that includes segregation, disinfection, collection and disposal that largely safeguards the environment and contributes in improving the quality of health service and patient safety.

The environmental and social management framework (ESMF) has been prepared based on E&S assessment of health services including the bio-medical waste management and OHS practices in different types of HCFs in Meghalaya. The ESMF provides guidelines for screening of targeted Healthcare facilities (HCF) for environmental and social risks and based on the E&S screening results, further site specific ESIA and ESMPs will be prepared during the implementation of the project. The ESMF includes screening checklist with due diligence measures to guide site





specific sub-project screening as well as negative list of investments, due diligence procedures and processes, mitigation actions with responsible agencies against each action and provides procedures relevant to the development of the subprojects, a generic Environmental and Social Management Plans (ESMP), and further guidance for developing the Bio-Medical Waste Management Plan (BMWMP) in accordance with the World Bank's Environmental and Social Framework (ESF). Given that the incremental increase in BMW is dependent on increased patient footfall, which is further dependent of many factors including infrastructure upgradation of HCFs, capacity enhancement of HCF staffs, and SBCC to mobilise communities, and hence not expected to happen during the first two years of the project. Along with HCF infrastructure upgradation, infrastructure for BMW will also be assessed and will be part of the quality enhancement plan for upgradation. Similarly, the BMW related capacity building will also be part of the overall capacity building plan. The overall upgradation of BMW system has been scheduled in line with any expected increase of bio-medical waste. In the meantime, the existing BMW practices with recommended onsite disposal methods using deep burial pits for infectious wastes, sharp pits for sharp wastes, and disinfection of liquid waste before being released in the drain/soak-pits will be followed which are in line with national guidelines and regulations.

The project will have subprojects mainly related to HCF upgradation or of nursing school by repair, renovation and/or retrofitting to improve basic infrastructure of the facility for quality services. All sub-projects will be screened for any adverse environmental and/or social impacts as per ESMF. The screening will be conducted by the HCF in-charge under the guidance of District Medical and Health Officer (DMHO), before submission to PMU for approval. The E&S specialist at the PMU will also train DMHOs and target HCF MO-incharges on conducting screening.

The ESMF includes a generic bio-medical waste management (BMW) plan and measures for management of other wastes. The BMW plan implementation will be further informed by Waste Characterization study, to be undertaken by the State within first six months of project effectiveness. The ESMF also provide recommendations on the capacity building of the health care facility staffs on BMW and social risk mitigation measures.

The project will work on informing the state procurement and supply chain management systems to gradually phase out procurement of mercury-based medical equipment. The project will incentivize CHCs and PHCs to achieve state and NQAS which will further help in sustaining systems and quality of health services.

The project's SEA/SH risk has been rated as low as the project does not include any major civil works. However, given that the State has prioritized women in their programs and schemes, and gender based violence is one of the important areas that the state plans to address, the health professionals and health systems play an important role in caring for survivors of sexual violence, to the project will build capacity of health care professionals by sensitizing them to sexual exploitation and abuse (SEA) and sexual harassment (SH) issues and measures as part of their training, and address mandatory provisions of 'The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013' in DOHFW and in project facilities.

As part of the ESMF preparation, consultations with key stakeholders, including vulnerable and disadvantaged communities, were carried out to identify their concerns and requirements to inform project design and ESMF. The SEP further provides mechanisms to engage them during the project implementation in a continued manner. Vulnerable groups would include women in general, the backward tribes/ indigenous peoples, ethnic/religious/gender minorities, disabled population, elderly population, and women-headed households. The





consultation with stakeholders include the gender issues and concerns related to gender-based violence (GBV)/SEA/SH and recommend specific risk mitigation and management measures in the ESMF.

Consultations with range of stakeholders from other line departments to community representatives were carried out to inform preparation of ESMF and SEP. However, given the COVID19 situation, these were done largely in a virtual manner following the relevant interim technical note on public consultation prepared by the World Bank. During the project implementation, further consultation with community will be carried out and detailed out in the SEP. The ESMF also provides mechanisms to incorporate stakeholders' concerns and suggestions in the project implementation in a continued manner and ways to engage them during the project implementation.

Component 4 of the project is a Contingent Emergency Response Component (CERC). The project ESMF will be updated as soon as the scope in the event the contingency component becomes better defined and CERC is activated during project implementation. In addition, a CERC operations Manual will be prepared during project implementation to govern the operation of the component, this document will be aligned with the ESMF at the time of preparation and include provisions to ensure environmental and social due diligence in line with the requirements of the ESF. A list of typical positive and negative activities associated with CERC implementation will also be developed and included in the updated ESMF and the CERC manual.

An Environment and Social Commitment Plan (ESCP) has been prepared by the client to ensure the successful implementation of mitigation measures and capacity enhancement of the implementing agency. The ESCP includes timeline for preparing required documents such as site-specific ESAs and ESMPs, Medical Waste Management Plan (MWMP), Labor Management Procedures (LMP), Project Grievance Redress Mechanism (GRM) etc. The ESCP specifies various actions to be carried out during implementation. Due diligence will be completed during preparation to assess all potential impacts and risks through consultations with stakeholders and appropriate assessments.

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

The SEP identified and analyzed the project's key stakeholders and interested parties and conducted consultation with officials from DOHFW, and with other stakeholders including Meghalaya State pollution control board, Social Welfare and Tribal Development Department, Women and Child Development Department, Education Department, all three Autonomous development Councils (Khasi Hills ADC, Garo Hills ADC, Jaintia Hills ADC), and Shillong Municipal Corporation in a virtual manner. In addition, consultation happened with a sample of doctors at District hospitals, CHCs and PHCs; NGOs/ CBOs and community representatives such as village headman. The SEP outlined a strategy for engagement; and assessed existing grievance redress mechanisms (GRMs) and information disclosure channels, as well as provision of the necessary measures for addressing identified gaps. The SEP has set a systematic and inclusive approach for communication and information sharing that will be followed by the different groups of stakeholders. This is in turn expected to contribute to minimizing the potential social risks and impacts of the project and redressal of grievances and concerns. The final version of the SEP will be disclosed prior to appraisal but it will remain a living document and updated as and when necessary.

As mentioned in ESS1 section, due to COVID19 travel restriction and social distancing, most of the consultation were conducted in a virtual manner following the World Bank's interim technical note on public consultation. Further consultation with community will be carried out once the situation improves and as outlined in the SEP.



Grievance Redress Mechanisms (GRM) will be further strengthened to address grievances and receive feedback from all stakeholders and beneficiaries in a timely manner and following due process. The GRM will be cognizant of and follow required levels of discretion, and cultural appropriateness, especially when dealing with cases of sexual harassment and GBV. The GRM will be accessible to all stakeholders, especially poor and vulnerable people. Specific worker GRMs relevant to ESS2 will also be set up.

## **B.2. Specific Risks and Impacts**

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

### **ESS2 Labor and Working Conditions**

Activities under the Project are not expected to have any negative impacts related to labor and working conditions. The project is expected to engage direct workers (staff of the department of health and family welfare, the institutes, hospitals, healthcare facilities and education/training institutes who will be working at the PMU or in other capacities as full time staff assigned to the project) and contracted workers (people hired on a contractual basis working on project preparation and implementation and laborers working in repair and renovations). The project will include minor civil works (retrofit, repair and renovation) in select health facilities for infrastructure improvement contributing to quality of health services. These civil works are small in nature and at dispersed HCFs across the state. Labor requirements are expected to be low and mostly supplied by local labor force from the communities who will be Contracted Workers (as per ESS2 definition). Required construction materials for very limited repair and refurbishment work will be sourced from legal business entities with permits.

As per Government of India and Government of Meghalaya., the use of child labor is prohibited and in line with ESS2 requirements, and any hazardous work situation including handling and transportation of bio-medical waste will be prohibited for any person under the age of 18. The project may outsource minor civil works to contractors and codes of conduct, labor management procedures and OHS (Occupational Health and Safety) measures will be included in their standard contracts.

The ESMF identifies the potential OHS risks associated with healthcare facilities across the State and provides for measures related to COVID-19 situation for all staff directly and indirectly involved with health care facilities as well as workers involved in civil works.

The ESMF also includes Labor Management Procedures (LMP) for both direct and contracted workers. It also includes the required mitigation measure to ensure health and safety of the workers (OHS measures). The salient points addressed in the ESMF and LMP and appropriate requirements will be incorporated in Management of Contractors documents. The LMP further details out on the separate workers GRM that will be developed as per the requirement of ESS2.

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

Bio-medical waste management is an important element of the health care facilities and health service delivery in the state. The ESMF assessed the risk associated with bio-medical waste, as well as other wastes such as e-waste, plastic



wastes, chemical waste from laboratories and disposal of expired medicines etc., and provides range of mitigation measures to address the risks associated and in line with national and state regulations of managing them. The ESMF also proposes Waste Characterization study, to be undertaken within first six months of project effectiveness, covering types and magnitude of waste from different tiers of health facilities to further inform the implementation of BMWM. The medical waste generated due to COVID-19 testing, treatment, and any fatalities will be managed as per the WHO and Government of India protocols.

The project also plans to support improvements in infection prevention at the health facility level, along with necessary supplies, equipment and training. It will also support development and implementation of a plan for improving management and disposal of biomedical waste generated by both government and private health facilities, in collaboration with the State Pollution Control Board and municipalities. This will help improve the overall ecosystem for bio-medical waste management that includes segregation, disinfection, collection and disposal that largely safeguards the environment and contributes in improving the quality of health service and patient safety.

The project will support interventions to make select health facilities environmental-friendly and energy efficient. This will include using solar power, conserving water resources through rainwater harvesting and landscaping, and improving public spaces. Since significant investments are not envisaged through the project in this regard, an impact assessment of such investments will be done during project implementation. Further, GHG analysis and benefits for interventions will be part of the assessment, if required. Mercury-free medical equipment will be gradually introduced through procurement and supply chain management systems of the state.

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

Given the planned provision of healthcare services, the communities may be exposed to health and safety hazards if these wastes are not properly managed and treated. The ESMF identifies the potential OHS risks associated with healthcare facilities and provides mitigation measures to address them. It also provides for measures related to COVID-19 situation for all staff directly and indirectly involved with health care facilities as well as workers involved in civil works. The ESMF includes the required mitigation measures to ensure health and safety of the workers, including OHS measures.

The project's SEA/SH risk has been rated as low as the project does not include any major civil work. However, given that the State has prioritized women in their programs and schemes, and gender based violence is one of the important area that the state plans to address, the health professionals and health systems play an important role in caring for survivors of sexual violence, the project will build capacity of health care professionals by sensitizing them to sexual exploitation and abuse (SEA) and sexual harassment (SH) issues and measures as part of their training, and address mandatory provisions of 'The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013' in DOHFW and in project facilities.

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

This ESS is currently not relevant. The project is not expected to involve any land acquisition. The ESMF mandates that screening will be conducted for each of the subprojects to avoid any adverse social impacts including potential impacts on informal/ illegal settlers residing within the health facility premises/ land (if any). And in case any adverse



impacts on squatters and encroachers as well as vulnerable groups are found, relevant mitigation plans will be prepared and implemented.

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

This ESS is currently not relevant. Even though Meghalaya has 70% of its land under forests and therefore having rich biodiversity, there is no indication that the proposed project will have any adverse impacts on biodiversity, natural habitats or living natural resources. Any adverse impacts arising due to waste management in healthcare facilities shall be addressed through ESS1.

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

Meghalaya is a Schedule-VI state under the constitution of India with three autonomous hill councils, covering all the districts of the state. About 86 percent of the state's population constitutes primarily of three major tribes: Khasi, Garo and Jaintia (and their sub-tribes and other minor tribes) - all consisting of 17 Scheduled Tribal groups. Meghalaya has diverse communities that are interwoven into three main cultures by generations of norms, beliefs, practices influencing their uniqueness in their vernacular, lifestyles as well as practices for natural resource management. Though largely peaceful, ethnic conflicts between the indigenous tribes and others have been noticed at times.

It is expected that the project activities will benefit the local population with improved health care delivery system, and it is not expected that any of the activities related to the project will have any direct or indirect negative impacts on the tribal communities. The process of screening also ensures a free and prior informed consultation with Health committee involving community members and/or with larger beneficiary community to inform them about the sub-project, its pros and cons, seek their suggestions and record their consent, when necessary, as part of site specific ESMP preparation.

#### **ESS8 Cultural Heritage**

The ESMF identifies the protected archeological and historical sites and provides measures in accordance to the national legislation for any construction within 200 meters of its boundary. The ESMF outlines a list of prohibited activities and includes any adverse impact to any physical and/or cultural resources; and any adverse impact to forests and/ or protected areas e.g. sanctuaries, notified wetland, or any eco-sensitive area. ESMF also provides screening of subprojects to identify any such impacts and associated mitigation measures in line with ESS 8.

#### **ESS9 Financial Intermediaries**

This standard is not relevant as no financial intermediaries will be used.

### **B.3 Other Relevant Project Risks**

Not identified at this stage



**C. Legal Operational Policies that Apply**

**OP 7.50 Projects on International Waterways** No

**OP 7.60 Projects in Disputed Areas** No

**B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts**

**Is this project being prepared for use of Borrower Framework?** No

**Areas where “Use of Borrower Framework” is being considered:**

The project will follow the World Bank’s Environmental and Social Framework and its relevant Environmental and Social Standards along with the national and state level regulations.

**IV. CONTACT POINTS**

**World Bank**

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**Borrower/Client/Recipient**

Borrower: Republic of India

**Implementing Agency(ies)**

Implementing Agency: Department of Health and Family Welfare (DoHFW), Government of Meghalaya.

Implementing Agency: Department of Health and Family Welfare, Government of Meghalaya

**V. FOR MORE INFORMATION CONTACT**

Public Disclosure



**The World Bank**

Meghalaya Health Systems Strengthening Project (P173589)

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**VI. APPROVAL**





Task Team Leader(s): Amith Nagaraj Bathula

Practice Manager (ENR/Social) Christophe Crepin Cleared on 04-Feb-2021 at 06:22:51 GMT-05:00