Rwanda Biomedical Centre

Healthy People, Wealthy Nation

ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK

FOR

ADDITIONAL FINANCING FOR THE RWANDA STUNTING PREVENTION AND REDUCTION PROJECT - P179499

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Contents

EXECUTIVE SUMMARY i

Additional Funding for the Rwanda Stunting Prevention and Reduction Project 1

1. Introduction 1

1.1. Background 1
1.2. Rationale of the ESMF 1
1.3. Purpose of the ESMF 1
1.4. Scope of the ESMF 2

2. Project Description 3

2.1. Rwanda SPRP 3
2.2. Additional Financing 4
2.3. Eligibility criteria for exclusion of subprojects 5
2.4. Environmental and Social Screening of Subprojects 6

3. Policy, Legal and Regulatory Framework 7

3.1. National Environmental Legislation and Regulatory Framework 7
3.2. Rwanda EIA process 9
3.3. International Conventions 9
3.4. The World Bank Environment and Social Framework 10

4. Environmental and Social Baseline 13

4.1. Environmental and Social Profile of SPRP 13
4.2. Rwanda Healthcare System 29
4.3. Gender in Rwanda 32

5. Potential Environmental and Social Risks and Mitigation 33

5.1. Phase 1: Design and Refurbishment/Construction of ECDs and Rehabilitation Works of Water Supply Systems 33
5.2. Operational Stage 36

6. Institutional Arrangements, Responsibilities and Capacity Building 38

6.1. Institutional arrangements, roles and responsibilities 38
6.2. Capacity building 40

7. Procedures to Address Environmental and Social Issues 41

7.1. Exclusion criteria for potential subprojects 41
7.2. Environmental and Social Screening of Components/Subprojects 41
7.3. National EIA requirement 41
7.4. Review, Clearance, Public Disclosure and Consultation 42
7.5. Labor Management Procedures 43
7.6. Stakeholder Engagement 43
7.7. Stakeholder Engagement Plan 44
7.8. Implementation and monitoring of ES plans and instruments 48
7.9. Resources for Implementing the ES Risk Management 49

I. Abbreviations and Acronyms 50

II. Templates for relevant Environmental and Social Management Plans (ESMPs)..... 51

ANNEX A: ..... **Screening Template for Potential Environmental and Social Issues** 51

51

ANNEX B: ..... **Health and Safety Guidelines for Equipping and Construction of ECDs** 54

54

ANNEX C: .. **Environmental, Social, Health and Safety (ESHS) Impacts and Mitigation Measures for civil works for refurbishments and equipping of existing buildings and construction of new ECDs** 55

III. Resource List: Guidance 58

IV. Stakeholder Consultation..... 59

V. SPRP New activities 63

VI. Consultations Attendance..... 64

FIGURES

Figure 1 EIA Procedure in Rwanda according to current legislation of March 2020. 9
Figure 2 Location of SPRP intervention districts and the hierarchical levels of healthcare facilities in the national context 13
Figure 3 The Congo-Nile Divide and Agro-Climatic Zones of Rwanda. 14
Figure 4 Rubavu District Environmental and Health Profile 15
Figure 5 Nyabihu District Environmental and Health Profile 17
Figure 6 Rutsiro District Environment and Health profile 18
Figure 7 Ngororero District Environmental and Health profile 19
Figure 8 Karongi District Environment and Health profile 20
Figure 9 Rusizi District Environemental and Health Profile 21
Figure 10 Huye District Environmental and Health Profile 22
Figure 11 Nyaruguru District Environmental and Health Profile 23
Figure 12 Nyamagabe District Environmental and Health Profile 24
Figure 13 Ruhango District Environmental and Health Profile 25
Figure 14 Kayonza District Environmental and Health Profile 26
Figure 15 Bugesera District Environmental and Health profile 27
Figure 16 Gakenke District Environmental and Health Profile 28
Figure 17 Medical waste management hierarchy (RBC, 2020) 31
Figure 18 MoH structure of the Community Health Program 38
Figure 19 Implementation framework for the implementation of the ESMF for the SPRP AF 39
Figure 20 Grievance Redress Mechanism for the Rwanda SPRP and its AF 46

TABLES

Table 1 Rwanda SPRP eligibility criteria questionnaire for subproject/activity exclusion 5
Table 2 Key policy, legislation and regulations relevant to the Rwanda SPRP and its AF 7
Table 3 Summary of International Conventions and applicability to the RWANDA COVID-19 ERP 9
Table 4 Medical Waste quantities generated annually in 35 HCFs (Source: RBC 2019) 30
Table 5 Health care waste treatment and disposal as per level of HCF 31
Table 6 Stakeholder engagement plan for SPRP-AF as featured in the project SEP 44
Table 7 ES risk management budget for the SPRP and its AF 49

EXECUTIVE SUMMARY

Additional Funding for the Rwanda Stunting Prevention and Reduction Project

The Rwanda Stunting Prevention and Reduction Project (SPRP) was approved by the Board of Executive Directors on February 28, 2018, became effective on June 5, 2018, and was implemented for about four years. It has a total financing package of US$55 million consisting of an IDA credit (IDA-61870) of US$25 million, a US$20 million Power of Nutrition (PoN) Trust Fund grant (PoN TF Grant Number A6567), and a US$10 million Global Financing Facility (GFF) grant (GFF grant A6783). The Project Development Objective (PDO) is to contribute to the reduction in the stunting rate among children under five years of age (with a focus on those under two) in the targeted districts and provide an immediate and effective response in the case of an eligible crisis or emergency.

The SPRP underwent a restructuring in August 2019 that responded to the concerns Rwandan authorities expressed about the pervasive levels of chronic food insecurity, and their desire to focus more on improved complementary feeding and food-based approaches to stunting reduction. It involved the introduction of a new subcomponent under Component 1 (Prevention of Stunting at Community and Household Level) to support the government's fortified-blended foods (FBF) program in the 13 SPRP target districts, as well as the introduction of a Contingency Emergency Response Component (CERC) (Component 4) following the outbreak of Ebola Virus Disease (EVD) in neighboring Democratic Republic of Congo (DRC) in August 2018. The restructuring included the reallocation of US$13 million of the US$25 million IDA credit - US$8 million for the acquisition and distribution of FBFs and US$5 million for the EVD-CERC - to mitigate the over-the-border risks of the Ebola outbreak in the DRC. However, these funds have already been depleted (and overspent), creating additional financing gaps for other key SPRP activities.

The proposed additional financing (AF) will fill the financing gap created by the reallocation of resources during restructuring. This would ensure that the Project can meet its development objectives. The proposed AF would (i) support the replenishment of the financing gap that resulted from activating the CERC, which was financed through the reallocation of project funds from important Water, Sanitation and Hygiene (WASH) and Early Childhood Development (ECD) activities to a new FBF activity initiated after the first restructuring of the project; (ii) replenish the financing gap that resulted from exchange rate movements between the IMF's Special Drawing Rights (SDR) and the US dollar, which meant that the originally approved amount of the IDA of US$25M is now approximately US$22.67M; (iii) fill the financing gap left by other development partners that had made commitments to provide financial and operational support to key activities, including WASH, and provide essential nutritional commodities (multiple micronutrients) but ultimately did not fulfil their commitments. In addition, a $10 million Recipient Executed Grant from the Early Learning Partnership Trust Fund (ELP) will co-finance the proposed AF by supporting the establishment of additional childcare settings including model, center-based and community-based ECD settings; training of caregivers and other stakeholders involved in ECD service provision at all levels (from village to central levels); provision of tools and materials to existing home-based and newly established ECD settings in the Project districts, and; support peer-to-peer learning amongst home-based ECD centers to promote innovative practices. This support will thus contribute to bridging the gap in quality of ECD service provision across the different ECD settings and as well as increasing to ECD services to more children.

The AF will extend the implementation of project activities through to June 30, 2025, to allow more time and resources to reach the intended national goals. The proposed AF will therefore enable the full implementation of key preventative and curative nutrition activities to reach vulnerable populations, as well as facilitate the scale-up of priority activities critical for achieving the PDO. The PDO and implementation arrangements of the Project will remain unchanged.

In addition, the proposed AF will cover the costs of continuing the existing interventions for an additional 30 months, as requested by the Government of Rwanda (GoR) as well as support the scaling up of certain current activities. Despite Rwanda's success in managing the COVID-19 pandemic, the country

experienced disruptions in the delivery of essential health and nutrition services to young infants and pregnant and lactating women, as seen in other countries. This was primarily because of the stringent initial lockdown policies, which hindered people's ability to seek care and added to the cost and difficulty of using public transport, and because of the fear to seek care. The epidemic is expected to have had a significant effect on household incomes, consumption, and welfare, thus exacerbating the risks of acute malnutrition and stunting. Consequently, the GoR aims to increase investments in health and nutrition by (i) introducing innovative approaches at the community level such as moving from specialized community health programs to an integrated, competency-based model, as well as the introduction of a Community Nutrition Command Post; (ii) scaling up promising interventions such as multisectoral coordination and the home-based ECD model; and (iii) supporting existing community and facility-based health and nutrition services, including the granting of incentives to nutrition frontline workers and the complementary food-based approaches in favor of children ages 6–23 months and pregnant and lactating women from socioeconomically vulnerable households.

Additional Financing

The parent project with the PDO "to contribute to the reduction in the stunting rate among children under five (with a focus on those under two) in the targeted districts and provide an immediate and effective response in the case of an eligible crisis or emergency" and its four components have remained unchanged as shown below. There has been steady progress toward achieving the PDO, with the most significant being the decline in stunting prevalence among children under 2. According to the 2019–2020 DHS, stunting among children under 5 in the 13 intervention districts declined from 43.6 percent in 2015 to 36.6 percent. Among children under 2, stunting declined from 37.1 percent to 28.4 percent. Based on these 2019–2020 DHS data, the PDO indicator for stunting, with a target of a reduction to27.2 percent, has been nearly achieved. As of October 4, 2022, overall Project disbursement stands at US$48.4 million (89 percent disbursed). Moreover, the project continues to enjoy high-level political support and is well managed by the Single Project Implementation Unit in the Rwanda Biomedical Center (SPIU/RBC). The NCDA, which is an implementing agency of MIGEPROF, acts as a project co-implementer for community-level interventions and partner coordination, given its mission relating to child development, protection, and governance.

The SPRP technical design is focused on implementing best-buy interventions that are essential in addressing the underlying determinants of stunting, including adopting a multisectoral approach and testing how different interventions converge at the community and household levels. It is also complemented by social protection and agriculture operations.

Component 1. Prevention of Stunting at Community and Household Levels (US$ 61.4 million):

This component will continue to support high-impact health and nutrition interventions in the 13 priority districts but with a sharpened focus on community- and district-level approaches. The AF will be used to continue to support the community Performance Based Funding (PBF) for CHWs; relevant WASH activities for beneficiary households as well as in home-based ECD centers; and district-level response to enhance the districts' oversight, coordination, supervision, and implementation of the multisectoral nutrition activities outlined in their expanded plans including continued support to the FBF program to address chronic food insecurity. The AF will support rehabilitation of old water supply systems and existing ones that may need upgrading. The AF will support activities of refurbishing existing buildings and equipping them to be modern ECDs as well as the construction equipping and operation of new ECDs. The AF will also support the creation and operationalization of Command Posts at the sector level, whose goal would be to coordinate and improve the implementation of all interventions aimed at combating malnutrition including the peer-to-peer model for best practices of infant and young child feeding and caring.

Component 2. High-Impact Health and Nutrition Services (US$ 13 million):

The AF shall continue to support the implementation of the facility PBF initiative, for which early indications are showing improved delivery and utilization of essential Maternal and Child Health (MCH) and nutrition services. Competency-based training of health staff, and procurement of essential health and nutrition equipment, commodities, and supplies for health facilities will continue under the proposed AF. In addition, the maintenance of incinerators and other medical waste management equipment is still a challenge. RBC recently acquired new incinerators to replace some of the old ones. The AF resources will support healthcare waste management including maintenance of incinerators and other waste management needs.

Component 3. Monitoring & Evaluation and Project Management (total US$ 4.6 million):

The AF resources allocated to this component will support project coordination and monitoring and evaluation (M&E). The AF will also support the digitization of the Child Scorecard to increase efficiency, reduce recording errors, and improve data visualization and analytics to enhance data use at the district, sector, cell, and village levels. The AF will also finance the upgrade of the Integrated ECD Monitoring Dashboard to enhance its interoperability with other data-source systems and improve data utilization to inform the planning and budgeting process at the national and subnational levels. The strengthened monitoring system will enhance the government's oversight of multisectoral programs and the accountability of results.

Component 4. Contingency Emergency Response Component (CERC) (US$0 million):

This component will remain, but no AF will be allocated to it at this time.

Environmental and Social Risk Management

The Project is classified according to the World Bank Environmental and Social Risk Classification as Substantial risk based on the activities' type, location, sensitivity, scale, and nature, magnitude of potential risks and capacity of the implementing entity and commitment of the Government of Rwanda. The latest ISR of 06-Jun-2022 rated the Overall ESS Performance as Substantial. RBC has implemented all agreed Environmental and Social (ES) follow-up actions including the assessment of waste streams.

A healthcare waste streams status report was prepared in mid-2020 featuring medical waste types, volumes, transportation arrangements and disposal methods as well as availability or lack of wastewater treatment facilities. The information included the state of third-party commercial and hospital owned incineration services from monitoring data of the Rwanda Environment Management Authority (REMA) that is responsible for their operational regulations and pollution management. The report indicates that medical waste from all public healthcare facilities in the City of Kigali is treated in a third-party commercial incineration facility at Mageragere while COVID-19 related waste is incinerated by the same third-party operator at Gatsata both located within the city's jurisdiction. The healthcare waste stream status report makes the following observations: (i) Infectious and sharps waste is produced in large quantities and essentially needs incineration for appropriate disposal; (ii) REMA indicates that the majority of hospitals incinerators in the country (29 of 31) are in working order; (iii) Medical waste generated in state owned health facilities in the City of Kigali is transferred to third-party commercial incineration services; (iv) Cost generally limits the utilization of incineration services; (v) Health facilities resort to burning of medical waste; (vi) Cost of maintenance limits the proper functioning of incinerators; and (vii) Health Centers deploy inappropriate transportation of medical waste to hospital incinerators (mostly motorcycle services). The report recommends further research to gain an understanding of reasons for the observed differences in types and quantities of medical waste generated in healthcare facilities. Further research should also explore innovations to overcome medical waste transportation challenges in resource-poor healthcare facilities, based on homegrown solutions (e.g. based on electric-motorcycle transport); as well as exploring sustainable cost-recovery mechanisms in the currently costly incinerations services. The parent project continues to support healthcare waste streams data collection and monitoring in a capacity building

approach for healthcare workers, particularly Environmental Health Officers (EHOs) based in District Hospitals and Community Environmental Heath Officers (C-EHOs).

A grievance registration and resolution mechanism has been established at Health Centers (HCs) and District Hospitals (DHs). Grievances are handled by existing and operational Health and Safety Committees at health care facility (HCF) level under the supervision of a Health Facility Specialist in the Ministry of Health (MoH) at national level. The Health and Safety Committee Structure comprises a Chairperson, Focal Person, Committee Secretary, and committee members appointed from both Referral/District and HC staff for each level. The HCF Specialist monitors the work of Health and Safety Committees through regular reviews of HCF "Incident Reporting Forms" in lieu and reports on grievance and resolutions taken. The RBC has committed itself to sharing with the WB, grievances received through the existing mechanism as part of the progress reporting mechanism. Environmental Health Officers (EHOs) at DHs and Community Environmental Health Officers (CEHOs) at HCs were trained in ES risk management in effective implementation of GRMs.

The proposed third AF will continue to support and upscale parent project activities. The Project is designed to be environmentally and socially sound to prevent, avoid, mitigate, or compensate direct, indirect, cumulative environmental and social impacts. The AF will support activities of refurbishing existing buildings and equipping them to be modern ECDs as well as the construction equipping and operation of new ECDs. Although RBC has indicated that the ECDs will be established on government land and on land that has been donated to government for the purpose of establishing ECDs, legal documents to this effect i.e. official MoU duly signed by both parties have not yet been made available. ESS5 is therefore triggered under the circumstances.

The following ESSs are relevant to the implementation of the Rwanda SPRP and its AF:

ESS1: Assessment and Management of Environmental and Social Risks and Impacts,
ESS2: Labor and Working Conditions,
ESS3: Resource Efficiency and Pollution Prevention and Management,
ESS4: Community Health and Safety,
ESS5: Land Acquisition, Restrictions on Land Use, and Involuntary Resettlement
ESS10: Stakeholder Engagement and Information Disclosure.

Based on the requirements of these ESSs, the following ESF documents were prepared, consulted on, and disclosed for the parent project:

- Stakeholders Engagement Plan (SEP)
- Environmental and Social Management Framework (ESMF)
- Labor Management Procedures

This Environmental and Social Management Framework (ESMF) is intended to guide the RBC Single Project Implementation Unit (SPIU) as the project implementation team and project component activity proponents on the required Environmental and Social screening and subsequent project component activity assessment during implementation, including AF component activity-specific plans.

A Stakeholder Engagement Plan (SEP) was developed in accordance with the requirements of ESS10 to ensure all Project stakeholders are adequately engaged in all stages of Project activities. The Stakeholder Engagement Plan provides for identification, means and methods applied to approach and engage each group into the Project activities. Continuous consultation and monitoring at all levels will be done during the entire project implementation period. A Grievance Redress Mechanisms (GRM) as prescribed by the ESS10 has also been included in this ESMF (with an integrated Labor Management Plan) and SEP to ensure all Project stakeholders' grievances are heard and addressed in accordance with the laid down procedures. Capacity building is planned to address capacity constraints at all levels to ensure environmental and social issues are properly managed during planning, design, and implementation of the Project.

Additional Funding for the Rwanda Stunting Prevention and Reduction Project

1. Introduction

The World Bank provided support to the Government of Rwanda (GoR) for contributing to the reduction in the stunting rate among children under five years of age (with a focus on those under two) in the targeted districts and provide an immediate and effective response in the case of an eligible crisis or emergency.

This ESMF provides templates for relevant Environmental and Social risk management instruments that are necessary to provide guidance for the equipping, construction and operation of basic/primary healthcare and educational facilities in general. For small civil works under the SPRP-AF, the RBC and WASAC Single Project Implementation Unit (SPIU) will prepare an ESMP describing the works/activities to be conducted and the associated mitigation measures to be used to avoid or reduce environmental and social risks. The ESMP will also include the additional safety measures as provided in Annex A: Screening Template for Potential Environmental and Social Issues, Annex B: Health and Safety Guidelines for Equipping and Construction of ECDs, and Annex C: Environmental, Social, Health and Safety (ESHS) Impacts and Mitigation Measures for civil works for refurbishments and equipping of existing buildings and construction of new ECDs.

A description of the national Medical Waste Management Plan and its implementation arrangements is included is included in this ESMF. Other ESF instruments that were prepared separately for the SPRP-AF include a Stakeholder Engagement Plan (SEP), a Labor Management Procedures (LMP).

1.1. Background

The project relates to the World Bank Group's Investing in the Early Years initiative, which aims to reduce childhood undernutrition, ensure that children receive early stimulation and learning, and protect vulnerable children. It also relates to the Human Capital Project, which aims to enhance investment in people through nutrition, health care, quality education, jobs, and skills to help build human capital, a key to ending extreme poverty and creating more inclusive societies. Finally, the project remains highly relevant to the World Bank Group's twin goals to reduce poverty and promote shared prosperity because it continues to focus on service delivery at frontline levels and to incentivize integrated outreach services in reproductive, MCH, and nutrition services.

1.2. Rationale of the ESMF

The parent project involved injection procedures for child immunizations and health check for non-communicable illnesses procedures entailing use of sharps that can cause blood and other bodily fluids exposures. The project also generated plastic packaging waste from distributed fortified-blended foods (FBF). This ESMF assessed all issues in broad terms and identified potential impacts and possible mitigation measures that would guide project component or sub-project screening and in determining whether or not any further assessment is required. ES screening results determine whether or not there is a need to procure and commission site specific Environment and Social Impact Assessments (ESIAs). These documents are required to guide compliance of activities of the AF with the relevant laws and regulations of Rwanda and the World Bank Environment and Social Framework (ESF).

1.3. Purpose of the ESMF

The purpose of this ESMF is to guide the RBC Single Project Implementation Unit (SPIU) as the project implementation team and project component activity proponents on the ES screening and subsequent project component activity assessment during implementation, including component activity-specific plans of the SPRP - AF.

1.4. Scope of the ESMF

Parent project was initially prepared under World Bank safeguards policies and assigned Category B. Only OP4.01 Environmental Assessment had been triggered. The project PDO and geographic coverage will remain unchanged for the proposed AF. However, although most activities will to be for financial gap closing, there will also be scaling up of some activities and adopting of innovative approaches. In consideration of the up-scaling and adoption of innovative approaches, utilizing close to the same amount as the parent project, it was recognized that there is need to strengthen the scope of the ESMF to address GBV/SEA/SH, labor management and working conditions (including OHS), and community health and safety (CHS) issues. The ESMF for the AF as well as the SEP was therefore prepared under the ESF and the applicable laws and regulations of Rwanda. The preparation process for this ESMF involved the following steps:

a) Desktop research on the biophysical and social baseline for risks within the project coverage;

b) Development of screening procedure for negative environmental and social impacts for proposed project sites and project activities;

c) Identification of appropriate mitigation measures for the predicted impacts and compilation of a management plan for addressing environmental and social impacts during implementation, operation and maintenance of the project activities and;

d) Development of guidance for sub-project level Environmental and Social Management Plans.

Consultations are planned in the second half of Nov 2023 and will be carried out in accordance with the SEP for the AF.

2. Project Description

2.1. Rwanda SPRP

The Rwanda Stunting Prevention and Reduction Project (SPRP) was approved by the Board of Executive Directors on February 28, 2018, became effective on June 5, 2018, and was implemented for about four years. It has a total financing package of US$55 million consisting of an IDA credit (IDA-61870) of US$25 million, a US$20 million Power of Nutrition (PoN) Trust Fund grant (PoN TF Grant Number A6567), and a US$10 million Global Financing Facility (GFF) grant (GFF grant A6783). The Project Development Objective (PDO) is to contribute to the reduction in the stunting rate among children under five years of age (with a focus on those under two) in the targeted districts and provide an immediate and effective response in the case of an eligible crisis or emergency.

The SPRP underwent a restructuring in August 2019 that responded to the concerns Rwandan authorities expressed about the pervasive levels of chronic food insecurity, and their desire to focus more on improved complementary feeding and food-based approaches to stunting reduction. It involved the introduction of a new subcomponent under Component 1 (Prevention of Stunting at Community and Household Level) to support the government's fortified-blended foods (FBF) program in the 13 SPRP target districts, as well as the introduction of a Contingency Emergency Response Component (CERC) (Component 4) following the outbreak of Ebola Virus Disease (EVD) in neighboring Democratic Republic of Congo (DRC) in August 2018. The restructuring included the reallocation of US$13 million of the US$25 million IDA credit - US$8 million for the acquisition and distribution of FBFs and US$5 million for the EVD-CERC - to mitigate the over-the-border risks of the Ebola outbreak in the DRC. However, these funds have already been depleted (and overspent), creating additional financing gaps for other key SPRP activities.

The proposed additional financing (AF) will fill the financing gap created by the reallocation of resources during restructuring. This would ensure that the Project can meet its development objectives. The proposed AF would (i) support the replenishment of the financing gap that resulted from activating the CERC, which was financed through the reallocation of project funds from important Water, Sanitation and Hygiene (WASH) and Early Childhood Development (ECD) activities to a new FBF activity initiated after the first restructuring of the project; (ii) replenish the financing gap that resulted from exchange rate movements between the IMF's Special Drawing Rights (SDR) and the US dollar, which meant that the originally approved amount of the IDA of US$25M is now approximately US$22.67M; (iii) fill the financing gap left by other development partners that had made commitments to provide financial and operational support to key activities, including WASH, and provide essential nutritional commodities (multiple micronutrients) but ultimately did not fulfil their commitments; and (iv) extend the implementation of project activities through to June 30, 2025 to allow more time and resources to reach the intended national goals. The proposed AF will therefore enable the full implementation of key preventative and curative nutrition activities to reach vulnerable populations, as well as facilitate the scale-up of priority activities critical for achieving the PDO. The PDO and implementation arrangements of the Project will remain unchanged.

In addition, the proposed AF will cover the costs of continuing the existing interventions for an additional 30 months, as requested by the Government of Rwanda (GoR) as well as support the scaling up of certain current activities. Despite Rwanda's success in managing the COVID-19 pandemic, the country experienced disruptions in the delivery of essential health and nutrition services to young infants and pregnant and lactating women, as seen in other countries. This was primarily because of the stringent initial lockdown policies, which hindered people's ability to seek care and added to the cost and difficulty of using public transport, and because of the fear to seek care. The epidemic is expected to have had a significant effect on household incomes, consumption, and welfare, thus exacerbating the risks of acute malnutrition and stunting. Consequently, the GoR aims to increase investments in health and nutrition by (i) introducing innovative approaches at the community level such as moving from specialized community health programs to an integrated, competency-based model, as well as the introduction of a Community Nutrition Command Post; (ii) scaling up promising interventions such as multisectoral coordination and the home-based ECD

model; and (iii) supporting existing community and facility-based health and nutrition services, including the granting of incentives to nutrition frontline workers and the complementary food-based approaches in favor of children ages 6–23 months and pregnant and lactating women from socioeconomically vulnerable households.

2.2. Additional Financing

The parent project with the PDO "to contribute to the reduction in the stunting rate among children under five (with a focus on those under two) in the targeted districts and provide an immediate and effective response in the case of an eligible crisis or emergency" and its four components have remained unchanged as shown below. There has been steady progress toward achieving the PDO, with the most significant being the decline in stunting prevalence among children under 2. According to the 2019–2020 DHS, stunting among children under 5 in the 13 intervention districts declined from 43.6 percent in 2015 to 36.6 percent. Among children under 2, stunting declined from 37.1 percent to 28.4 percent. Based on these 2019–2020 DHS data, the PDO indicator for stunting, with a target of a reduction to27.2 percent, has been nearly achieved. As of October 4, 2022, overall Project disbursement stands at US$48.4 million (89 percent disbursed). Moreover, the project continues to enjoy high-level political support and is well managed by the Single Project Implementation Unit in the Rwanda Biomedical Center (SPIU/RBC). The NCDA, which is an implementing agency of MIGEPROF, acts as a project co-implementer for community-level interventions and partner coordination, given its mission relating to child development, protection, and governance.

The SPRP technical design is focused on implementing best-buy interventions that are essential in addressing the underlying determinants of stunting, including adopting a multisectoral approach and testing how different interventions converge at the community and household levels. It is also complemented by social protection and agriculture operations.

Component 1. Prevention of Stunting at Community and Household Levels (US$ 61.4 million):

This component will continue to support high-impact health and nutrition interventions in the 13 priority districts but with a sharpened focus on community- and district-level approaches. The AF will be used to continue to support the community Performance Based Funding (PBF) for CHWs; relevant WASH activities for beneficiary households as well as in home-based ECD centers; and district-level response to enhance the districts' oversight, coordination, supervision, and implementation of the multisectoral nutrition activities outlined in their expanded plans including continued support to the FBF program to address chronic food insecurity. The AF will support rehabilitation of old water supply systems and existing ones that may need upgrading. These water supply system rehabilitation works will entail refurbishing water collection chambers and concrete or stone water tanks; soil excavation and backfilling for removal of old water pipes and laying new water pipelines; rehabilitation of valve chambers, manholes; refurbishing pumping stations; refurbishing public taps and refurbishing or new installations of public facilities water connections. The AF will support activities of refurbishing existing buildings and equipping them to be modern ECDs as well as the construction equipping and operation of new ECDs. The AF will also support the creation and operationalization of Command Posts at the sector level, whose goal would be to coordinate and improve the implementation of all interventions aimed at combating malnutrition including the peer-to-peer model for best practices of infant and young child feeding and caring.

Component 2. High-Impact Health and Nutrition Services (US$ 13 million):

The AF shall continue to support the implementation of the facility PBF initiative, for which early indications are showing improved delivery and utilization of essential Maternal and Child Health (MCH) and nutrition services. Competency-based training of health staff, and procurement of essential health and nutrition equipment, commodities, and supplies for health facilities will continue under the proposed AF. In addition, the maintenance of incinerators and other medical waste management equipment is still a challenge. RBC recently acquired new incinerators to replace some of the old ones. The AF resources will

support healthcare waste management including maintenance of incinerators and other waste management needs.

Component 3. Monitoring & Evaluation and Project Management (total US$4.6 million):

The AF resources allocated to this component will support project coordination and monitoring and evaluation (M&E). The AF will also support the digitization of the Child Scorecard to increase efficiency, reduce recording errors, and improve data visualization and analytics to enhance data use at the district, sector, cell, and village levels. The AF will also finance the upgrade of the Integrated ECD Monitoring Dashboard to enhance its interoperability with other data-source systems and improve data utilization to inform the planning and budgeting process at the national and subnational levels. The strengthened monitoring system will enhance the government's oversight of multisectoral programs and the accountability of results.

Component 4. Contingency Emergency Response Component (CERC) (US$0 million):

This component will remain, but no AF will be allocated to it at this time.

The Contingent Emergency Response Component CERC is a zero cost component that will provide support in case of future emergency responses. As stipulated in the Environmental and Social Commitment Plan (ESCP), a CERC Manual shall be prepared that includes a description of the Environmental, Health and Safety (ESHS) assessment and management arrangements for its implementation in accordance with the World Bank Environmental and Social Standards (ESSs). The project shall also prepare, disclose, consult and adopt any environmental and social (E&S) management plans or instruments which may be required for activities under the CERC, in accordance with the CERC Manual, the Emergency Action Plan and the ESSs, and thereafter implement the measures and actions required under said E&S management plans or instruments, within the timeframes specified in said E&S management plans or instruments.

2.3. Eligibility criteria for exclusion of subprojects

The proposed AF activities will undergo eligibility criteria for investment or exclusion according to criteria based on the in-questionnaire format in Table 1. The RBC SPIU will fill-in the Table 1 questionnaire in order to determine eligibility of proposed subprojects for SPRP support. If the answer to any one of the questions in Table 1 is 'Yes', then the subproject will be redesigned to be acceptable according to relevant ESSs or excluded if redesigning is not possible. If on the contrary the answer is 'No' for all the above questions, then the subproject will proceed to Environmental and Social Screening (see Annex A for reference).

Table 1 Rwanda SPRP eligibility criteria questionnaire for subproject/activity exclusion

Subproject eligibility exclusion criteria question	Yes	No
1. Will the subproject involve activities that may cause long term, permanent and/or irreversible (e.g. loss of major natural habitat) impacts?		
2. Will the subproject involve activities that have high probability of causing serious adverse effects to human health and/or the environment?		
3. Will the subproject involve activities that may have significant adverse social impacts and may give rise to significant social conflict?		
4. Will the subproject involve activities that may affect lands or rights of historically marginalized people or other vulnerable minorities?		
5. Will the subproject activities likely to involve permanent resettlement or land acquisition or impacts on cultural heritage?		
6. Has subproject activity been prohibited in the ESMF for SPRP Additional Funding?		

2.4. Environmental and Social Screening of Subprojects

The screening process provides a mechanism for ensuring that potential adverse environmental and social impacts of the SPRP subprojects and its AF are identified, assessed, and mitigated as appropriate to comply with the Environmental assessment requirements are outlined in Rwanda's Law N°48/2018 on Environment and in the World Bank's Environmental and Social Standards, especially ESS1, ESS2, ESS3, ESS4, and ESS10. Subproject in the context of the Rwanda SPRP are project activities procured under a contract. Subproject ES measures therefore apply to sites where investments have been made.

A screening template is provided in Annex A to be used by the RBC SPIU for identifying the relevant Environmental and Social Standards (ESS1-10), establishing an appropriate ES risk rating for these subprojects and specifying the type of environmental and social assessment required, including specific instruments/plans. The screening form sets out a list of questions on the screening of ES risks and impacts, identifies the relevant ESSs for which the SPIU fills in Yes or No answers from which conclusions are reached for each subproject proposing an ES risk rating (High, Substantial, Moderate or Low) with justifications provided and ES Management Plans/ Instruments proposed.

Additional questions relevant to the AF have been added in the screening form relating to potential impacts of climate change or extreme weather. Subproject screening results are reviewed by the Rwanda Development Board (RDB) which holds a delegated mandate from the Rwanda Environment Management Authority (REMA) and the World Bank. ES instruments such as ESIA/ESMP, SEP, LMP and/or RAP are as appropriate prescribed for subprojects to ensure appropriate mitigation for subprojects whose risk ratings are indicated High, Substantial or Moderate by the screening results.

Subprojects whose risk ratings are indicated as Low, ESMPs instead of a full or partial ESIAs will be recommended. ES instruments are prepared by authorized consultants according to Article 31 of law n°36/2016 of 08/09/2016 establishing Rwanda Association of Professional Environmental Practitioners and determining its organization and functioning. The RBC-SPIU will recruit consultants to prepare the required ES instruments from SPRP-AF funds as necessary. RDB will review the ES instruments to ensure that the necessary mitigation measures are duly incorporated before certification for the subproject in question to proceed. This procedure is upheld for the SPRP AF.

3. Policy, Legal and Regulatory Framework

This Chapter discusses the key national legislation and regulatory framework that are directly relevant to the activities to be carried out by the Rwanda SPRP and its AF. ESSs and the WBG Environment Health and Safety Guidelines (EHS Guidelines) relevant to the project are discussed.

3.1. National Environmental Legislation and Regulatory Framework

Key environmental and other legislation and regulations and their applicability to the Rwanda SPRP and its AF activities are summarized in Table 2 below.

Table 2 Key policy, legislation and regulations relevant to the Rwanda SPRP and its AF

Policy/Law/Regulation	Key provisions	Applicability to Rwanda SPRP-AF
National Strategy for Transformation (2018-2024)	NST-1 Transformational Governance Pillar stipulates its Priority area 6 as "Increase citizens' participation, engagement and partnerships in Development". Environmental and Climate Change are key interventions.	NST1 requires that sub-projects apply ESIAs and principles of biodiversity and ecosystem management, pollution and waste management provided. These provisions are in alignment with ESS1, ESS3, ESS4 and ESS10.
National Environment and Climate Change Policy (2019)	Rwanda to be a nation that has a clean and healthy environment, resilient to climate variability and change that supports a high quality of life for its society.	Policy requires sub-projects to consider principles that complement ESF including: *Assessment of environmental risks and impacts for development projects; Mitigation and Adaptation; Information dissemination and community awareness raising in the conservation and protection of the environment.*
Health Sector Policy (2015)	Ensure and promote the health status of the population of Rwanda by providing quality preventative, curative, rehabilitative and promotional services.	The policy is given effect by the 2019-2024 Health Sector Strategic Plan aiming to strengthen country's focus to include decentralization of health services, development of primary care health system including early childhood development, and reinforcement of community participation in line with ESS4 and ESS10.
National Policy on Injection Safety, Prevention of Transmission of Nosocomial Infections and Healthcare Waste Management (2009)	Guidance to health professionals on Infection Prevention and Control through injections and other medical procedures and ensures that medical waste is safely managed and disposed.	The policy is aligned to ESS3, ESS4 and EHS Guidelines that are relevant to the SPRP and its AF regarding the enhancement of Infection Prevention and Control (IPC) related to safe injection practices and associated waste management during health checkups and immunization activities.
International health regulations (2005)	Aim to prevent, protect against, control and provide public health response to the international spread of disease with minimum interference to international traffic and trade.	The regulations are aligned with the WHO advisories and guidance documents that the GoR and WB are abiding by during preparation and implementation of the SPRP and its AF.
Law N°48/2018 on Environment	Article 3: Precautionary principle - Activities considered or suspected to have negative impacts on environment must not be implemented pending results of a scientific assessment ruling out the potentiality of such impacts.	The law applies for all subprojects of the SPRP and its AF and complements ESS1.

Policy/Law/Regulation	Key provisions	Applicability to Rwanda SPRP-AF
Ministerial order N° 003/2008 relating to the requirements and procedure for EIA	Provides roles and responsibilities of all participants in the EIA process and its General Guidelines and Procedure step-by-step.	The law will apply to sub-projects in carrying out full or partial EIA certification from RDB before any works start. The law is in alignment with ESS1.
Law no 66/2018 regulating labor in Rwanda The National Gender Policy, 2010 Law No. 59/2008 of 2008 on Prevention and Punishment of Gender-Based Violence	Stipulates several provisions for employment contract, Occupational Health and Safety (OHS) and general working conditions. Outlines principal guidelines on which sectoral policies and programs will base to integrate gender issues in their respective social, cultural, economic and political planning and programming This Law is aimed at preventing and suppressing gender- based violence	These laws will apply to sub-projects that will entail employment of workers to ensure their terms and conditions of work as well as health and safety comply and complement ESS2. These laws will also support measures of compliance with ESS4. Any form of discrimination, GBV, sexual exploitation and abuse (SEA) as well as sexual harassment (SH) will be prohibited in the SPRP and its AF. The project will put in place mechanisms and strategies to ensure Occupational Health and Safety (OHS) and community health and safety requirements in compliance with ESS2, ESS4 and the WBG EHS Guidelines.
LAW N° 04/2013 relating to access to information	Provides the public with right to information. This law enables the public to access information possessed by public organs and some private bodies. It also sets out the methods for promoting the publication and sharing of information.	The project will avail information and involve the public and project stakeholders in assessing activities, documents or records related to the project activities. The access to information law complements ESS10. SPRP-AF documents will be disclosed to the public in electronic and/or print forms as appropriate. These ESF documents for the SPRP-AF will be disclosed on MoH/RBC and WB websites.

3.2. Rwanda EIA process

In Rwanda, the environmental assessment procedure starts with the submission of a project description note to the RDB One Stop Center. RDB officials responsible for EIA then conduct field visits as part of a

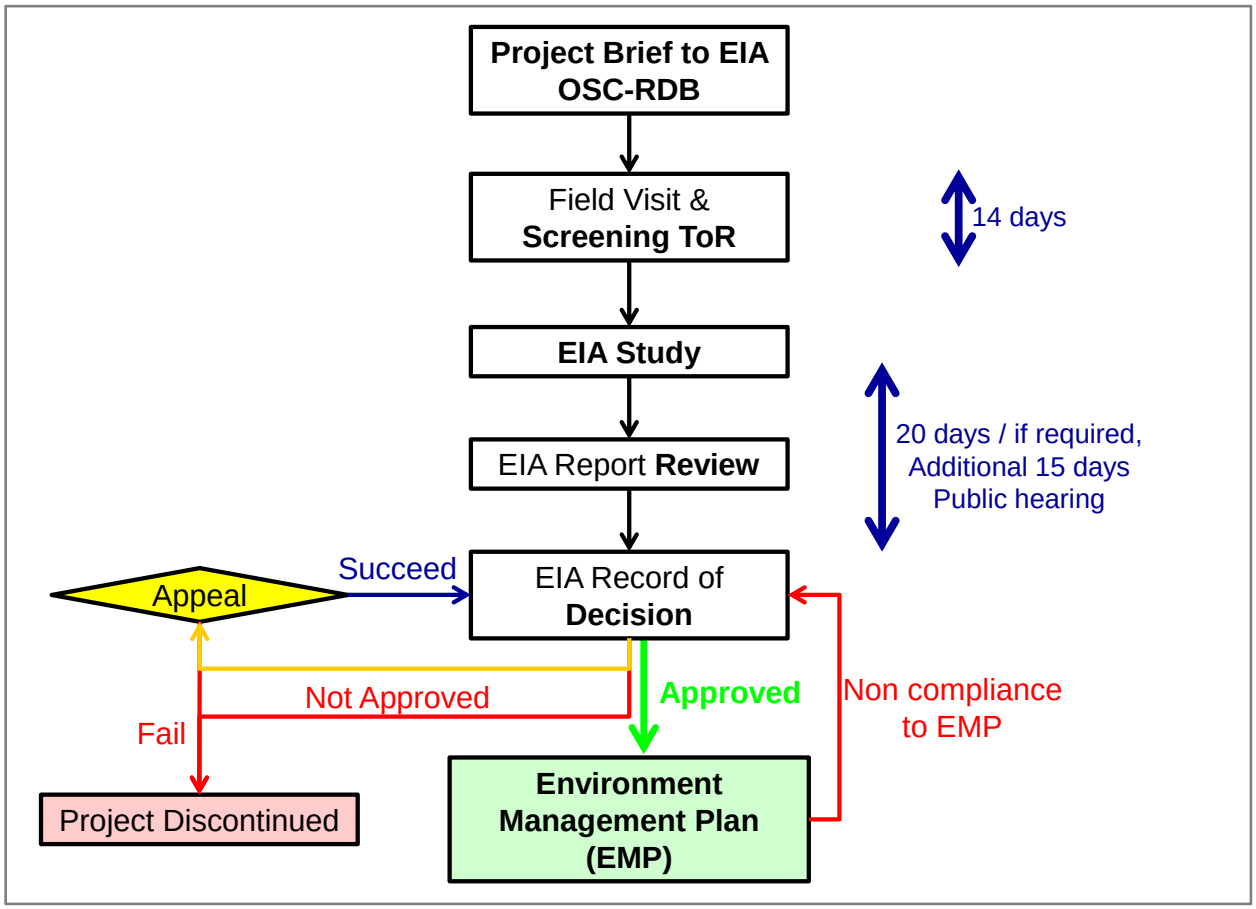


Figure 1 EIA Procedure in Rwanda according to current legislation of March 2020.

screening process. RDB then reviews the subproject screening results and prepares (or approves) ToR for a EIA study or an ESMP as appropriate. The project proponent then submits the EIA report or ESMP which is again reviewed by RDB and an EIA certificate to proceed is issued. If the project is not approved, the proponent is given an opportunity to appeal as shown in Figure 1.

3.3. International Conventions

The Environmental Impact Assessment (EIA) process in Rwanda operates within and towards the global concept of sustainable development. The process provides a basis for future international cooperation and conflict resolution concerning environmental impacts at a regional level. Rwanda signed and ratified international environmental and climate change conventions, some of which apply to the Rwanda SPRP and its AF as summarized in Table 3 below.

Table 3 Summary of International Conventions and applicability to the RWANDA COVID-19 ERP

International Treaty / Convention	Key provisions	Applicability to ERP
Stockholm Convention for Persistent Organic Pollutants (2017)	Aims to protect human health and the environment from persistent organic pollutants through measures to reduce or eliminate releases from intentional	The Convention complements compliance of the SPRP and its AF to ESS3 and ESS4 on waste management.

International Treaty / Convention	Key provisions	Applicability to ERP
	production and use; from unintentional production; and from stockpiles and wastes.	
Basel Convention for hazardous wastes and disposal	Ensures: generation and transboundary movement of hazardous wastes and other wastes is reduced to minimum; availability of adequate disposal facilities, for the environmentally sound management of hazardous wastes and other wastes; persons involved in the management of hazardous wastes or other wastes within it take such steps as are necessary to prevent pollution due to hazardous wastes and other wastes arising from such management and, if such pollution occurs, to minimize the consequences thereof for human health and the environment.	The Convention complements compliance of the SPRP and its AF to ESS3, ESS4, and ESS5 on waste management.

3.4. The World Bank Environment and Social Framework

The World Bank Environmental and Social Framework (ESF) sets out the commitment to sustainable development through a set of environmental and social standards (ESS) that are designed to support borrower projects. The ESSs lay out the requirements for Borrowers relating to the identification and assessment of environmental and social risks and impacts associated with projects supported by the Bank.

RISK CLASSIFICATION

The SPRP-AF is classified according to the World Bank Environmental and Social Risk Classification as Moderate risk based on the activities' type, location, sensitivity, scale, and nature, magnitude of potential risks, and capacity of the implementing entity and commitment of the Government of Rwanda.

ENVIRONMENTAL AND SOCIAL STANDARDS

The World Bank Environmental and Social Framework (ESF) comprises the following 10 ESSs:

ESS1: Assessment and Management of Environmental and Social Risks and Impacts
ESS2: Labor and Working Conditions
ESS3: Resource Efficiency and Pollution Prevention and Management
ESS4: Community Health and Safety
ESS5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement
ESS6: Biodiversity Conservation and Sustainable Management of Living Natural Resources
ESS7: Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities
ESS8: Cultural Heritage
ESS9: Financial Intermediaries
ESS10: Stakeholder Engagement and Information Disclosure

During preparation, based on conducted due diligence process, it was determined that ESS1, ESS2, ESS3, ESS4, ESS5 and ESS10 are relevant to the SPRP-AF.

ESS6 is not relevant to the Project. No activities involving the interaction of natural or agricultural ecosystems will be undertaken in any of the project sites and therefore ESS6 is not considered relevant.

ESS7 is not relevant to the Project as there are no persons categorized as Indigenous Peoples/Sub-Saharan Historically Underserved Traditional Local Communities within the proposed project interventions areas, nor is the project taking place in areas on which they rely for natural resources.

ESS9 is not relevant as there are no financial intermediaries in the Project.

The link below provides the requirements including the 10 Environmental and Social Standards (ESS) that apply to Borrowers and were assessed as relevant to the project during preparation: https://www.worldbank.org/en/projects-operations/environmental-and-social-framework/brief/environmental-and-social-framework-resources

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

This ESMF for the SPRP-AF builds on the parent project ESMF that was prepared following the CERC activation in 2020, to address urgent short-term needs for emergency preparedness and response capacity that entailed the rehabilitation of Ebola (EVD) treatment centers, EVD isolation rooms, Water, Sanitation and Hygiene (WASH) infrastructures at the Points of Entry as well as water supplies systems in the Health Facilities. This ESMF provides templates for the RBC Single Project Implementation Unit (SPIU) for preparation appropriate instruments to put in place measures for the avoidance or mitigation of potential negative environmental and social risks that may be a result of SPRP-AF activities, with a focus on the refurbishment, equipping, construction and operation of EDC facilities involving small civil works under the SPRP-AF.

ESS2 Labor and Working Conditions

Under the AF, the project will continue to train, mentor, incentivize and equip CHWs to continue to play a key role in project activities. CHWs are contractual volunteers with the government's Community Healthcare Programme and receive financial compensation through Performance Based Financing (PBF) based on a set of performance indicators from monthly reports. CHWs are organized in cooperatives with legal persona and receive incentive payments for their services through the program's Performance Based Financing (PBF) system.

Details of compliance of project worker deployment under the AF to Rwandan labor laws and to the ESS2 requirements are provided in the separate LMP document of the SPRP-AF. All issues of concern for direct and contracted workers are documented in the LMP. A grievance mechanism will be made available to all personnel and CHWs involved in project activities and can report any issues associated with OHS and / or labor and working conditions. The mechanism includes contact details for submission of grievances, timelines for responses and escalation procedures.

ECDs which will receive project funding will, implement the measures listed below, which are also provided in the LMP document for the SPRP-AF:

- Develop a procedure for protection of workers according to the laws relating to labor in Rwanda and in accordance with General World Bank EHSGs and follow evolving international best practice.
- Prohibit the use of forced labor in ECD facilities as per the 2018 Rwanda Labor Law.
- Develop a basic, responsive grievance mechanism to allow workers, personnel and CHWs to quickly inform management of labor issues.

ESS3 Resource Efficiency and Pollution Prevention and Management

Activities of refurbishment of buildings and construction of new ECDs can generate waste that can have a significant impact on the environment (including soil and groundwater) or human health. The project will continue to prepare a healthcare waste stream status reports and include wastes from AF activities.

ESS4 Community Health and Safety

The project design itself actively promotes sound community health and safety practices through the activities for stunting prevention and reduction. The RBC-SPIU will ensure that SPRP-AF activities maintain hygiene and waste management practices according to the ICWMP.

The implementation AF activities will ensure the avoidance of any form of Sexual Exploitation and Abuse by relying on Rwandan laws for all personnel working in the establishment and operation of ECD facilities,

as well as the provision of gender-sensitive infrastructure such as functionally segregated toilets. In case ECDs are to be protected by security personnel, it will be ensured that the security personnel follow strict rules of engagement including possible training/ guidelines provision.

ESS10 Stakeholder Engagement and Information Disclosure

The project has prepared a separate SEP that will be publicly disclosed to ensure early, continuous, and inclusive stakeholder engagement (including vulnerable/disadvantaged groups). A stakeholder engagement plan and information disclosure plan are elaborated in Chapter 7 of this ESMF.

Environmental, Health and Safety (EHS) guidelines from the WBG

The World Bank Group has produced the Environmental, Health and Safety (EHS) guidelines to ensure government/borrowers apply industry and international good practices and standards for pollution, waste management, etc. Rwanda project will consult and apply these guidelines as relevant in the project development. The EHS guidelines can be accessed by the link following links:

i. World Bank Group General EHS Guidelines
ii. World Bank Group EHS Guidelines - Health Care Facilities
iii. World Bank Group EHS Guidelines - Hazardous Materials Management
iv. World Bank Technical Note on Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings
v. Guidelines on Prevention of GBV/SEA
vi. World Bank Good practice note on road safety.

The above WBG guidelines apply to sub-projects under Components 1 and 2 of the projects (including activities under the AF).

4. Environmental and Social Baseline

4.1. Environmental and Social Profile of SPRP

The parent project and its AF are implemented in 13 of Rwanda's 30 districts, based on a selection criterion set forth by the government. The project intervention districts comprise Gakenke, Nyabihu, Ngororero, Rubavu, Rutsiro, Karongi, Rusizi, Nyaruguru, Nyamagabe, Huye, Ruhango, Bugesera and Kayonza. Figure 2 displays the location of the 13 SPRP intervention districts within the country context, covering administrative centers, road network, and geographic features including hydrology and protected areas as well as the hierarchy of the healthcare facilities indicating the positioning of Health Centers, District Hospitals, Provincial Hospitals and Referral Hospitals.

Figure 2 Location of SPRP intervention districts and the hierarchical levels of healthcare facilities in the national context

Rwanda is characterized by a dense hydrological network of lakes, rivers, streams, and wetlands (Figure 3). The western region is one of the provinces of Rwanda, in which 6 of the 13 SPRP intervention districts are located, lies in the Congo basin that receives about 10% of territorial water. Rwanda's part of Congo basin is mainly drained by the Sebeya River into Lake Kivu at the edge of urban center of Rubavu Secondary City. The 300km long Lake Kivu itself is drained by the Rusizi River and exits the country at the frontier city of Rusizi with the City of Bukavu, DRC, flowing through Burundi into Lake Tanganyika. Lake Kivu is one of the African Great Lakes as the eighth largest in the continent with a surface area of 2,700 km^2 and an average depth close to 480m. Lake Kivu lies in the world-renowned biodiversity hotspot,

the Albertine Rift at 1,460 m.a.s.l and is shared with the neighbouring Democratic Republic of Congo to which close to 60% belongs.

The eastern two-thirds of the Rwanda lies in the Nile basin that receives 90% of the country's total water and is mainly drained by the Nyabarongo River that is considered the Albertine Rift headwaters of the River Nile. The Nyabarongo originates in the Nyungwe Forest in the south-west and flows north parallel to the Congo-Nile Divide and turns south-west as it is joined by the Mukungwa River. At Kigali, the Nyabarongo River is joins by Akanyaru River to become the Akagera River that flows into Lake Victoria and emerges as the River Nile.

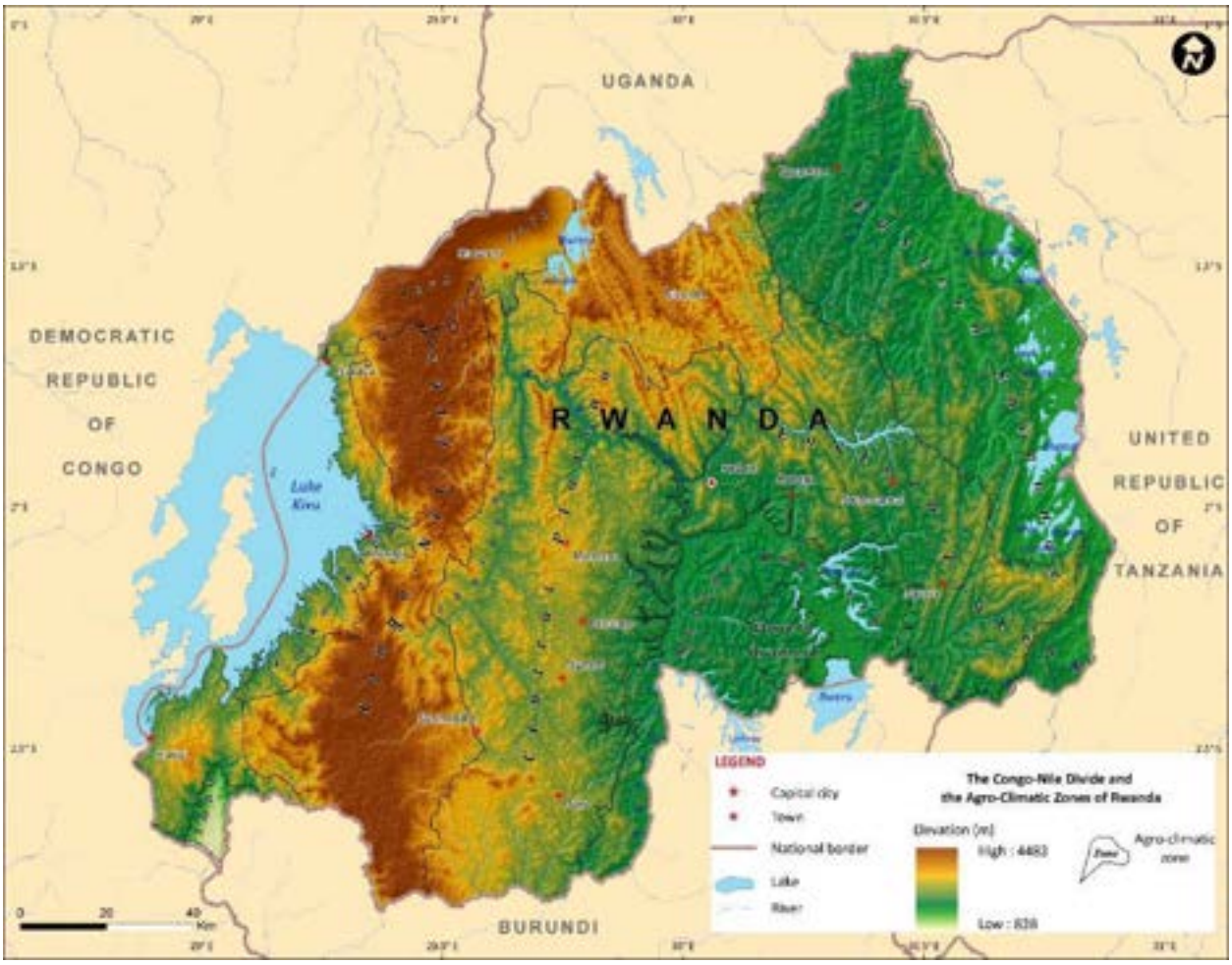


Figure 3 The Congo-Nile Divide and Agro-Climatic Zones of Rwanda.

Rwanda's rugged terrain with high rainfall is characterized by the iBirunga volcanic mountain chain and the high altitude v-shaped wetland valleys and lakes of the Rugezi-Burera-Ruhondo lake-wetland complex in Rubavu, Nyabihu, Musanze Burera and Gicumbi districts on the country's northern frontiers with Uganda and the Democratic Republic of Congo. The drainage spreads out in the eastern lowlands, meandering to form the lakes Rweru-Mugesera and the Akagera wetland complexes. The wetland complexes are endowed with a rich mosaic of biodiversity as the Akagera River flow proceeds east and curves north alongside the Akagera National Park that marks the frontier with Tanzania. The Muvumba high volume perennial river that flows through the Nyagatare Secondary City center joins the Akagera at the Kagitumba border town where it exits the country. Specific district environmental and social profiles relevant to SPRP implementation activities are presented in the proceeding sections featuring

environmental, social, and geo-physical baseline information, based on field visits, RBC data and literature review.

Land acquisition status on the establishment and construction of ECDs

The AF will support the refurbishment, repurposing and equipping existing buildings into ECDs as well as support the construction of new ECDs in the 13 intervention districts. A total of 45 ECDs will be established comprising:

- 6 ECDs (4 model ECDs, 2 community based) in Bugesera districts;
- 2 community based ECDs in Gakenke district;
- 3 ECDs (1 model, 2 community based) in Huye district;
- 6 ECDs (4 center based, 2 community based) in Karongi district;
- 2 community based ECDs in Kayonza district;
- 2 community based ECDs in Ngororero district;
- 2 community based ECDs in Nyabihu district;
- 6 ECDs (4 center based, 2 community based) in Nyamagabe district;
- 2 community based ECDs in Nyaruguru district;
- 3 ECDs (1 model, 2 community based) in Rubavu district;
- 6 ECDs (4 center based, 2 community based) in Ruhango district;
- 3 ECDs (1 model, 2 community based) in Rusizi district; and
- 2 community based EDCs in Rutsiro districts.

53% (24) of the ECDs will be established on government land, 20% (9 ECDs) on donated Catholic Church land, 11% on donated ADEPR Church land, 11% (5 ECDs) on donated EAR Church land and 2% each on donated UEBR and Methodist Church lands. It is noted that the land donation has not been confirmed with legal documents as procedural.

Rubavu District

Rubavu District is one of the seven districts that make up the Western Province. It is located on the northern shores of Lake Kivu and hosts the western part of the Volcanoes National Park and Gishwati-Mukura National Park (Figures 2 and 3). The District of Rubavu presents two main relief categories: a plain area and a mountainous area with an altitude ranging between 1500m to 1700 m a.s.l. The hilly areas include Mount Rubavu and others are found in Nyamyumba and Rugerero sectors in the Southeast. The northwestern part of the district has rich volcanic soils formed from the decomposition of lava, but they are shallow. This contrasts with the southeastern side where soils are mainly sandy clays, which are deep and often acidic.

Figure 4 Rubavu District Environmental and Health Profile

Rubavu's neighbours include Nyabihu district to the East and Rutsiro District to the South. To the North and West, it shares an international border with Goma city in the DRC. It has a total surface area of 388.3 km^2 with a total population estimated at

403.662 (2014). The population density is 1039/km^2. The population is slightly out-balanced by females which account for 51.7%. The EICV4 reported that 98.4% of the households in Rubavu District had access to improved water source for the period 2013/2014, this was above the national average of 85%. The mean distance to fetch water from improved source was 412.8 meters. The district is served by 14 Health Centers and the Gisenyi District Hospital.

Nyabihu District

As mentioned above, Nyabihu is a frontier District along with Rubavu and Musanze in co-hosts the part of the Volcanoes National Park to the North and Gishwati-Mukura National Park to the South. Its physical characteristics are similar to those of its neighbours Rubavu and Musanze. Nyabihu is in the region in which resident communities are vulnerable to the adverse effects of climate change. The impact of climate change has been evident through the floods and droughts that occur with increasing frequency and magnitude. The volcanoes region is characterized by frequent heavy rainfall and floods that pose socio-economic challenges such as landslides, soil erosion, crop and livestock losses, and infrastructure damage that leads to human injuries and deaths.

Figure 5 Nyabihu District Environmental and Health Profile

Nyabihu has a population of 294,740 residents in Nyabihu district according to the 2012 census. The population is predominantly female with 156,941 females corresponding to 53.2% of the total population. The EICV4 reported 86.2% access to improved drinking water source, slightly above the national average of 85% and improved sanitation at 70.5%, below the national average of 74.5%. Nyabihu is served by 16 Health Centers and the Shyira District Hospital.

Rutsiro District

Rutsiro district is one of the seven districts of the Western Province. Rutsiro District is bordered with the District of Ngororero to the East, Rubavu District to the North, Karongi District to the South, and to the West Rutsiro District is separated with DRC by the Lake Kivu. The district covers a total surface area of 1.157,3 km2 with an estimated population of 324.654 inhabitants as per the census done in 2012. The population was dominated by females that account for 52% of the total population. The population density is estimated at 281inhabitants/km2.

Figure 6 Rutsiro District Environment and Health profile

The relief of Rutsiro District is characterized by a chain of mountains and plateaus respectively with an altitude that varies between 1,400 meters at the edge of Lake Kivu and 2,600 meters beyond the top of Mount Crete Congo-Nile. The relief of the District is further characterized by the channel on the Congo Nile hosting the natural forest elevation Gishwati. Rutsiro soil is basaltic, generally permeable, and rich in iron. It is an acid soil with an average content of clay group karyokinesis. In some places on Lake Kivu, it is possible to find some derived phyllodes soils, clay, hard, containing quartz crystals and semi-strongly leached quartz. They are very susceptible to erosion and therefore less fertile.

The EICV4 done by NISR shows that over 2013/2014 period 77.5% of the Rutsiro District households had access to improved water source, whereas at the national level the access to improved water source was at 85%. The mean distance covered to the nearest improved water source was 490 meters for Rutsiro District as indicated in the EICV4. Rutsiro District is served by 18 Health Centers and the Murunda District Hospital.

Ngororero District

The District of Ngororero is situated in the Northwestern region of Rwanda and is one the seven districts of the Western Province. It shares its borders with Gakenke District to the Northeast, Nyabihu District to the North, Karongi District to the South, to the East there is Muhanga District, and Rutsiro District to the West. Ngororero District has a surface area of 679 Km² with 333,713 inhabitants (53.7% female and 46.3% male). Its population density is 493 inhabitants /Km2.

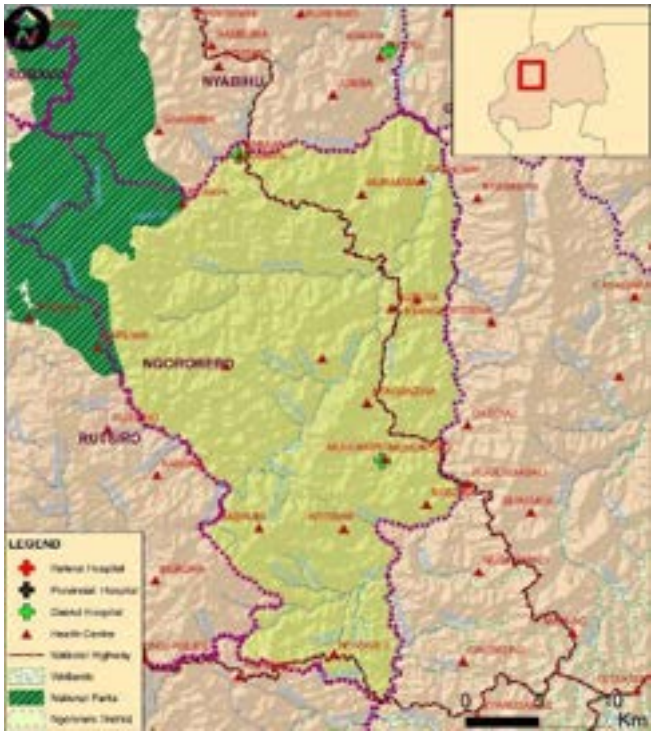


Figure 7 Ngororero District Environmental and Health profile

The District has a relief characterized by high mountains with very steep slopes that flow into valleys. The altitude varies between 1,460 m and 2,883 m above sea level. The higher peaks are found in Gishwati forest along the Congo-Nile Crete with Mugano (2,842.1 m) and Butimba (2,833.5 m) as the highest points.

According to EICV4 results published by the NISR in 2016, for the period of 2013/2014, 81.2% households of Ngororero District had access to an improved water source. This figure was below the national average which stood at 85%. The mean distance made by the residents of Ngororero District to nearest improved water source was 558.1 meters according to the EICV4. Ngororero District is served by 14 Health Centers and the District Hospitals of Muhororo and Kabaya.

Karongi District

Karongi District, one of seven Districts of the Western Province is located in the center of the along the Lake Kivu coastline. The district has as its neighbours, the districts of Rutsiro to the North, Ngororero and Muhanga Districts to the North-East, Nyamagabe Districts to the South, Ruhango District to East. Karongi District has a surface area of 993 km^2 with an average altitude of between 1,470 and 2,200 m.a.s.l., an annual average of temperature range of between 16^0C to 25^0C and an annual rainfall of between 1,100mm and 1,500 mm.

The EICV4 indicated that 82.8% of the households in Karongi District has access to and improved water source, slightly below the national average of 85%. It also indicates access to improved sanitation at 76.6%, also below the national average of 74.5%. Karongi District is served by 24 Health Centers and the District Hospitals of Mugonero and Kirinda as well as by the Referral Hospital of Kibuye.

Figure 8 Karongi District Environment and Health profile

Rusizi District

The district of Rusizi shares an international border with the Democratic Republic of the Congo (DRC) and Burundi to the west separated by the River Rusizi and Lake Kivu. To the north, it is bordered by Nyamasheke district and by Nyamagabe and Nyaruguru districts to the east. It covers a total surface area of 940.95 km2 and is populated by 404,714 inhabitants which make a density population of 399 inhabitants/Km2.

Figure 9 Rusizi District Environemental and Health Profile

Rusizi district's topography is a combination of plains, valleys and mountains in a region that is seismically active. The altitude of Bugarama plain ranges from 800-900 m and the area's geological features include hot springs at Bugarama. There is a chain of plateaus averaging 1,600 m moving into the Congo-Nile Ridge. The mountainous sectors include Butare, Gitambi, Nzahaha and Rwimbogo sectors. The part of the district that borders the southern end of Lake Kivu is underlain with Haplic Acrisols. Towards the west, away from the lake, the soils become Humic Acrisols. Acrisols are rich in clay, have low fertility, high aluminum content and are heavily weathered. The soils are permeable, rich in iron and fertile supporting a range of crops including banana, beans, cassava, coffee, maize, rice, tea and other horticultural crops.

The EICV4 done by the NISR reported that 83.9% households in Rusizi District had access to the use of improved water source for the period 2013/2014, slightly lower compared to national average (84%). The mean distance to improved water source reported was 387.7 meters. Rusizi District is served by 19 Health Centers and the District Hospitals of Mibilizi and Gihundwe.

Huye District

The Huye District covers an area of 581.5 km^2. Its neighbouring districts are Nyanza in the North, Gisagara in the East, Nyaruguru in the South and Nyamagabe in the West. Huye's topography is characterized by hills and valleys. The district becomes increasingly mountainous toward the west-northwest, culminating in the Huye Mountains, which reach a height of over 2,000 m.a.s.l. The temperature varies between 11°C and 28°C.

The population of Huye District is 328,398 (158,104 males and 170,294 females) and a population density of 565/km^2. The EICV4 indicated that 96% of the households in Huye District have access to and improved water source, slightly below the national average of 85%. It also indicates access to improved sanitation at 71.7%. Huye is served by 17 Health Centers as well as the District Hospital of Kabutare and the Referral University Teaching Hospital of Butare.

Figure 10 Huye District Environmental and Health Profile

Nyaruguru District

Nyaruguru district is in the Southern Province and the most southerly in Rwanda. In the East, Nyaruguru borders with Huye and Gisagara Districts, Nyamagabe District in the North, in the West, it shares borders with the Western Province (Rusizi District) and the Republic of Burundi in the South. The district of Nyaruguru has a surface area of 1,010 km² with a population density is 291 inhabitants/km2. As per the 4th Population and Housing Census report in 2012, the population of Nyaruguru district was estimated to be 294,334 of whom 52.7% are females while males make 47.3%.

Figure 11 Nyaruguru District Environmental and Health Profile

The altitude of Nyaruguru district varies between 1500 and 2300 meters. It is a mountainous region consisting of hills taking the aspects of peaks. It is the home of the chain of high mountains known as "IBISI" located in the Nyagisozi and Rusenge sectors. The soils are generally clayish and sandy with some aggregate of stones. The soil is predominantly acidic with pH between 5 and 5.5. Such soil needs amendment with lime.

The EICV4 report done by the NISR shows that for the period of 2013/2014 73.8% households of Nyaruguru District had access to improved water sources, this proportion was lower than the national average which was estimated at 85%. According to EICV4, in Nyaruguru District the mean distance to nearest improved drinking water source was 600 meters. Nyaruguru District is served by 16 Health Centers and the Munini District Hospital.

Nyamagabe District

Situated in the South-West of the Southern Province, the District of Nyamagabe is one of the 8 Districts comprising the Southern Province. It is surrounded by the Districts of Karongi and Ruhango in the North, Nyanza and Huye inthe East, Nyaruguru in the South, Rusizi and Nyamasheke on the West. Nyamagabe District has 1090 km2. The results of the 4th Rwanda Population and housing census of 2012, the population of Nyamagabe was estimated to 341,491 with 52.8% female. The density of the population is strictly low 313 inhabitants/km2, this is justified by the fact that 48 864 ha (41% of the total land) is covered by forests.

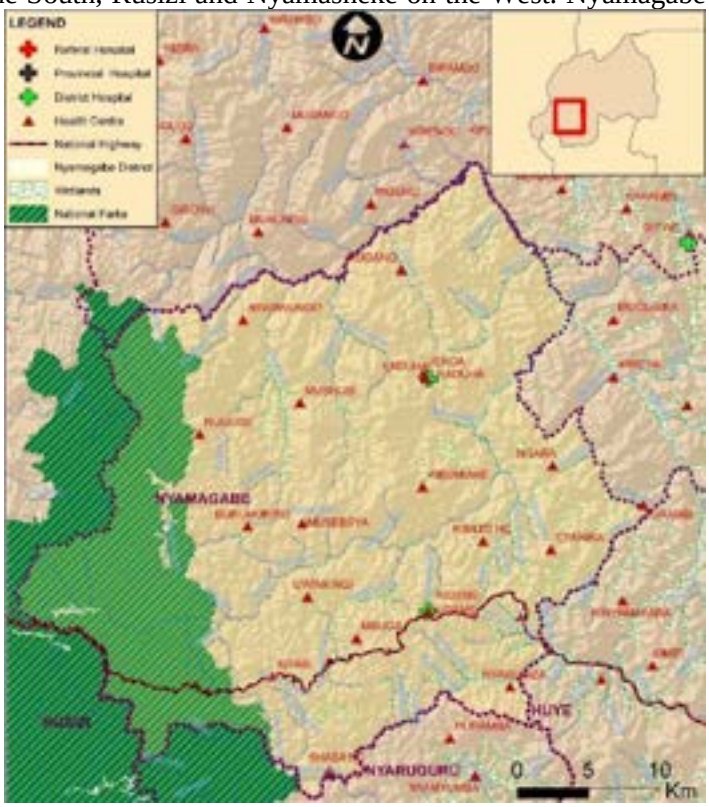


Figure 12 Nyamagabe District Environmental and Health Profile

Nyamagabe District has an average altitude varying from 1800 to 2700 m. It has uneven altitude with some summits going beyond 3000 meters high. The altitude increases when approaching Congo-Nil Crater. Nyamagabe District relief is characterized by jagged and irregular slopes ranging from 60° to 120° making soils susceptible to soil erosion and degradation. The soils are generally acidic in nature with a pH ranging from 3.6 - 5. This generally implies a very poor soil which is saturated with aluminium cations implying its low agricultural productivity unless organic and mineral fertilizers are added.

According to EICV4 the District of Nyamagabe records 79.9% of households that access safe and clean drinking water, the national status was at 85%. Furthermore, EICV4 shows the progress observed in the average mean time used to reach to improved water source stands at 9.5minutes and it is quite shorter than the mean time of the whole country which is at 11.2 minutes. Nyamagabe District is served by 19 Health Centers and the District Hospitals of Kigeme and Kaduha.

Ruhango District

Ruhango district is one of the districts in the Southern Province bordered by Muhanga district in the North, Kamonyi in the Northern East, Karongi in the North Western, Nyanza District in the South, Nyamagabe district in the South Western and Bugesera in the South Eastern. The district lays due-north of the southern province Headquarter at Busasamana Sector in Nyanza District, straddling the major road from Kigali to Bujumbura at central geographic coordinates: Latitude of -2.22 and Longitude of 29.77 and elevation: 1782 m covering. Ruhango district has a surface area of 622 km2 and an estimated population of 319,885 inhabitants of which 167,810 are women and 152,075 are men.

Figure 13 Ruhango District Environmental and Health Profile

The relief of Ruhango District is inclined from West to East. Its highest point is Mayuzwe hill in Mbuye Sector situated at 2,112 meters of altitude and the lowest point is located at 1,300 metres of altitude in the Akanyaru valley. Soil characteristics in most of Ruhango district comprise sandy soil with less water retention capacity. Soil structure is dominated by humidified kaolisol that resulted from granite, gneissic and schist rock. The soils feature as substantial zone of deep fertile soil that is good for cultivation. Both sites for school construction are located in public land under the custodianship of the GoR.

The Ruhango District Development Plan (2018-2024) notes from the EICV3 done by NISR in 2012 that only 58.7% of the population of Ruhango district have access to improved water source, whereas the national level the current status is actually 74.2%. The DDP also notes from the report that the medium distance run to fetch the source of water is at around 855metres. Ruhango District is served by 14 Health centers as well as the Gitwe District Hospital and Ruhango Provincial Hospital.

Kayonza District

Kayonza District is one of the seven districts constituting the Eastern Province. It borders with Gatsibo District in the North, Rwamagana in the East, Ngoma in the South–West, Kirehe in the South East and the Republic of Tanzania in the East. Kayonza District covers a surface area of 1,954 km2 with a population size of 346, 751 people, and a population density of 179individuals/km2.

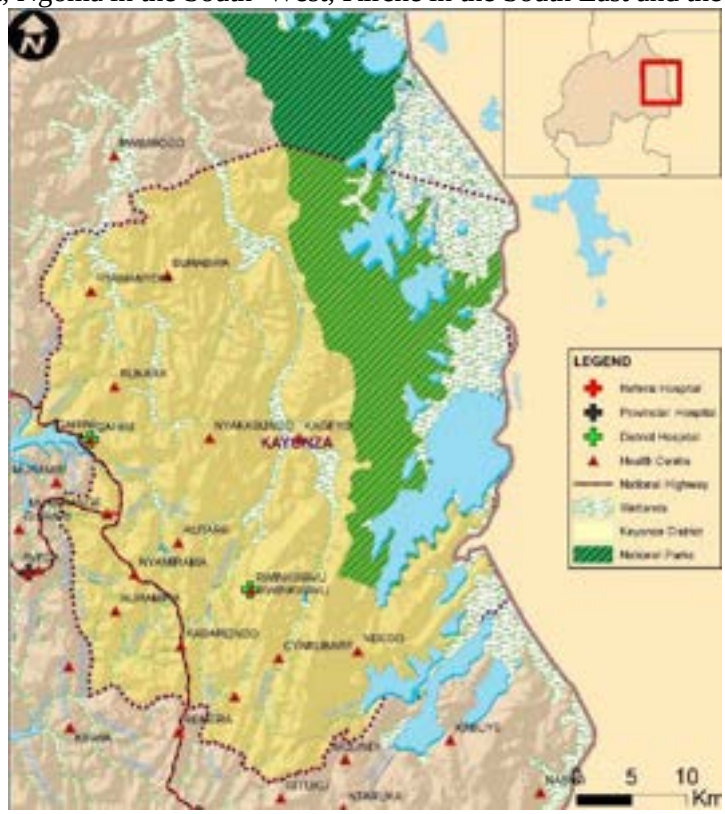


Figure 14 Kayonza District Environmental and Health Profile

The relief of Kayonza District is made of many hills and slopes whose altitude varies between 1400 and 1600 m. The relief is distinguished by the plates at broad tops and the hills with soft slopes except in the East where one can find some stiff slopes and stony. The soils are very fertile in almost its sectors. Most of the soils are loamy and few others are sandy with loam mixture. In some boggy areas, clay soil may be found.

In the period between 2013/2014, EICV4 results by the NISR reported that 88.2% of the households in Kayonza District were using improved water source, which was above the national status (85%). The reported distance to the nearest source of improved water was 490.6 meters, below the national average 530meters. Kayonza District is served by 15 Health Centers as well as the District Hospitals of Gahini and Rwinkwavu.

Bugesera District

Bugesera is one of the seven districts of the Eastern Province in Rwanda. It covers a total surface area of 1337 Km² with a population of 363,339 in 2012: and a population density of 282 inhabitants/km2 (General population census 2012). It borders with the Republic of Burundi in the South, Ngoma district to the East, Kigali City (Kicukiro and Nyarugenge Districts) and Rwamagana District to the North. The district is sandwiched between Rivers Nyabarongo and Akanyaru which converge at the southern part to form Akagera River.

The relief of Bugesera District is distinguished by a mixture of a succession of low-plateaus and undulating hills and dry valleys with an altitude ranging between 1,100 m and 1,780 m. Some of the dominating hills are Kabuye (1,772m) and Juru (1,667 m). The soils are generally sandy with a low quantity of humus and are very permeable. In summits of some plateaus located in the center and the north of the District, the soils are often made of ochre clay, whereas the sides and the tops of the plateaus are made up of rocks and schist which contain gravel, lateritic soil and quartz.

Figure 15 Bugesera District Environmental and Health profile

The EICV4 done by NISR showed that 69.5% households in Bugesera District were using improved water source for 2013/2014 period, this was below the national average (85%). The distance covered to reach the nearest improved water source was in average 711 meters. Bugesera District is served by 15 Health Centers and the Nyamata District Hospital.

Gakenke District

Gakenke District is one of the five Districts of the Northern Province. It extends to a total surface of 704.06 $km^{2.}$ It is neighbours with Rulindo District to the East, Burera and Musanze to the North and Rulindo District to the South, and in the West by Ngororero and Nyabihu Districts. Gakenke District has an estimated population of 382,932 with a population density of 540 inhabitants/km^2. The population is dominated by women corresponding to 50.4% of the total population.

Figure 16 Gakenke District Environmental and Health Profile

Gakenke District belongs to the agro-bio climatic zone of Central Plataeu with an average altitude of 2100 m.a.s.l. The relief of Gakenke District is characterized by steeply sloping hills connected either by valleys steep-sided or by flooded marshes. The highest points are Bisaga and Kabyaza with 2, 401 and 2, 392 m.a.s.l, respectively. The district has a humid climate with the average annual temperature varying between 16^0C and 29^0C. The district's rainfall has a high rainfall, ranging between 1, 100mm and 1, 500 mm per year.

The EICV4 by the NISR for 2013/2014 period indicates that 84.5% of households in Gakenke District were using improved water sources, this was less than a percentage point to the national average (85%). The EICV5 reported that 71% of households in Gakenke District have access to an improved water source whereas 94.7% (EICV5). Gakenke District is served by 23 Health Centers and the District Hospitals of Nemba and Ruli.

4.2. Rwanda Healthcare System

The Rwanda health system consists of twelve national referral hospitals, including the King Faisal Hospital (KFH), University Teaching Hospital of Kigali (CHUK), University Teaching Hospital of Butare (CHUB), Rwanda Military Hospital (RMH)[1] and the Ndera Neuropsychiatric Hospital (HNP). The system also includes thirty-six District Hospitals and 495 Health Centers. Since 2011, the GoR established District Hospitals at the core of health service delivery through the District Health System (DHS) which comprises the district hospitals and a network of health centers either public, government assisted (including Faith Based Organization owned), not for profit or private. The country's health facility distribution by district is displayed on the map in Figure 3 above. Beneficiaries of SPRP in the 13 districts include 22 of 35 District Hospitals of the country. The 22 District Hospitals serve 534 (of 549) Health Centers in their service catchment areas within 989 (of 2,148 Cells) and 6,564 (of 14,837) Villages in Rwanda.

In Rwanda (HCFs) do not have formal environmental health and safety performance monitoring systems for air emissions, ambient air quality, potable water availability nor for waste water. However, as mentioned earlier under ESS3 discussion, RBC put in place a healthcare waste stream monitoring programme that is operational. Furthermore, Law N° 66/2018 of 30/08/2018 regulating labor in Rwanda makes provisions for the establishment of Occupational Health and Safety Committees under Article 78. In compliance with this provision, HCFs established Health and Safety Committees that are functioning with the following responsibilities:

- Establishing budget for hazardous materials and waste management
- Orientation for new personnel for proper use and storage of hazardous materials
- Developing procedures for handling hazardous materials
- Conducting monthly environmental safety in and round HCFs as well as reporting and analyzing the findings for decision making
- Integrating safety monitoring and response activities into the patient safety program

The RBC-SPIU will comply with the project Labor Management Procedures provided as a separate instrument document.

Medical Waste Management Framework

Several policies are in place to guide medical waste management, including the 2018 National Policy on Environment and Climate Change, the 2009 National Policy on Injection Safety, Prevention of Transmission of Nosocomial Infection and the 2016 Health Care Waste Management that clearly defines how key medical waste has to be managed, transported and disposed. A set of National Healthcare Waste Management Guidelines have been also prepared and applied.

The MWMP of 2017 indicates that health care waste management and injection safety training was carried out for HCWs countrywide and national and district hospital equipped with incinerators. Current Good International Industry Practices (GIIP) include provision of Personal Protective Equipment (PPEs), auto-disable syringes and needles, disinfectants and availing post-exposure prophylaxis for victims of accidental occupational exposures (blood and amniotic fluid during labor and delivery). Safe storage of sharp medical waste, separation of waste according to their category at production site, waste transportation and destruction in a safe manner is recognized as extremely vital.

According to the assessment conducted by MoH in 35 healthcare facilities in the country in October 2016 (MoH, 2017), a national volume of 5.168 kg/day of medical waste is generated by inpatients and outpatients and total amount of 60,775,164 kg of waste generated per year, made of 74% of non-infectious waste, 24% of liquid waste and 1.3 % of infectious and/or hazardous waste.

[1] The Rwanda Military Hospital (RMH) treats 80% civilian and 20% military patients as a national referral hospital open to the public. However, no ERP activities will be delivered by the RMH.

Waste Generation Estimation

The Rwanda Health Sector Strategic Plan 2012–2018 has among key indicators to increase the number of healthcare facilities with effective medical waste management systems from 55% in 2012 to 88% in 2018[2].

Table 4 Medical Waste quantities generated annually in 35 HCFs (Source: RBC 2019)

MW Description	MW Quantity (kg/yr)	MW (%)
Infectious Wastes	599,994	0.99
Sharps Wastes	96,482	0.16
No Infectious Wastes	45,076,608	74.17
Pharmaceutical Wastes	38,603	0.06
Radioactive Wastes	4,620	0.01
Genotoxic/ Cytotoxic	47,364	0.08
Chemical Wastes	23,862	0.04
Nonhazardous general Wastes	263,976	0.43
Liquid Wastes	14,543,346	23.93
Special Wastes (Electronic Wastes)	80,309	0.13
Total	**60,775,164**	**100**

An assessment of medical waste quantities and types generated by health facilities was conducted in 2016 in 35 health facilities, comprising 3 referral hospitals, 2 provincial hospitals and 31 district hospitals. This assessment, based upon daily waste per inpatient and waste per out-patient has been extrapolated to determine the national volume of medical waste and determine an estimated average of 5.168 kg/day of medical waste generated by inpatients and outpatients. The assessment (Table 4) showed that from the total volume of medical waste produced in one year by health facilities in the country, 74% are non-infectious waste, 24% are liquid waste and 1.3% of infectious and/or hazardous waste (Infectious, sharps, pharmaceutical, radioactive, cytotoxic, chemical).

Characterization of Healthcare Waste

The Medical Waste Management Plan (MWMP) of Mar 2017 updated in Feb 2020 describes major sources of healthcare waste as coming from the following categories of healthcare facilities in the country: hospitals, university hospitals, general hospitals, district hospitals, other healthcare facilities, emergency medical care, services, healthcare centers and dispensaries, obstetric and maternity clinics. Other health structures generating waste are outpatient clinics, dialysis centers, long-term healthcare establishments and hospices, transfusion centers, military medical services[3], prison hospitals or clinics, medical and biomedical laboratories, biotechnology laboratories and institutions, medical research centers, mortuary and autopsy canters, animal research and testing, blood banks and blood collection services.

[2] MoH 2012, Rwanda Third Strategic Plan 2012-2018

[3] Some military medical services in Rwanda such as the referral level Rwanda Military Hospital are open to the public and are an integral part of the national healthcare system. However, no specific ERP activity that is designated to the Military for its delivery.

Waste management implementation arrangements

The RBC will continue to be supported under the AF to fulfill its coordinating role in the implementation of the project through the SPIU. At the decentralized level, district authorities will be responsible for providing oversight, working with other stakeholders.

At the decentralized level, two committees are in place at the Health Center and District Hospital levels for effective Health Care Waste Management.

The Infection Prevention Committee and the Sanitation and Hygiene Committee. These committees work closely together and are composed of the Environmental Health Officer, the Laboratory Techncician, Pharmacist and the HCF administrator nominated by the institution. Waste management will continue to follow the health care waste treatment and disposal mechanism described in Table 5.

The healthcare waste management structure is built from the community level up to the referral level, as shown in Figure 17.

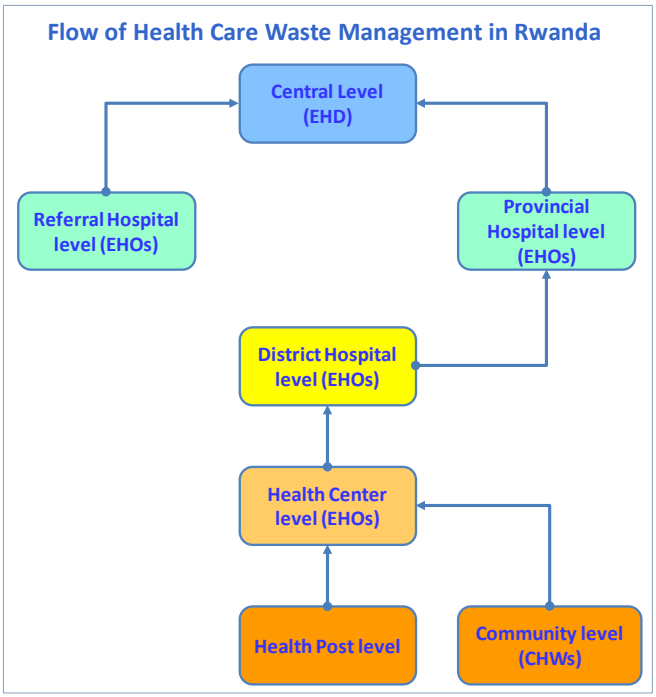


Figure 17 Medical waste management hierarchy (RBC, 2020)

Table 5 Health care waste treatment and disposal as per level of HCF

Description	CHWs/Health Post	Health Center	District Hospital
Sharps	Transfer to HC	Transfer to District Hospital	Incineration
Infectious	Transfer to HC	Transfer to District Hospital and deep burial	Incineration/deep burial
Highly infectious	Transfer to HC	Transfer to District Hospital and deep burial	Incineration
Pharmaceutical	Transfer to HC	Return to District Hospital	Incineration, return to source or manufacturer

Landfills

In Rwanda there are no third-party sanitary landfills. All generic solid wastes are centralized in public landfills. Each district operates one public landfill. Hazardous medical waste is not disposed in landfills, but handled appropriately by the third-party operators with incineration facilities, or sent to originator/manufacturer for appropriate disposal. Kalisimbi Depot Pharmaceutics provides incineration services under contract to HCFs with the City of Kigali jurisdiction as elaborated in the proceding section.

Incinerators

RBC implemented a medical waste stream monitoring programme based on quartely data collected by Environmental Health Officers (EHOs) at District Hospitals and Community Environmental Health Officers (C-EHOs) at Health Centers. The exercise indicated that medical waste from all public healthcare facilities in the City of Kigali is disposed of in a third-party commercial incineration facility at Mageragere while COVID-19 related waste was incinerated by the same third-party operator at Gatsata both located within the city's jurisdiction. The healthcare waste stream status reports made observations that infectious and sharps waste is produced in large quantities and essentially needs incineration for appropriate disposal. While the Rwanda Environment Management Authority (REMA), in its own assessement of 2019 reported that the majority of hospitals incinerators in the country (29 of 31) were in working order, it is generally observed from the RBC waste streams information that high cost of incineration (by kg) as well as hih

mentenance costs limit the utilization of incineration services, forcing health facilities to resort to burning of medical waste.

The medical wastes generated by HCFs in the City of Kigali are collected, transported and treated by **Kalisimbi Depot Pharmaceutics.** This specialized private company is certified and well equipped with appropriate materials and equipment as well as trained medical wastes handlers. The management of medical waste follows the hierarchy of the HCF structure. Each HCF without modern incinerator has a signed contract with the HCF that has an incinerator in its closest proximity to provide the service. Modalities of transportation of medical wastes is stipulated in the contract between the two HCF parties. The contract may include the provision that the client HCF provides its own transport for the medical waste or that the service provider HCF collects the medical wastes and incinerates it as a combined service. The transportation capacity of medical wastes depends on size and road infrastructures and is conducted by using designated waste transportation to the extent feasible. District hospitals collect medical waste from health centers in their respective catchments to incinerators using district specialized waste transportation vehicles. However, the medical waste streams report indicated that Health Centers deploy inappropriate transportation of medical waste to hospital incinerators (mostly motorcycle services).

Wastewater Treatment Plants

Sime hospitals and the National Reference Laboratory (NRL) have Wastewater Treatment Plants as required by national regulations that apply to all major public buildings including. However, many hospital WTPs in poor working condition due to factors including inadequate funding.

4.3. Gender in Rwanda

Rwanda is among countries with the highest number of female parliamentary representatives, in conformity with the country's constitution which states that women should occupy at least 30% of all governmental decision-making bodies. However, the 2022 national census results show that the gender occupational segregation index calculated at four-digit level of occupation was 0.32 indicating that 32% of the male and female employed population need to exchange occupations to eliminate occupational segregation in Rwanda.

Vulnerable groups in Rwanda which include women, persons with disabilities, elderly and youths face risks be disenfranchised from the benefits of project and development programs, owing to existing gender inequalities, social and cultural practices that limit their participation. In this context, risks extend to GBV and SEA/SH. In World Bank supported projects, SPIU specialists in social risk management ensure that bidding and contract documents clearly define requirements linked to GBV and SEA/SH prevention, including the commitment to a Code of Conduct (CoC) for Contractor and workers. The specialists also facilitate the establishment of GRC and their operational Grievance Redress Committees

GRCs as well as community members are sensitized and are aware that in case of incidents of GVB, there is need for timely access to quality and multi-sectoral services that guarantee confidentiality and the informed consent of the survivor. GBV complaints are therefore directed to the Isange One Stop Centers (IOSCs), specialized free-of-charge referral centers, where GBV survivors can access comprehensive services such as medical care; psychosocial support; police and legal support, and collection of legal evidence. IOSCs work closely with community police stations, sector, cell and village leaders and hospitals and health centers across the country.

A community-based Women Representative is trained by the IOSC under the auspices of the statutory National Women's Council (NWC) to receive Sexual Gender Based Violence grievances and to refer victims to them as required by the law. GRCs also received GBV trainings from the IOSC on how to handle and channel GBV cases. World Bank supported projects prepare gender action plans depending of the risk categorization of the project.

5. Potential Environmental and Social Risks and Mitigation

The main environmental and social risks and impacts of the project under the AF may emanate from activities of refurbishing existing buildings and of the construction of new ECDs and their operation, and from water supply system rehabilitation works and the systems operation. This chapter provides a summary of potential impacts that may be associated with the continuation and upscaling project activities under the AF.

Component 1 will continue to support high-impact health and nutrition interventions in the 13 priority districts but with a sharpened focus on community- and district-level approaches. The AF will be used to continue to support the community Performance Based Funding (PBF) for CHWs; relevant WASH activities for beneficiary households as well as in home-based ECD centers; and district-level response to enhance the districts' oversight, coordination, supervision, and implementation of the multisectoral nutrition activities outlined in their expanded plans including continued support to the FBF program to address chronic food insecurity. The AF will support rehabilitation of old water supply systems and existing ones that may need upgrading. These water supply system rehabilitation works will entail refurbishing water collection chambers and concrete or stone water tanks; soil excavation and backfilling for removal of old water pipes and laying new water pipelines; rehabilitation of valve chambers, manholes; refurbishing pumping stations; refurbishing public taps and refurbishing or new installations of public facilities water connections. The AF will support activities of refurbishing existing buildings and equipping them to be modern ECDs as well as the construction equipping and operation of new ECDs. The AF will also support the creation and operationalization of Command Posts at the sector level, whose goal would be to coordinate and improve the implementation of all interventions aimed at combating malnutrition including the peer-to-peer model for best practices of infant and young child feeding and caring.

Component 2 aims to promote high-impact health and nutrition services entailing the procurement and distribution of essential nutrition commodities including Fortified Blended Food (FBF). Beneficiary household representatives collect FBF packages at Health Centers that serve their villages. Risks and impact are associated with waste generated from FBF plastic packaging. RBC will ensure that FBF plastic packaging is returned to the manufacturer through the distributor for reuse or safe disposal.

The parent project and its AF comply with Rwandan laws and the relevant WB-ESSs to avoid or mitigate potential negative impacts of the small civil works in the refurbishment of existing buildings and in the construction of new ECDs and their operation. ECDs are expected to be perpetual long-term educational facilities and therefore potential E&S risks are assessed only for project planning/design and operational stages.

5.1. Phase 1: Design and Refurbishment/Construction of ECDs and Rehabilitation Works of Water Supply Systems

This section describes key E&S issues that should be considered at the planning and design stage of the AF.

Site selection for construction/ assembly areas and identification of locations of water supply system rehabilitation works.

There may be anxiety and complaints from those living in or using nearby areas about potential impacts ECDs. The rehabilitation of water supply systems may cause temporary disruptions of access roads, entrances, water supply and other utilities such as electricity.

Mitigation measures

- Conduct community outreach once the ECD refurbishment/construction site has been finalized and locations for waste supply system rehabilitation works have been identified. Follow the relevant Rwandan laws and regulations and ESS10 on Stakeholder Engagement and Information Disclosure
- The project Environmental Specialist and Social Specialist will ensure that contractors rapidly take measures to restore access, utility services and/or address any grievance through the project Grievance Redress Mechanism.
- All subprojects such as Refurbishment/Construction of ECDs and Rehabilitation Works of Water Supply Systems, will prepare an ESMP based on the ESMF, to guide the preparation of contractor ESMP (C-ESMP).

Hazardous materials handling, storage, use and transportation

There is a risk of accidental discharge of hazardous products, leakage of hydrocarbons, oils or grease from construction/rehabilitation works machinery.

Mitigation measures

- Avoid the storage of hazardous substances around water bodies
- Ensure that storage containers of hazardous substances are always in good condition and tightly closed
- Ensure that storage facilities have impervious surfaces with bunds to control spill in case of accidental spillage
- Develop spill response plan as part of the construction ESMP
- Secondary containment for fuels to avoid spill contamination and inspection during operation

Construction/refurbishment/water supply system rehabilitation wastes and debris

During the rehabilitation process, there may be disruptions in water quality due to sediment disturbance, changes in flow patterns, or introduction of contaminants from construction materials or equipment.

Construction activities such as digging trenches, installing pipes, or building infrastructure can disrupt natural habitats, especially if the water supply system is located near sensitive ecosystems like wetlands. This disruption can lead to habitat loss, fragmentation, or displacement of species.

Improper construction practices can contribute to soil erosion and sedimentation in water bodies. Sediment runoff can degrade water quality, clog waterways, and harm aquatic organisms by smothering habitats.

Construction activities generate waste materials such as debris, packaging, and excavated soil. Improper handling and disposal of these wastes can result in pollution of land, water, or air, impacting environmental quality and public health.

There is a risk of dispersion of debris, rubble and other residual waste materials in nearby canals, ditches, rivers, streets and adjacent properties as a result of improper storage and/or disposal of materials.

Mitigation measures

- Implementing erosion control measures to prevent sedimentation and soil runoff.
- Using environmentally friendly construction practices, materials, and equipment.
- Monitoring water quality before, during, and after construction to detect and address any contamination issues.
- Developing contingency plans for emergency response and risk mitigation during construction or operation phases.

- The contractors shall handle construction materials and waste in accordance with approved procedures.
- The contractors should only dispose of materials in areas approved by the relevant authority
- The contractors shall contain excavated materials in the vicinity of the worksite within berms to prevent dispersion and sedimentation of drains, wetlands, streets and adjacent properties
- In case of accidental waste dispersion, the environmental authority shall be informed, and restoration measures shall be applied

Dust and noise from construction activity

There is a potential risk of impaired air quality due to emissions from vehicles and dust generated that can cause respiratory impacts on site workers, nearby residents and pedestrians. Noise generation from the use of machines and construction equipment can also have impacts on workers and neighbourhoods.

Mitigation measures

- Dust suppression methods such as wetting materials or slowing work should be employed as needed to avoid visible dust
- Gas masks / respirators when working in closed areas such as access manholes, etc. (according to approved procedures)
- Document requirements and standards in the Contract
- Hearing protection for working around machinery where the noise exceeds 85 dB (according to approved procedures)
- The location of noisy machinery (including generators) can be positioned away from sensitive sites such as schools' hospitals, residential areas etc.
- Maintain vehicles and Contractor's machinery according to maintenance requirements.

Community Health and Safety

Movement of heavy trucks and equipment can cause traffic problems and create unsafe situations for local motorists. Unauthorized entry of local persons may also place them in jeopardy if they are on work locations.

Mitigation measures

- Ensure that a Traffic Management Plan is in place where this might be an issue.
- Ensure that sites are properly barricaded during construction and temporary pedestrian walkways are provided when required
- Restrict hospital staff and public from going to the construction site during and outside working hours by placing posters, reflecting tapes and erecting barriers.
- Contractor must develop a Community Health and Safety Plan (CHSP).

Worker Health and Safety

Accidents may occur involving workers on the construction site.

Mitigation measures

- Train workers on prevention of accidents and managing incidents.
- Workers must wear protective gear.
- Provide first aid kit and emergency plan for accidents or incidents
- Proper supervision of the construction workforce.

Water pollution from runoff or infiltration of wastes on different sites

Clogging of ditches or drains with sediment or silt can occur as a result of construction or refurbishing activities and fouling of waterways with different types of pollutants.

Mitigation measures

- Prepare the ground where the facility or equipment will be placed by compacting, lining, coating, and otherwise ensuring it is impervious to water infiltration or percolation.
- Sensitize the workers to appropriately manage construction materials and wastes
- Use berms, silt traps or silt fences, pits or other measures to ensure that any runoff from the site is controlled.
- Waste Management Plan for handling any items during the site preparation

Waste Management

Improper handling of waste could expose nearby communities or workers to infection.

Mitigation measures

- Waste Management Plan for handling any items during the site preparation

5.2. Operational Stage

Community Health and Safety

Interaction of children and their minders with residents around the ECD can be unhealthy.

Mitigation measures

- Control and restrict access to the ECD according to MIEDUC guidelines.

Occupational Health and Safety

Injury of workers during refurbishment/construction of ECDs and rehabilitation of water supply systems

Mitigation measures

- Train staff and workers on how to use PPE and ensure there is adequate supply
- Regularly monitor performance and conduct maintenance of equipment
- Train staff in infection control and SOPs for equipment.
- Follow ESS2 for guidance on labor and working conditions.

Non-hazardous liquid and solid waste

Unintended mixing of wastes, vector proliferation, and waste and debris accumulation pose risk to people's health and the environment.

Mitigation measures

- Segregate liquid and solid wastes where possible
- Construct the septic tank and soak-pit according to the design specifications
- The latrines or septic tank and soak pit site should be regularly monitored and serviced to prevent problems or overflow
- Ensure that wastewater disposal is adequately budgeted for maintenance
- Follow ESS3 for guidance on waste management.

Traffic Management and Access Control

Unauthorized entry to ECD facility of vehicles or persons can result and accidents.

Mitigation measures

- Control visitor access and movement into and out of the ECD facility and surrounding areas
- Establish dedicated loading and unloading areas for supply vehicles.

6. Institutional Arrangements, Responsibilities and Capacity Building

6.1. Institutional arrangements, roles and responsibilities

The institutional, implementation and coordination arrangements for the project will leverage existing capacity for implementation of project. RBC, the nation's central health implementation agency under the MoH is responsible for overall project management through the Single Project Implementation Unit (SPIU) which has a long-standing sound track record of implementing several World Bank funded health investment operations. The RBC/SPIU as the PIU handles the following functions of the project: (i) financial management, including flow of funds to different stakeholders; (ii) procurement of goods, and equipment, and supplies to ensure economies of scale and efficiencies; (iii) securing consultant services; and (iv) oversight of Environmental and Social risk management in projects. The national Water and Sanitation Corporation (WASAC) will execute the rehabilitation works of water supply systems under a Memorandum of Agreement with RBC.

The RBC, on behalf of MoH, is also responsible for the Community Health Program in which CHWs play a key role. SPRP and its AF will continue to channel its own support to the program through the CHW framework as well. According to the 2021 MoH Community Health Program Investment Case in Rwanda, the structure of the program is based on 4 Provincial hospitals that receive referrals from 35 district hospitals. Within these districts are 465 health centers whose catchment areas contain 2,148 cells and 14,837 villages. All CHWs are organized into cooperatives. Each health center oversees one CHW cooperative as basis of performance-based financing. Each village in Rwanda has 4 CHWs (for rural areas) and 3 CHWs for urban areas). This translates to a male-female CHW pair (called binômes) providing basic care and low-cost community interventions for integrated community case management (iCCM) of childhood illness; a CHW in charge of maternal health (Agent de Santé Maternelle, ASM) and another in charges of health promotion. The program is designed to serve up to150–200 households at the community level meaning about 1 CHW per 200 people. Figure 18 summarizes Rwanda's Community Health Program structure.

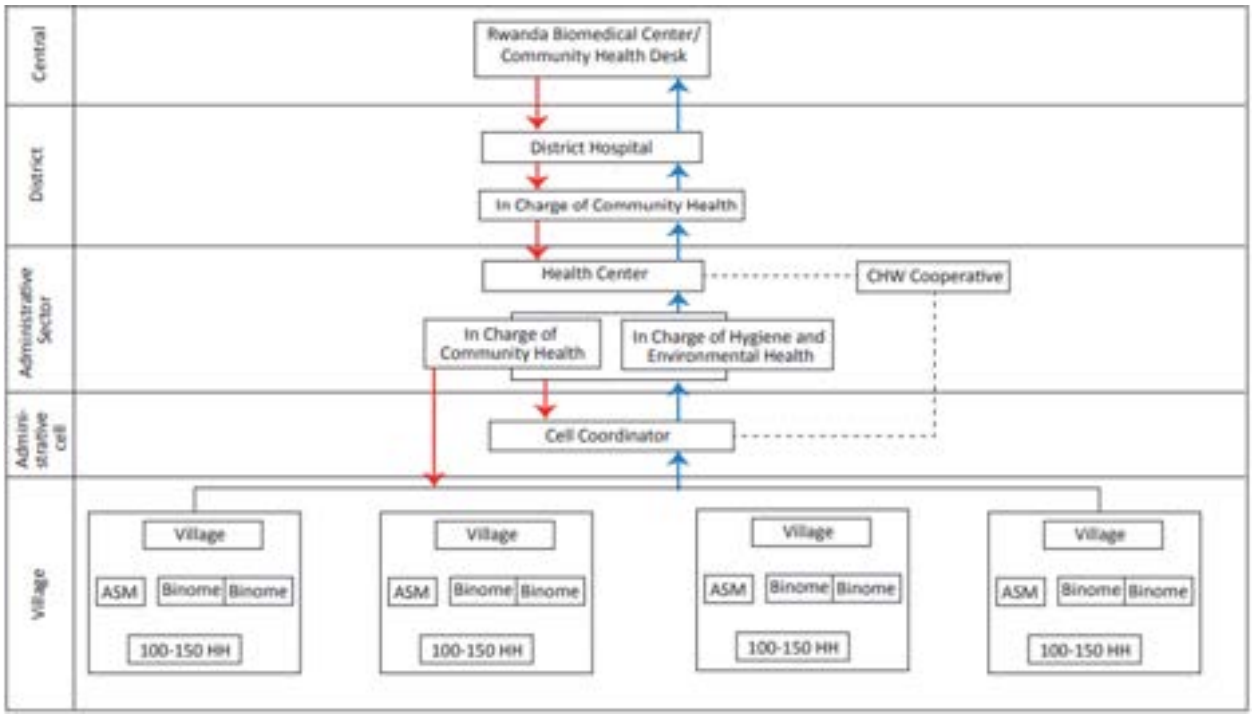


Figure 18 MoH structure of the Community Health Program

A CHW is elected by the community at the village level. Criteria for selecting a CHW are that they: can read and write with a minimum education of Primary 6; aged between 20-50 year; willing to volunteer; live in the local village; perceived as honest by community peers; ability to maintain confidentiality; and easily accessible persons. CHWs spend an average of 5 hours per week in activities entailing: ***Preventive services:*** Malaria, HIV, Hygiene, Family Planning; ***Promotive services:*** Nutritional surveillance and education, Community Based Provision of Family Planning; and ***Curative services:*** Community Case Management, Community Integrated Management of Childhood Illness (IMCI), Community Maternal and Neonatal Health (MNH), Community TB Directly Observed Treatment Strategy (DOTs).

Technical supervision is done by the Health Center staff and administrative supervision by the official in-charge of social affairs at cell, sector and district levels according to the structure in Figure 18. CHWs receive financial compensation through Performance Based Financing (PBF) based on a set of performance indicators from monthly reports. CHWs receive incentive payments for the services provided through the programs Community Performance Based Financing (PBF) system. Payments are made to individual CHWs and to cooperatives they belong against agreed indicators.

To achieve of the above listed indicators, CHWs capture/track data using Short Message System (SMS) with mobile phones including: *Pregnancy; Antenatal Care visits (ANC); Risks during pregnancy; Red alert notifications; Birth; Postnatal Care (PNC); New born care; Death (maternal, new born or child death); Community Case Management interventions (iCCM); Community Based Nutrition; and Child health report.* Quarterly reports are compiled at cell level and reviewed, aggregated at health center and cooperative level and entered into the Community Health Worker Information System database, **SIScom**

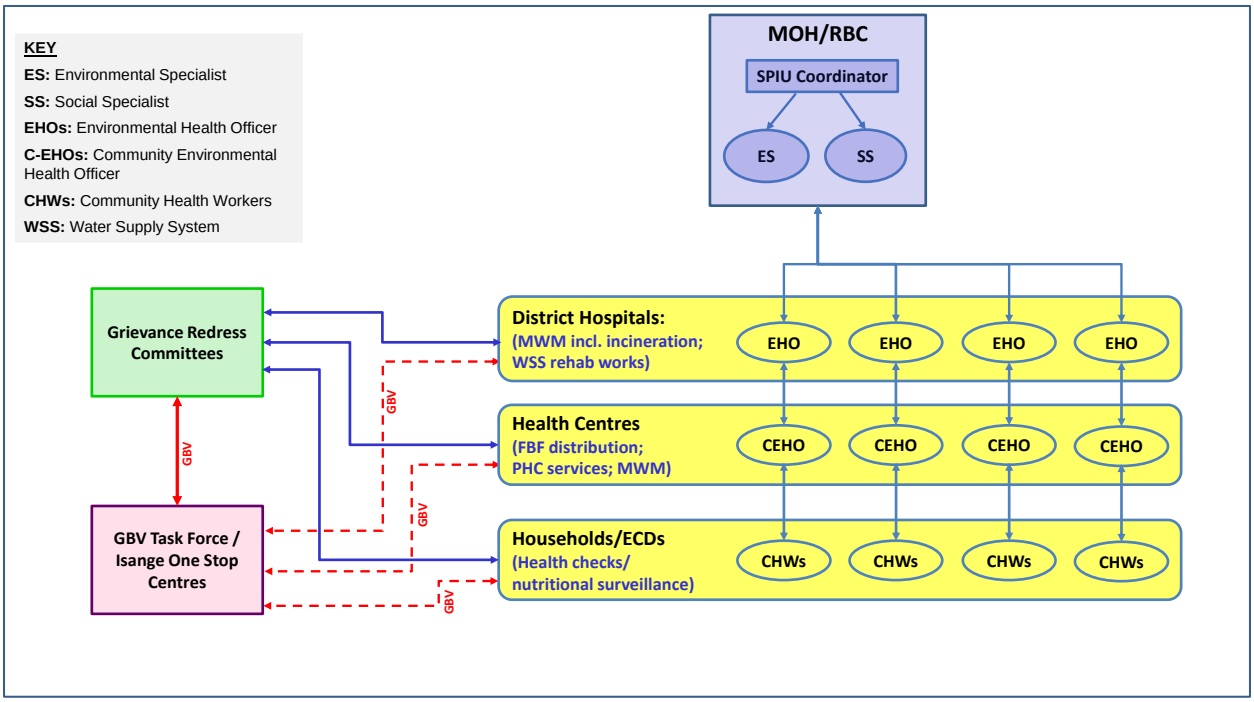


Figure 19 Implementation framework for the implementation of the ESMF for the SPRP AF

Rwanda Health Financing Databases (moh.gov.rw) for verification and payment.

The Government of Rwanda is responsible for compliance to the national policies, laws and regulations as well as the ESH Guidelines, ESSs of the World Bank ESF of which ESS1, ESS2, ESS3, ESS4 and ESS10 are relevant to the project and its AF. Overall supervision for this ESMF will be the responsibility of the RBC-SPIU on behalf of MoH. The RBC-SPIU will be responsible for the management of risks and issues for the parent project and the AF by supervising the duties of project Environmental Specialist and Social

Specialist who are charged with the implementation of this ESMF. Both Specialists will oversee the implementation of mitigation measures on the small civil works for equipping/retrofitting and rehabilitation of existing facilities and the construction of new ECD facilities.

In daily implementation of planned activities and reporting, the Environmental Specialist and Social Specialist will continue to be complemented by Environmental Health officers (EHOs) stationed in District Hospitals, Community Environmental Health officers (C-EHOs) stationed at Health Centers. C-EHOs will train and work with CHWs in carrying out safety measures while performing health checks for NCDs and the proper handling of medical/healthcare waste. C-EHO will also be responsible for the handling of plastic packaging waste from the distributed FBF packages including appropriate temporary storage and ensuring collection by the FBF distributor(s). Figure 19 illustrates the institutional framework including roles and responsibilities of the Environmental Specialist, Social Specialist, EHOs and C-EHOs, CHWs, Grievance Redress Committees and the Isange One Stop Center GBV task force, under the overall supervision of the RBC SPIU Coordinator.

6.2. Capacity building

6.2.1. Existing Capacity

The RBC made an undertaking to prioritize the establishment and operationalizing an effective GRM in SPRP and its AF. The core functions of the Environmental Specialist and Social Specialist are to prioritize the facilitation of the establishment and operationalization of the project GRM as stipulated in the project ESMF and SEP.

Within the project capacity building activities for enhancing Environmental and Social risk management in the SPRP, 241 environmental health practitioners including Environmental Health Officers (EHOs) for hospitals and Community and Environmental Health Officers (C-EHOs) for Health Centers were trained in Oct 2019 on topics including waste management data collection and reporting, water quality assessment and GRM architecture and implementation. A subsequent training activity was carried out from March 7 to 11, 2022 in which 45 EHOs from Referral & District Hospitals and 45 supervisors of the Expanded Programme on Immunization (EPI). These participants reviewed the results of the analysis of healthcare waste stream from hospitals and health centers around the country that was carried out in 2021. The EHOs update the healthcare waste streams data collection form to optimize the completeness of the collected data. The training also covered a case study on implementation practices of Grievance Redress Mechanisms.

Further training took place in Musanze from 12th -15th July, 2022. The training entailed an overview on GRM based on a case study on two WB supported projects in Rwanda. Training on the World Bank supported Geo-enabled Initiative for Monitoring and Supervision (GEMS) was also provided.

6.2.3 Capacity for implementing the SPRP AF

Training shall be carried out under the AF for RBC staff shall and CHWs on topics that include ESF requirements and applicable WBG EHS Guidelines, risk communication and community engagement and Grievance Redress Mechanism (GRM) including response to GBV complaints. The RBC-SPIU Environmental Specialist and Social Specialist will continue to draw up needs-based training plans that are harmonized with the project SEP.

7. Procedures to Address Environmental and Social Issues

The following sections will describe the environmental and social management procedures that RBC-SPIU (PIU) will use to comply with the ESMF and the ESCP.

7.1. Exclusion criteria for potential subprojects

A template was provided earlier in Table 1of this ESMF, stipulating exclusion of potential project activities according to the following criteria as ineligible for the project AF financing:

- Activities that may cause long term, permanent and/or irreversible (e.g. loss of major natural habitat) impacts
- Activities that may have significant adverse social impacts and may give rise to significant social conflict
- Activities that may affect lands or rights of historically marginalized people or other vulnerable minorities,
- Activities that may involve permanent resettlement or land acquisition or impacts on cultural heritage

These criteria are provided in Table 1 in form of a questionnaire for use by the RBC SPIU in deciding eligibility or exclusion of potential activities for the AF.

7.2. Environmental and Social Screening of Components/Subprojects

Environmental and Social Screening Process outlined below complies with the Rwanda environmental assessment requirements, as outlined in Law N°48/2018 on Environment and *Ministerial Order no. 001/2019 of 15/04/2019 "establishing the list of projects that must undergo environmental impact assessment, instructions, requirements and procedures to conduct environmental impact assessment"* as well as ESS1, ESS2, ESS3, ESS4, ESS5 and ESS10 of the World Bank ESF.

The screening process provides a mechanism for ensuring that potential adverse environmental, social and OHS impacts of Rwanda SPRP and its AF components are identified, assessed, and mitigated as appropriate, through an environmental and social screening process to comply with national EIA requirements and the WB ESS1. A screening template is provided in Annex A to be used by the RBC SPIU (as the PIU) for identifying the relevant Environmental and Social Standards (ESS), establishing an appropriate ES risk rating for these components, and specifying the type of environmental and social assessment required, including specific instruments/plans.

The screening template in Annex A includes a note on Considerations and Tools for ES Screening and Risk Rating on ES risk and impact management and labor and working conditions. The screening form sets out a list of questions on the screening of ES risks and impacts, identifies the relevant ESSs for which the SPIU fills in Yes or No answers from which conclusions are reached for each subproject proposing an ES risk rating (High, Substantial, Moderate or Low) with justifications provided and ES Management Plans/ Instruments proposed.

7.3. National EIA requirement

Subproject screening results will be reviewed by the Rwanda Development Board (RDB) which holds a delegated mandate from the Rwanda Environment Management Authority (REMA) and the World Bank. ES instruments such as ESIA, SEP, LMP, BMP of GAP will be prescribed for subprojects to ensure appropriate mitigation for subprojects whose risk ratings are indicated High, Substantial or Moderate by the screening results. Subprojects whose risk ratings are indicated as Low, ESMPs instead of full ESIAs will be recommended.

The RBC SPIU Coordinator will submit screening results prepared or arranged jointly by the ES staff to WB for review. Following approval by the latter, RBC on behalf of MoH will subsequently submit results

to RDB for review and approval of ToR for subsequent preparation of subproject ESMP or ESIA, LMP, BMP and GAP as found appropriate. The required instruments will be prepared by duly certified consultants on behalf of RBC-SPIU. RDB will review the ES instruments to ensure that the necessary mitigation measures are duly incorporated before certification for the subproject in question to proceed. EHOs and C-EHO will under the supervision of the project ES staff, support the implementation of the relevant ESS instruments within their respective existing employment arrangements and within existing operational means of the SPRP-AF.

Assigning of Environmental and Social risk classification

Assignment of appropriate environmental and social risk classification to a particular activity will be based on information provided in the environmental and social screening form Annex A that the ES staff will have administered. According to WB ESF, projects are classified as high risk, substantial risk, moderate risk, and low risk project with respect to the environmental and social sensitivity of the project. Activities under Components 1 and 2 entail the procurement of medical supplies and FBF supplies through certified and vetted suppliers, as well as the creation and operationalization of Command Posts at the sector level with Low Risk. However, under Component 1, the AF will also support small civil works for the refurbishment of equipping existing buildings and the construction of new ones to host EDCs with Substantial risk as they trigger ESS1, ESS2, ESS4, ESS4, ESS5 and ESS10 requiring screening and the preparation and implementation of the appropriate ES risk management instrument.

Component ES assessment and instrument preparation

Preparation of AF environmental and social management instruments would be carried out for the respective types of subprojects/activities as follows:

- The project ES staff will prepare or supervise consultancy services for preparing the necessary subproject/activity instruments (ESMPs, ESIAs) as shall be prescribed by RDB based on screening results. It should be noted that the RBC-SPIU has prepared a LMP and a SEP as separate instruments for the AF.
- The RBC SPIU Coordinators submit ToR for ESMP or ESIA to WB for review and following the latter's approval submit to RDB for input/comments and approval.
- The RBC SPIU Coordinator contracts out consultancy services for the preparation of draft subproject ESMP of ESIA as applicable in reference to RDB directive, and carry out public consultations with stakeholders, people that may be affected and local authorities and incorporate results into final subproject/activity ESMP/ESIA.
- EHOs or C-EHOs as applicable to in the parent project, provide technical support to the RBC-SPIU Environmental Specialist and Social Specialist in implementing the prepared ES instruments.
- Implementation of the ES instruments is monitored and checked by the RBC SPIU for and on behalf of MoH and reviewed by WB.

7.4. Review, Clearance, Public Disclosure and Consultation

The following procedure is followed in publicly disclosing this ESMF and other ES instruments documents prepared for the implementation of the Rwanda SPRP and its AF:

- The RBC and WASAC SPIU (PIU) Coordinator submits for their respective works draft ESMPs or ESIAs to RDB as appropriate for review and certification. The World Bank reviews and approves most of the ES instruments produced by the project, especially those identified to have Substantial, Moderate (and High, if any identified) risk activities.
- Following approval of the ES instruments, the RBC SPIU Coordinator carries out the necessary arrangements for Disclosure and Consultations taking into account ESS10 and ensures harmonization with the Rwanda SPRP parent project and its AF SEP.

- The RBC SPIU Coordinator follows up and obtains required licenses/ permits that comply with the approved ESMF for the necessary Rwanda SPRP parent subproject activities and AF activities.
- RBC as the implementation agency has a webpage for the project on its institutional website where publishes all ESF documents and reports as defined in this ESMF.
- RBC discloses approved ES instruments on the project webpage already created and that will be permanently accessible for all during all project implementation and after closure.
- WB receives and takes note of consultation reports.

7.5. Labor Management Procedures

Component 1 under the AF will entail small civil works for the refurbishment and equipping of existing buildings to host ECDs, for the construction of new ECDs as well as the rehabilitation of community water supply systems works. The small civil works will entail the recruitment and management of different categories of workers while complying with the laws of Rwanda and the ESSs under the World Bank ESF. A separate LMP for the AF has been prepared to guide the small civil works activities.

7.6. Stakeholder Engagement

MoH on behalf of GoR will meet the requirements of the laws and regulations of Rwanda and ESS10: Stakeholder Engagement and Information Disclosure.

Stakeholder Consultations for project preparation

Consultation meetings were conducted in 30 SPRP intervention districts comprising Kayonza, Huye, Nyaruguru, Nyamagabe, Ruhango, Nyabihu and Rubavu from the 7th to the 30th of November 2022. The consultation meetings were attended by: Vice Mayors in Charge of Social Affairs (7); Directors of Health Unit (7); Directors General of Hospitals (7); CHWs Supervisors: (7); Environmental Health Officers (EHOs) (8); Sector Executive Secretaries (78); Head of Health Centre (95); and CHWs Coordinators (452). Scanned copies of signed attendance list of the meetings are inserted in Annex F.

The participants expressed gratitude as they now sense of security with their children being cared for in ECDs with a chance at basic education and nutrition while allowing them to work. They observed that more effort is needed to change mindsets about stunting and food security. Interactive discussions included clarifications on the GRCs and their responsibilities. CHW coordinators requested clarifications on the indicators to be used include GRC duties in their PBF system. The RBC ES risk management team provided answers and clarifications to the issues raised and assured the participants that they will gain even deeper explanations during the scheduled trainings. A Summary of key issues raised in the stakeholder consultation meetings carried out from the 7th to the 30th of November 2022 is provided in Annex F.

Another session of consultation meetings with beneficiaries was carried out from 27th November to the 01st of December 2023. The meetings ensured to highlight the SPRP development objectives and the rationale for additional financing. These also emphasized new activities including WASH and construction of new ECDs that will involve different activities such as civil works and extension of water pipes to improve access to clean water in health centers, ECDs and schools. Discussion on the likely impacts and mitigations measures were held, and stakeholders were given a chance to ask concerning issues and propose solutions on the raised issues. This allowed the beneficiaries to gain ownership of the project hence sustainability of the project. A Summary of key issues raised in the stakeholder consultation meetings is provided in Annex F.

7.7. Stakeholder Engagement Plan

A Stakeholder Engagement Plan for the SPRP-AF is proposed in Table 6 below. The proposed plan is aligned to the project SEP. The plan features a matrix for the preparation and implementation stages, respective target stakeholders, engagement topics, appropriate methods to be used, location and frequency of engagement. It should be noted that all stakeholder engagement activities under the parent project and its AF are the responsibility of the RBC-SPIU.

Table 6 Stakeholder engagement plan for SPRP-AF as featured in the project SEP

Stage	Target stakeholders	Topic(s) of engagement	Method(s) used	Frequency
Stage 1: Project preparation	Project Affected People and beneficiaries	SEP; Project scope and rationale; Project E&S principles; Grievance Redress Mechanism process, Schedule and Work Plan	Face-to-face meetings, separate meetings for women and the vulnerable groups. Mass/social media communication (as needed) Disclosure of written information: brochures, posters, flyers, website, Local newspaper Information boards or desks Grievance Redress Mechanism	The ES team under the supervision of the RBC-SPIU (PIU) will select appropriate methods and carry out consultations with the target stakeholders throughout the project preparation stage
	Other Interested Parties	SEP disclosure. Project scope, rationale and E&S principles, Grievance Redress Mechanism process, Schedule, and Work Plan	Face-to-face meetings. Joint public/community meetings with PAPs.	The ES team under the supervision of the RBC-SPIU (PIU) will select appropriate methods and carry out consultations with the target stakeholders throughout the project preparation stage
	Other Interested Parties Press and media Local NGOs, Different Government Departments District Health Admin, etc. General public	SEP disclosure. Project scope, rationale and E&S principles, Grievance Redress Mechanism process, Schedule, and Work Plan	Public meetings, trainings/workshops (separate meetings specifically for women and vulnerable people as needed) Mass/social media communication Disclosure of written information: Brochures, posters, flyers, website, Information boards, Grievance Redress Mechanism, Notice board for employment recruitment	The ES team under the supervision of the RBC-SPIU (PIU) will select appropriate methods and carry out consultations with the target stakeholders throughout the project preparation stage
	Other Interested Parties Other Government Departments from which	Legal compliance issues Project scope, rationale and E&S principles, Grievance Redress	Face-to-face meetings, Invitations to public/community meetings Submission of required reports	Disclosure meetings Reports as required

Stage	Target stakeholders	Topic(s) of engagement	Method(s) used	Frequency
	permissions/clearances are required;	Mechanism process, Schedule, and Work Plan		
STAGE 2: Implementation Phase	Project Affected People /Beneficiaries	Grievance Redress Mechanism Health and safety impacts Progress on Schedule and Work Plan Project status	Public meetings, trainings/workshops Separate meetings as needed for women and vulnerable group Individual outreach to PAPs as needed Disclosure of written information: brochures, posters, flyers, website Information boards. Notice board(s) Grievance Redress Mechanism Local monthly newsletter	Quarterly meetings when ES team of the RBC-SPIU (PIU) deems it feasible and Communication through mass/social media as appropriate; Notice boards updated weekly Brochures in local offices
	Other Interested Parties	Project scope, rationale, and E&S principles Grievance Redress Mechanism Project status Progress on Schedule and Work Plan	Online meeting, Face-to-face meetings Joint public/community meetings with PAPs	Quarterly meetings when ES team of the RBC-SPIU (PIU) deems it feasible and Communication through mass/social media as appropriate. Notice boards updated weekly Brochures in local offices
	Other Interested Parties Press and media Various Government Departments General public, migrants	Project information - scope and rationale and E&S principles, Project status Health and safety impacts Progress on Schedule and Work Plan Environmental concerns GBV-related consultation, Grievance Redress Mechanism process	Public meetings, open houses, training/workshops Disclosure of written information: brochures, posters, flyers, website, Information boards Notice board(s) Grievance Redress Mechanism GBV-related issues.	Quarterly meetings when ES team of the RBC-SPIU (PIU); and Communication through mass/social media as appropriate. Notice boards updated weekly Brochures in local offices

RBC-SPIU has an Environmental Specialist and a Social Specialist assigned to the SPRP and its AF on a full-time basis that are responsible for ES risk management requirements as prescribed by this ESMF and other ESF instruments. The Social Specialist will arrange and carry out SEP activities assisted by District Hygiene and Sanitation Officers (DHSOs) at District Administration level, by Environmental Health Officers (EHOs) at Referral, Provincial and Districts hospital level and by Community Environmental Health Officers (C-EHOs) at Health Centre level. The Level, method and activity of engagement to be applied will be guided by the Stakeholder Engagement Plan shown in Table 6 under the supervision of the RBC-SPIU. The Social Specialist will be responsible for the documentation of the stakeholder engagement activities under the AF and will be responsible for quarterly reporting on the SEP. Stakeholder engagement activities may be iterative through the project's lifecycle based on comments received that may identify new important stakeholders.

Grievance Redress Mechanism (GRM)

The SEP features a Grievance Redress Mechanism (GRM) that applies to all activities of the Rwanda SPRP and its AF. The GRM is aimed at assisting to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

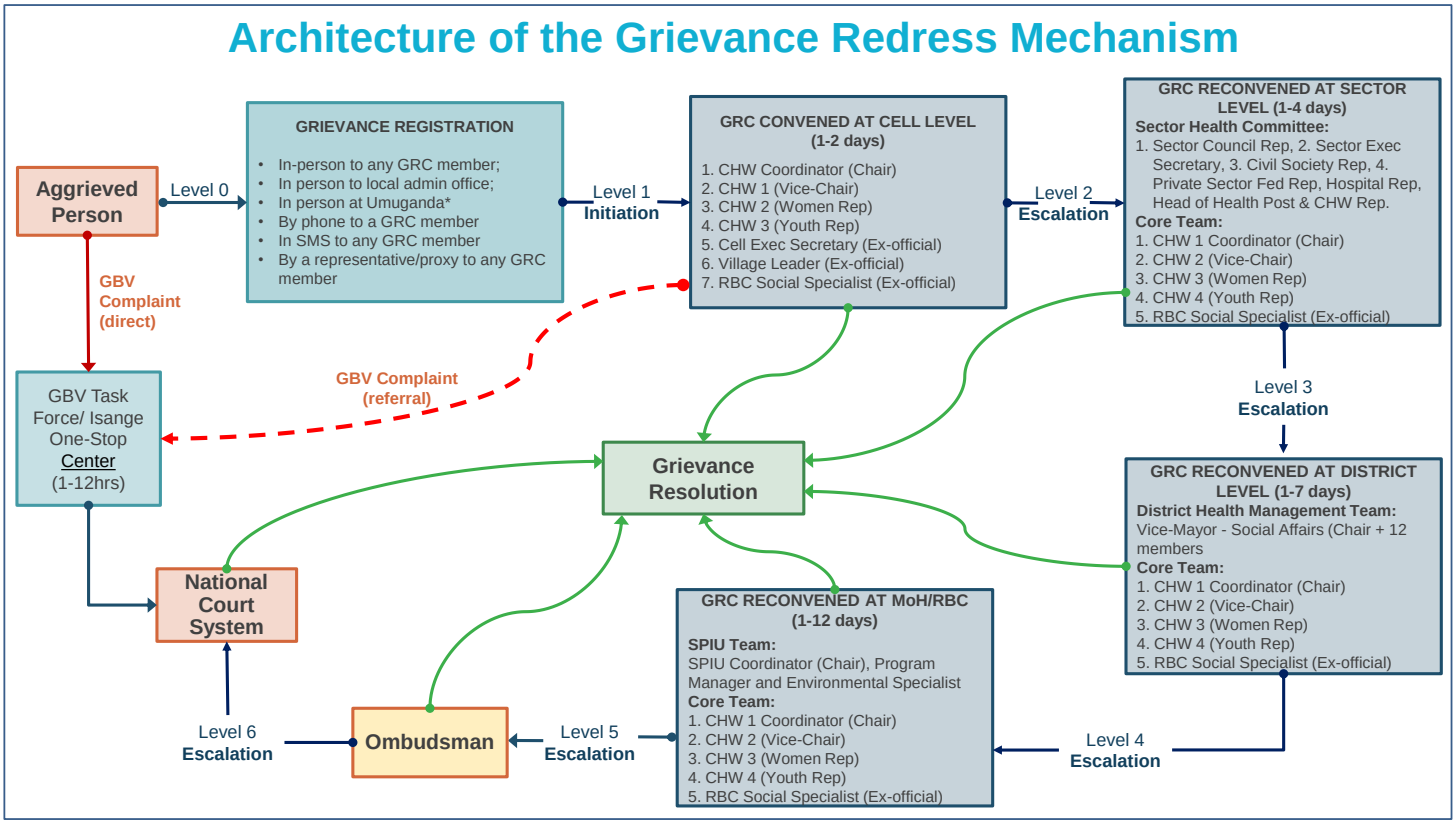


Figure 20 Grievance Redress Mechanism for the Rwanda SPRP and its AF

The GRM for the AF will leverage the existing CHW framework to take on the additional duties of project Grievance Redress Committees (GRCs). CHW are well-trained individuals established under a legal structure. The rationale behind arrangement includes the fact that the CHWs are elected by the communities among which they live and to which they are accountable and are well-trained. Adopting CHW framework has various benefits including the assurance of legitimacy as well as saving time and resources.

Grievance Redress Committees (GRCs) comprise a **core team** at the administrative Cell-level comprising the CHW Coordinator as the Chairperson and the 3-village level CHW serving as Vice Chairperson, Women Representative and Youth Representative. The committee includes ex-official members comprising the RBC-SPIU Social Specialist, the Village Leader of the village in which an aggrieved party (complainant) resides, and the Cell Executive Secretary to which the aggrieved party's village administratively belongs. Figure 20 summarizes the GRM for the Rwanda SPRP and its AF.

The GRC core team escalates the grievance if it is not resolved at Cell level to the Health Committee of the administrative Sector in which the aggrieved party belongs. The 7 member Health Committee is constituted by the Sector Council representative (a Sector is administratively governed by an elected council), the Sector Executive Secretary, the Civil Society representative, the Private Sector Federation representative, the Hospital representative (the hospital in whose catchment the aggrieved party's Health Centre belongs), Head of the nearest Health Post where the aggrieved party's residence and the representative of CHWs in the Sector.

The GRC Core team escalates the grievance to the District Health Management Team (DHMT) if not resolved at Sector level. The DHMT comprises 13 members chaired by the Vice Mayor for social affairs. Other members include: The Director General of jurisdictional District/Provincial/Referral Hospital, District Director of Health Unit, District Director of Planning, Health Promotion and Prevention Officer, Chair of Joint Action Development Forum (JADF) Health Commission, the District Branch Manager of the Rwanda Social Security Board (RSSB), the representative of the jurisdictional heads of Health Centers, the Director of the District Pharmacy, the representative of Private Pharmacies, the representative of Private Health Facilities, The representative of the jurisdictional Health Posts, the representative of CHWs at the district level, and the representative of the Faith-Based Organizations (FBOs) jurisdictional health facilities.

The core team will escalate the grievance to the RBC-SPIU if not resolved at the district level. The RBC SPIU team for grievance redress comprised the SPIU coordinator, the Program Manager for the project, the Environmental Specialist, and the Social Specialist that already serves with the core GRC team in an ex officio capacity. The SPIU Coordinator will seek the guidance of the RBC Senior Management and MoH if deemed necessary on the grievance at hand. Escalation to the Ombudsman and national court system follows a last resort once the project GRM fails to resolve the grievance.

However, for incidents of Gender Base Violence (GVB), there is need for timely access to quality, multi-sectoral services and involves confidentiality and informed consent of the survivor. GVB complaints will therefore be directed to the Isange One Stop Center (IOSC) by DSHOs, HEOs or EHOs as GRM facilitators. The IOSC is a specialized free-of-charge referral center where survivors of GBV can find comprehensive services such as: medical care; psychosocial support; police and legal support, and collection of legal evidence. IOSC works closely with police stations, Sector, Cell and Village leaders in surrounding areas, community police, hospitals, and health centers.

The project Social Specialist ensures that bidding and subsequent contract documents clearly define GBV/SEA/SH requirements, including the requirement for a Code of Conduct (CoC). During works, separate facilities will be provided for women and men with appropriate signage. The Social Specialist provides information to all contractors with contact details of the IOSC.

7.8. Implementation and monitoring of ES plans and instruments

The ES staff within the RBC SPIU and the SPIU at WASAC will ensure that prevention and mitigation measures for ESHS and OHS as prescribed in ESMF, ESMPs or ESIAs as appropriate for activities and supervise contractor compliance.

Supervision and Monitoring

Contractor supervision and monitoring

- The Contractor will implement all mitigation measures detailed in the Contractor-ESMPs.
- Contractor performance for ESHS and OHS compliance will be monitored by the RBC SPIU Coordinator through reports compiled by both ES staff.
- WB will conduct random checking or on a needy basis.

Daily internal monitoring

Environmental Health Officers (EHOs) at District hospitals with catchment jurisdictional responsibility for ECD establishment and operation under the AF will conduct daily supervision of minor civil works for refurbishment, fittings and installations and for construction of new ECDs, to ensure compliance to ESMP, LMP or prescribed ES risk management instrument.

Project Level Reporting

The contractors will prepare their compliance reports with respect to the ESMP, which document the implementation of environmental mitigation and protection measures (together with prescribed monitoring activities carried out during the reporting period) and submit them to RBC SPIU Coordinator. The overall project compliance is reviewed by the MoH and by the WB, the latter may carry out the periodic supervision missions.

7.9. Resources for Implementing the ES Risk Management

A budget has been estimated for the implementation of the ESMF for the SPRP AF whose cost items mainly entail the training and providing resources for the CHW based GRCs entailing consultations of PAPs, GRC sitting/operational allowances, GBV support and capacity building. A total of **USD 810,000** is estimated for ES risk management activities as featured in Table 7.

Table 7 ES risk management budget for the SPRP and its AF

ES Risk Management Activity	Up to Jun 2024 (USD)	Up to June 2025 (USD)
ES Training		
ES training for CHW based GRCs	15,000	30,000
Stakeholder Engagement:		
GRC sitting allowances	125,000	500,000
Consultations, Materials, Dissemination, radio, meetings etc.	10,000	25,000
GRM:		
Dissemination of instruments, boxes, printing material	10,000	25,000
GBV:		
Support for victims and follow up	10,000	30,000
GBV capacity building activities and plan implementation	5,000	25,000
Sub Total	***175,000***	***635,000***
Total		**810,000**

I. Abbreviations and Acronyms

ESF	Environmental and Social Framework
ESS	Environmental and Social Standard
ESIA	Environmental and Social Impact Assessment
ESHS	Environmental, Social, Health and Safety
EHS	Environmental, Health and Safety
ERP	Emergency Response Plan
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
GBV	Gender Based Violence
HCF	Healthcare Facility
HCW	Healthcare Waste
HIV	Human Immunodeficiency Virus
ICWMP	Infection Control and Waste Management Plan
IPC	Infection and Prevention Control
LMP	Labor Management Procedure
OHS	Occupational Health and Safety
PPE	Personal Protective Equipment
PPSD	Project Procurement Strategy for Development
RAP	Resettlement Action Plan
RBC	The Rwanda Biomedical Center
RPF	Resettlement Policy Framework
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SOP	Standard Operating Procedures
TA	Technical Assistance
TB	Tuberculosis
WB	World Bank
WWTP	Wastewater Treatment Plant

II. Templates for relevant Environmental and Social Management Plans (ESMPs)

This part of the project ESMF provides templates for relevant Environmental and Social risk management instruments that are necessary to provide guidance for the refurbishment, equipping, construction, and operation of EDC facilities. For these small civil works under the SPRP-AF, the RBC Single Project Implementation Unit (SPIU) will prepare an ESMP describing the works/activities to be conducted and the associated mitigation measures to be used to avoid or reduce environmental and social risks. The ESMP will also include the additional safety measures, as provided in the following Annexes:

A. Screening Template for Potential Environmental and Social Issues
B. Health and Safety Guidelines for Equipping and Construction of ECDs
C. Environmental, Social, Health and Safety (ESHS) Impacts and Mitigation Measures for civil works for refurbishments and equipping of existing buildings and construction of new ECDs

Further information can be found in the following references:

- National Integrated Solid Waste Management Strategy (2022)[4]
- WBG guidelines for Health Care Facilities

ANNEX A: Screening Template for Potential Environmental and Social Issues

The table below identifies potential negative impacts of the proposed activities envisioned under the SPRP-AF investments. Many of the actions or activities have low or negligible potential negative impacts, such as purchase of equipment or supplies. Some may have impacts that are typical for small construction or rehabilitation activities, such as repair of damaged infrastructure, buildings, schools, clinics or individual houses to adapt them to be suitable for hosting ECDs. Similarly low negative impacts are expected from the works for the rehabilitation of community water supply systems in the 13 SPRP districts.

The form below is intended to be used as guidance by the RBC SPIU to screen potential environmental and social (E&S) risk levels of a proposed sub-project or activity, determine the relevance of Environmental and Social Standards, propose its environmental and social risk level, and whether or not an ESMP needs to be prepared for the subproject or activity. ***It is not a substitute for project-specific E&S assessments or specific mitigation plans.***

Subproject/Activity Name			
Subproject/Activity Location			
Subproject/Activity Proponent			
Estimated Investment			
Start/Completion Date			
	Subprojects/Activities	**Examples of Potential E&S Risks or Impacts**	**E&S Risk Level**
1	Purchase of construction/building materials and supplies	None	Low
2	Rehabilitation works for water supply systems	Increased dust, noise, water pollution, solid/hazardous/Toxic wastes, waste oil/fuels, public health and safety; and impacts on vulnerable individuals and groups.	Moderate

[4] https://www.mininfra.gov.rw/index.php?eID=dumpFile&t=f&f=65802&token=1d8fce1eafd916460f5818305e6fadfa83ab9e89

3	Repair, repurpose and equip health/ educational/ religious facilities	Increased dust, noise, water pollution, solid/hazardous/Toxic wastes, waste oil/fuels, public health and safety; possible contact with asbestos contamination during repair of damaged old buildings; and land acquisition; and impacts on vulnerable individuals and groups.	Moderate
4	Refurbishing/repurposing facilities to host ECDs;	Same as (2) above	Moderate
5	Construction of new ECD facilities	Traffic accidents due to moving machinery and equipment	Moderate
		GBV/SEA/SH risks from use of external workforce[5]	Moderate
		Disruption of school/healthcare or other services and/or utility services e.g. water, electricity	Moderate
		Improper storage of solid and hazardous waste and hygiene risks from temporary toilets resulting in pollution risks	Moderate
6	Rehabilitation of water supply systems: Refurbishing water collection chambers and concrete or stone water tanks; soil excavation and backfilling for removal of old water pipes and laying new water pipelines; rehabilitation of valve chambers, manholes; refurbishing pumping stations; refurbishing public taps and refurbishing or new installations of public facilities water connections	Traffic accidents due to moving machinery and equipment	Moderate
		GBV/SEA/SH risks from use of external workforce	Modertae
		Disruption of school/healthcare or other services and/or utility services e.g. water, electricity and temporary obstruction of access to entrances	Moderate
		Improper storage of solid and hazardous waste and hygiene risks from temporary toilets resulting in pollution risks	Moderate
5	Removal and disposal of debris associated with any eligible activity;	Waste management and disposal	Moderate
6	Disposal of wastes generated at refurbishing/repurposing ECD sites, asbestos-based materials, other toxic/hazardous wastes; and wastes generated during the rehabilitation of water supply systems;	Increase health risks, need management of waste, toxic materials asbestos-contaminated debris	Moderate
7	Temporary toilets for construction workers/site staff	Hygiene, waste management	Moderate

Questions	**Answer**		**ESS relevance**	**Due diligence / Actions**
	Yes	no		
Does the subproject involve civil works including new construction, expansion, upgrading or rehabilitation of buildings and/or waste management facilities? Could climate change or extreme weather adversely impact the project?			ESS1	ESIA/ESMP, SEP
Does the subproject involve land acquisition and/or restrictions on land use?			ESS5	RAP/ARAP, SEP
Does the subproject involve recruitment of workers including direct, contracted, primary supply, and/or community workers?			ESS2	LMP, SEP

[5] Substantial rather than High as only one ECD is planned for construction/establishment for each location. Therefore, only small numbers of workers external to the local setting are expected to be recruited.

Does the subproject have a GRM in place, to which all workers have access, designed to respond quickly and effectively?				
Is the subproject located within or in the vicinity of any ecologically sensitive areas?			ESS6	ESIA/ESMP, SEP
Is the subproject located within or in the vicinity of any known cultural heritage sites?			ESS8	ESIA/ESMP, SEP
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?			ESS1	ESIA/ESMP, SEP
Does the subproject carry risk that disadvantaged and vulnerable groups may have inequitable access to project benefits?			ESS1	ESIA/ESMP, SEP

ANNEX B: Health and Safety Guidelines for Equipping and Construction of ECDs and Rehabilitation of water supply systems

The following table lists the health and safety risks and impacts as well as mitigation measures associated with small civil works financed by the Bank for equipping/retrofitting and rehabilitation of existing facilities and construction of new ECD facilities as well as those associated with the rehabilitation of water supply systems. Potential mitigation measures and references to sources of additional advice and information are provided as guidelines for the RBC SPIU to use in preparing the appropriate environmental instruments such as the Environmental and Social Management Plan (ESMP).

Activity	Risks and Impacts	Mitigation Measures
Design activity – ECDs	Proportionate emphasis should be placed on the need for adequate hygiene and waste infrastructure.	Ensure that the designs for ECD facilities consider the collection, segregation and treatment of waste. The treatment of waste produced should be collected safely in designated containers and bags, treated and then safely disposed. Open burning of wastes can result in emission of particulate matter, and result in unacceptable health risks.
Construction - new ECDs; refurbishing and equipping existing buildings	Land acquisition for the construction of new ECDs. Injury during the construction of new buildings or refurbishment and equipping of existing buildings.	Follow ESS5 on E&S requirements in situations of land acquisition. Apply ESHGs to implementation of projects.
Rehabilitation of water supply systems	Injury during the refurbishing water collection chambers and repair/construction of concrete or stone water tanks; soil excavation and backfilling for removal of old water pipes and laying new water pipelines; rehabilitation of valve chambers, manholes; refurbishing pumping stations	Follow ESS2, ESS3 and ESS4 on E&S requirements for worker health, resource efficiency and pollution management and safety as well as community safety. Apply ESHGs to implementation of projects.
Employment of workers for ECD establishment and for rehabilitation works of water supply systems	Workers do not receive the medical care needed if injured or fall ill.	Contractors should ensure that contracted workers have comprehensive medical insurance. Follow ESS2 on E&S requirements for compliance with labor and working conditions.

ANNEX C: Environmental, Social, Health and Safety (ESHS) Impacts and Mitigation Measures for civil works for refurbishments and equipping of existing buildings and construction of new ECDs

The paragraphs below describe the ESHS risks at each of the stages or phases of small civil works projects. The subsequent matrix describes the associated mitigation measures. The discussion and matrix can be modified to create an Environmental and Social Management Plan (ESMP) for these types of small works under the SPRP-AF.

- **Phase 1 - Design and Deployment.** The selection of a site must take into account land ownership and community safety. Given that the SPRP-AF ECDs will be established on government land or on land donated to government by Faith Based Organizations (FBO) under MOUs, the refurbishment and/or construction activities with land acquisition and resettlement issues will be avoided. Once a site is being prepared, there must be attention paid to avoid impacts such as controlling runoff, having safe areas for waste storage bins or receptacle storages, and adequate facilities for the collection, storage and eventual treatment of sanitary wastewater. Standard measures to avoid impacts from construction vehicle traffic, dust, and noise must be observed, as well as those dealing with occupational health and safety for site workers. Areas with diesel generators may also be used for power or emergency back-up, requiring adequate ventilation, fuel storage, and safety measures. As well, construction waste and debris will need to be disposed of properly. Works for the rehabilitation of water supply system must also pay attention to avoid negative impacts such as access disruption to homes and business and access to utility services and put in place effective measure to restore them without delay. Appropriate measures for waste management should be put in place to avoid or mitigate pollution risks and impacts.
- **Phase 2 - Operations.** It is important that after completion of refurbishments and construction of EDCs, cleanups are carried out entailing safely removing and appropriately disposing the remaining construction hazards such as nails, broken glass and leftover building materials. Once operational, EDC facilities will generate waste which will need proper treatment and disposal. Hygiene and infection control procedures are also of critical importance to prevent or contain infectious disease outbreaks within ECDs.

Phase 1 - Design and Refurbishment/Construction; and Rehabilitation of Water Supply Infrastructures

Aspect	Potential Impacts	Mitigation Measures
Site selection for construction/ assembly area	There may be anxiety and complaints from those living in or using nearby areas about potential impacts ECDs	Conduct community outreach once site has been finalized. Follow the relevant Rwandan laws and regulations and ESS10 on Stakeholder Engagement and Information Disclosure
Hazardous materials handling, storage, use and transportation	The risk of accidental discharge of hazardous products, leakage of hydrocarbons, oils or grease from construction machinery	• Avoid the storage of hazardous substances around water bodies • Ensure that storage containers of hazardous substances are always in good condition and tightly closed • Ensure that storage facilities have impervious surfaces with bunds to control spill in case of accidental spillage • Develop spill response plan as part of the construction ESMP

Aspect	Potential Impacts	Mitigation Measures
		• Secondary containment for fuels to avoid spill contamination and inspection during operation • Some training in fuel and waste handling should be part of the orientation for workers Maintain the Material Safety Data Sheets (MSDS) for hazardous materials onsite
Wastes and debris from construction of new ECDs /refurbishment of existing facilities /rehabilitation water supply systems	• Improper storage and/or disposal of materials • Dispersion of materials in nearby canals, ditches, rivers, streets and adjacent properties	• The contractor shall handle construction materials and waste in accordance with approved procedures. • The contractor should only dispose of materials in areas approved by the relevant authority • The contractor shall contain excavated materials in the vicinity of the worksite within berms to prevent dispersion and sedimentation of drains, wetlands, streets and adjacent properties • In case of accidental waste dispersion, the environmental authority shall be informed, and restoration measures shall be applied
Dust and noise from construction/ refurbishment / rehabilitation works activity for water supply systems	• Impaired air quality due to emissions from vehicles and dust generated • Respiratory impacts on site workers, nearby residents and pedestrians • Noise generation from the use of machines and construction equipment with its impact on workers and neighbourhoods	• Dust suppression methods such as wetting materials or slowing work should be employed as needed to avoid visible dust • Gas masks / respirators when working in closed areas such as access manholes, etc. (according to approved procedures) • Document requirements and standards in the Contract • Hearing protection for working around machinery where the noise exceeds 85 dB (according to approved procedures) • The location of noisy machinery (including generators) can be positioned away from sensitive sites such as schools' hospitals, residential areas etc. • Maintain vehicles and Contractors machinery according to maintenance requirements.
Community Health and Safety	• Movement of heavy trucks and equipment may cause traffic problems and create unsafe situations for local motorists. • Unauthorized entry of local persons may place them in jeopardy if they are on work locations.	• Ensure that a Traffic Management Plan is in place where this might be an issue. • Ensure that sites are properly barricaded during construction and temporary pedestrian walkways are provided when required • Restrict hospital staff and public from going to the construction site during and outside working hours by placing posters, reflecting tapes and erecting barriers. • Contractor must develop a Community Health and Safety Plan (CHSP).
Worker health and safety	• Accidents to workers on the construction/rehabilitation works sites for water supply system	• Train workers on prevention of accidents and managing incidents. • Workers must wear protective gear. • Provide first aid kit and emergency plan for accidents or incidents • Proper supervision of the construction workforce.
Water pollution from runoff or infiltration of wastes on different sites	• Clogging of ditches or drains with sediment or silt	• Prepare the ground where the facility or equipment will be placed by compacting, lining, coating, and otherwise ensuring it is impervious to water infiltration or percolation.

Aspect	Potential Impacts	Mitigation Measures
where facilities or equipment may be deployed	• Fouling of waterways with pollutants of any kind	• Sensitize the workers to appropriately manage construction materials and wastes • Use berms, silt traps or silt fences, pits or other measures to ensure that any runoff from the site is controlled.

Phase 2 - Operations

Aspect	Potential Impacts	Mitigation Measures
Community Health and Safety	Unhealthy interaction of children and their minders with residents around the ECD	Control and restrict access to the ECD according to MINEDUC guidelines.
Occupational Health and Safety	Injury of workers	• Train staff and workers on how to use PPE and ensure there is adequate supply • Regularly monitor performance and conduct maintenance of equipment • Train staff in infection control and SOPs for equipment. • Follow ESS2 for guidance on labor and working conditions.
Non-hazardous liquid and solid waste	Unintended mixing of wastes, vector control, waste and debris accumulation	• Segregate liquid and solid wastes where possible • Construct the septic tank and soak-pit according to the design specifications • The latrines or septic tank and soak pit site should be regularly monitored and serviced to prevent problems or overflow • Ensure that wastewater disposal is adequately budgeted for maintenance • Follow ESS3 for guidance on waste management.
Traffic Management and Access Control	Unauthorized entry to ECD facility of vehicles or persons	• Control visitor access and movement into and out of the ECD facility and surrounding areas • Establish dedicated loading and unloading areas for supply vehicles.

III. Resource List: Guidance

Technical guidance

- National Guidelines for Sustainable Operation and Maintenance of Rural Water Supply Systems issued in May 2019
- Recommendations to Member States to Improve Hygiene Practices, issued on April 1, 2020
- Infection prevention and control at health care facilities (with a focus on settings with limited resources), issued in 2018
- Safe management of wastes from health-care activities, issued in 2014

WORLD BANK GROUP GUIDANCE

- Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings, issued on March 20, 2020
- WBG EHS Guidelines for Healthcare Facilities, issued on April 30, 2007

IV. Stakeholder Consultation

ANNEX D: Summary of discussions with stakeholders during the consultation meetings in SPRP districts (Kayonza, Huye, Nyamagabe, Nyaruguru, Ruhango, Nyabihu, Rusizi, Rutsiro, Ngororero, Ruhango, Gakenke, Bugesera and Rubavu) -from November 27th to 01st December.

No.	Comments and/or Issues raised	Participants who raised the issue	Response from the E&S Team
1	For water pipes that will pass through citizens' lands, there is a need for consistent awareness raising to ensure awareness across PAPs. There is a need for certified land valuers to avoid misleading information	Vice Mayor in charge of Social Economic	To ensure awareness throughout project implementation frequent site visits and stakeholder engagement sessions with beneficiaries to ensure any issues that would arise would be taken care of early enough to avoid complaints. The project must use certified land valuers to ensure the information provided is satisfying to both implementers and beneficiaries.
2	Regarding ECD construction sites, for government land, there is no need for a copy of the registered land since the UPI has all the information kept by the National Land Center.	Vice Mayor in charge of Social Economic	The team assured district officials that that is okay for the government land however requested the district to respond to the official letter sent by NCDA that shows how those lands are free. For the land that belongs to FBO, a consent form will have to be signed to ensure that the owner agrees and there are no objections.
3	We are excited about the newly added components and appreciative of the initiative and will be committed to protecting and being part of the project. However, what about the compensation issues that might arise during project implementation?	Beneficiary representative	The team assured the participants that RBC as the overall implementer will ensure that the institutions directly involved with compensation do it early enough to allow all activities to commence.
4	To avoid expropriation issues there is a proposal to use this strategy proposed. 1- Creating employment for the beneficiaries within the vicinity of the project 2- Putting more effort into where pipes will pass through houses for expropriations	Director/Social	The team appreciated this incredible insight and assured this would be considered moving forward.
5	For ECD sites, there is a need to conduct feasibility studies to ensure no future environmental or social issues. e.g lightning incidents and others	Engineer	A feasibility study will be conducted to ensure there are no environmental and social issues in the future.
6.	Continued effort for awareness creation is very important. Is there room to support other district initiatives that complement SPRP project objectives regarding stunting reduction? e.g *we have an initiative called Sezerea igwingira*	V/M	There will be continued sessions with project beneficiaries throughout project implementation. The team mentioned that there is always room for advocacy and whenever there are resources, relevant stakeholders will be informed to ensure project sustainability.
7	We would like to benefit in terms of employment opportunities since these activities will benefit us directly.	Beneficiary	There is no doubt that the beneficiaries will be directly involved in the construction works and ensure the employment of the beneficiaries
8	Now that the project secured AF, are PBF issues also resolved?	CHW Beneficiary	Yes. The team assured the participant that they are working to resolve the PBF issues at the

No.	Comments and/or Issues raised	Participants who raised the issue	Response from the E&S Team
			central level and will resume this program in no time
9	Regarding ECDs, we appreciate the impact that SPRP has brought to the beneficiaries. We wish to have IDP Model ECDs (e.g in Gashenyi sector: Rukura, taba, and rutenderi cells that can benefit from it)	Social affairs	The team appreciated this great idea and assured the participants to have it considered soon projects.
10	WASH activities- How long is it going to take for the activities to begin?	Social affairs	As soon as we have concluded these consultations and have the documents reviewed and cleared by the WB, then these activities can commence.
11	If we do get employment opportunities, please ensure that the payments are made on time	Beneficiary	This will be taken into consideration and ensure the employees are paid on time by the contractors.
12	ECD construction should be scaled up to allow all children in the country to benefit from this program	Beneficiary	The team appreciated the participants for this concern and assured them that as resources are mobilized, there is going to be a scale-up. They also assured them of advocacy.
13	Is it possible to connect everyone who wants to be connected to the Water Supply System after the completion of the Water Supply system?	Ndago Cell representative	Household connections will be possible
14	The WSS passes near households without serving them.	CHW representative	The authorities will continue to advocate for new HH connections.
15	The high cost of getting land titles.	Opinion leader	The new law for land prices will be applied
16	Some ECDs have meals others don't have.	One of the community health workers.	The parents must contribute to the meals of their children.
17	Most water supply schemes are old. They need to be rehabilitated.	Vice Mayor Social affairs	WASAC to advocate for further planning.
18	The property compensation be before or after project implementation?	District Division manager	The compensation will be before project implementation.
19	Properties valuation process	Headteacher	The closer partnership between the valuer, People Affected by the project, and local leaders is the response to the sustainability of water infrastructure.
20	The land dimension for the construction of ECDs must be determined.	School construction engineer, Gakanka Primary school headmaster &Vice Mayor social affairs	ECD will have 3 rooms, soon NCDA will determine the size of land needed.
21	Considering the usual tendering processes, won't this delay the project implementation especially when only one and a half years are remaining?	District official	It was assured to the participants that the processes were being fastened and that the sooner the consultations were done the quicker the process would resume.
22	We have encountered situations where we get water during rainy seasons and no access during the dry season which is very frustrating	Beneficiary	There is a need for WASAC to continue advocacy and mobilize funds for further rehabilitation and pipe extension to avoid this issue.
23	Is there a possibility to build technical schools/training centers for the children graduating from primary schools?	President/Cell technical committee	There are relevant institutions that already have such projects however, resource mobilization and advocacy will continue to be done at all levels

No.	Comments and/or Issues raised	Participants who raised the issue	Response from the E&S Team
24	We have seen FBFs being given to those who are well off, what's being done to avoid this issue?	Beneficiary	The revamping of the old system of categorization will allow room for accuracy. The new categories will ensure that the FBF is being given to the right person.
25	People are not happy with the property price given by the valuer during the compensation process.	ES Kamatimba Cell.	Every year, the Institute of Real Property Valuers in Rwanda sets the property prices to be used in different areas of the country from the minimum to the highest price based on the market value.
26	The difference between the functionality of new ECDS and existing Ones	In charge of social affairs from Nkanga Sector	It was explained that 2/3 of ECDs will be center-based ECDs. Those 2 ECDs will have caregivers who will be paid by the Ministry of Education, Parents shall contribute to the meals of children. 1/3 ECDs will model be an ECD center. This ECD will have improved shelter, caregivers paid by the Ministry of Education, and appropriate equipment to serve as a model for other ECDS. The contribution of parents shall also be the meal of kids.

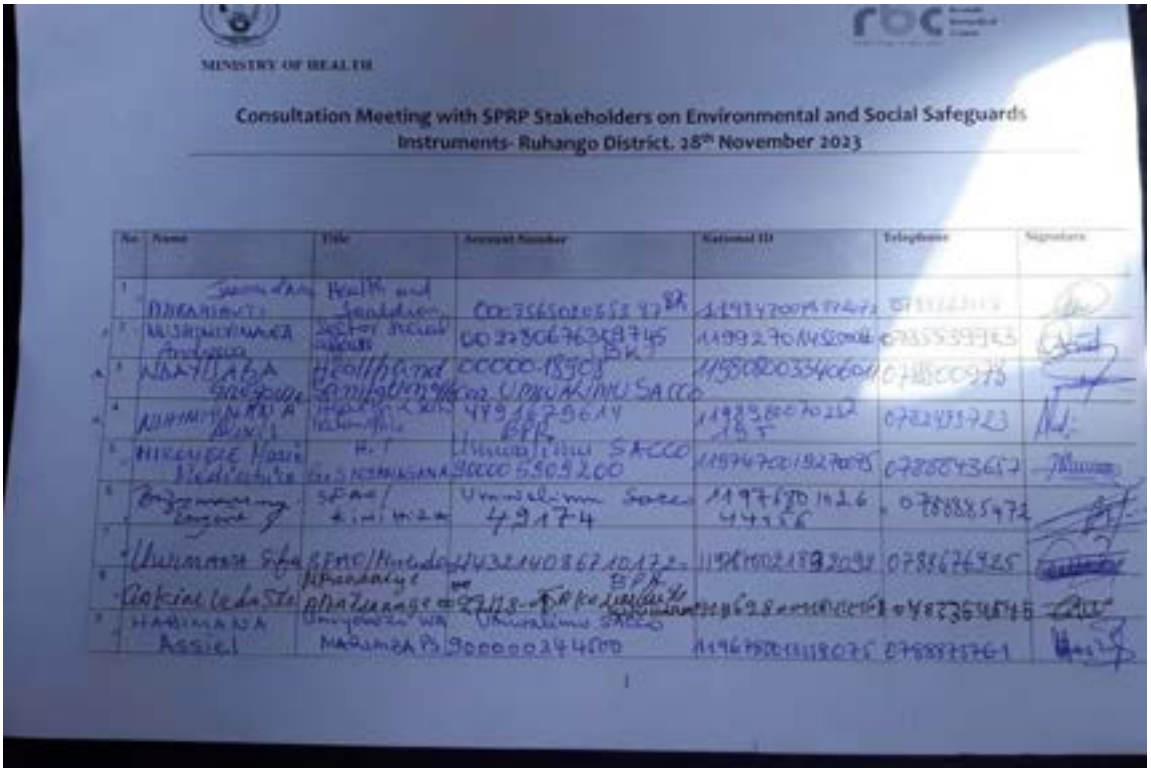
V. SPRP New activities

Annex E: Table showing SPRP-AF Civil Works

New Activities under SPRP-AF				
Construction and Equiping ECD Settings	Construction of three (3) model ECD/childcare settings (each with with 3 rooms, 1 kitchen, office, sleeping room, toilets, outdoor play materials and fence): Huye: 1; Rubavu: 1 and Rusizi: 1	Number of ECD settings constructed	3	13 Districts
	Construction of 16 center-based ECD/childcare settings (each with 3 rooms, 1 kitchen, office, toilets outdoor play materials and fence): Ruhango: 4; Nyamagabe: 4; Karongi: 4; and Bugesera: 4.	Number of ECD settings constructed	16	13 Districts
	Construction of 26 community-based ECD/childcare settings (each with 2 rooms, 1 kitchen, toilet, outdoor play materials and fence)	Number of ECD settings constructed	26	13 Districts
WASH activities	Rehabilitation and extention of water supply systems in communities of 13 SPRP Districts for distributing clean water to Households, ECDs and Health Centers	Number of HHs, ECDs, Health Facilities and Schools with access to improved WASH	946,044 People, 507 ECDs, 117 Health Centers and 191 SchoolS	13 Districts

VI. Consultations Attendance

ANNEX F: SPRP-AF Consultation List 27th November to 01st December 2023



MINISTRY OF HEALTH

Consultation Meeting with SPRP Stakeholders on Environmental and Social Safeguards Instruments- Ruhango District. 28th November 2023

No	Name	Title	Account Number	National ID	Telephone	Signature
1	[illegible]	Health and Sanitation	[illegible]	[illegible]	[illegible]	
2	[illegible]	Sector [illegible]	00278067638745 BK	[illegible]	[illegible]	
3	[illegible]	Health and Sanitation	00000-18908 [illegible]	[illegible]	[illegible]	
4	[illegible]	[illegible]	4491679614 BPR	[illegible]	[illegible]	
5	[illegible]	[illegible]	[illegible] SACCO 900005909200	[illegible]	[illegible]	
6	[illegible]	[illegible]	[illegible] Sacco 49174	[illegible]	[illegible]	
7	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
8	[illegible]	[illegible]	[illegible] BPR	[illegible]	[illegible]	
9	HABIMANA Assiel	[illegible]	[illegible] SACCO 900000344500	[illegible]	[illegible]	

MINISTRY OF HEALTH

Consultation Meeting with SPRP Stakeholders on Environmental and Social Safeguards Instruments- Bugesera District. 30th November 2023

No	Name	Title	Account Number	National ID	Telephone	Signature
1	[illegible] Emmanuel	[illegible]	4009100450574	[illegible]	[illegible]	
2	SEMUHEZA [illegible]	[illegible]	3933 Sacco Rilima	[illegible]	[illegible]	
3	[illegible]	[illegible]	0282700 RIM	[illegible]	[illegible]	
4	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
5	NIYONZIMA [illegible]	ES/Sector (Ai)	[illegible] BK	[illegible]	[illegible]	
6	[illegible]	[illegible]	4157 [illegible]	[illegible]	[illegible]	
7	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
8	[illegible]	[illegible]	[illegible] BK	[illegible]	[illegible]	
9	[illegible]	[illegible]	[illegible] BK	[illegible]	[illegible]	

MINISTRY OF HEALTH

rbc

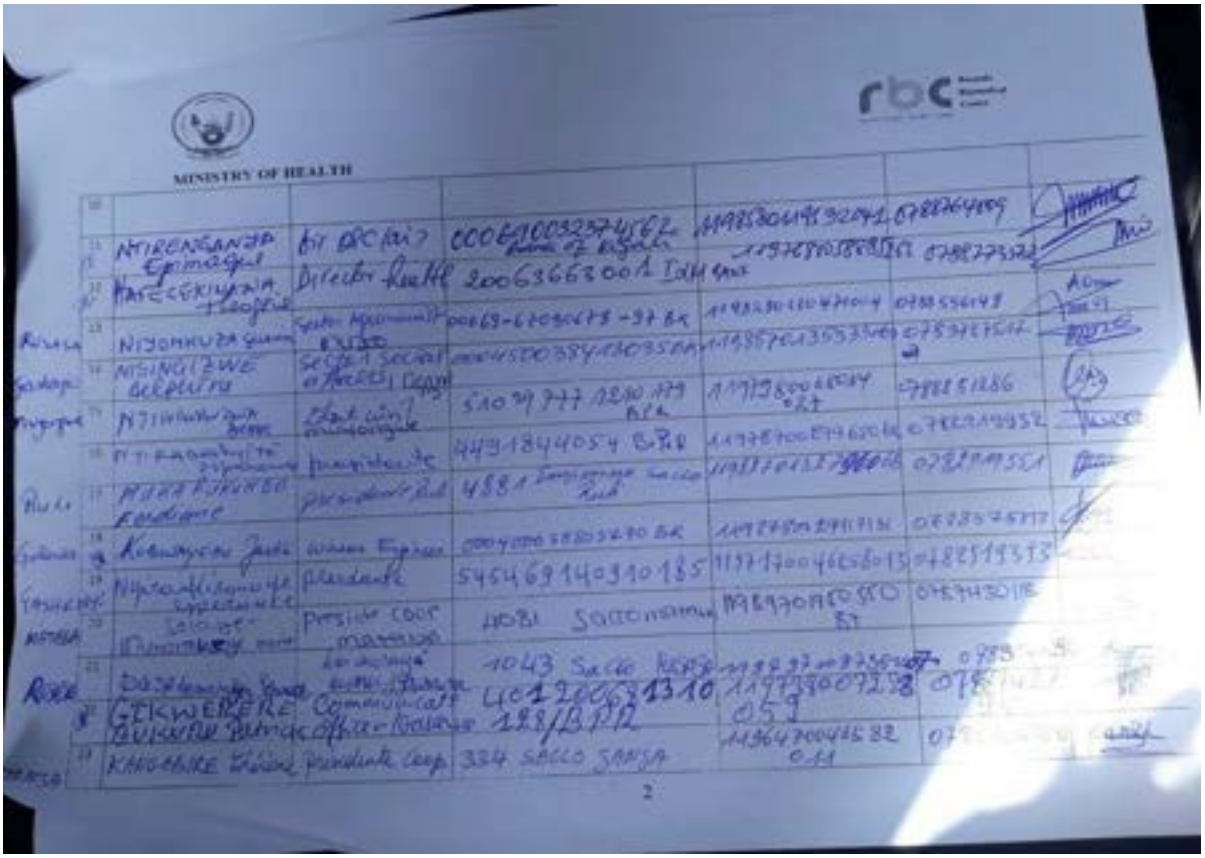
Consultation Meeting with SPRP Stakeholders on Environmental and Social Safeguards Instruments- Kayonza District. 01st December 2023

No	Name	Title	Account Number	National ID	Telephone	Signature
1	BIMENYIMANA Vianney Baptiste	School Cashier	—	1198480036504 0	0788498665	
2	Kabera P. Claver	Health Promotion officer	—	1198800667041 01	0784704030	
3	MUVUNYI NIMIA Emmanuel	EOS Focal point		1198780190644162	0783532862	
4	NGARAMBE J Paul	WASH officer	—	1198180142879028	0788270058	
5	MUGABO Félix	DHP & DO	—	1197980078305205	0783382108	
6	Oliver KATIU	Environmental Specialist	—	—	0783465056	
7	Kanyana Kizito	PFS	—	—	0789443673	
8	Hatacha MUNGARAYINKA	Social Safeguard Specialist	—	—	0781981774	
9	Philbert NENA	WASH Specialist	—	—	0788891916	
10	GAKUBA Fidèle	Project Manager	—	—	0788307930	

MINISTRY OF HEALTH

Consultation Meeting with SPRP Stakeholders on Environmental and Social Safeguards Instruments- Huye District. 27th November 2023

No	Name	Title	Account Number	National ID	Telephone	Signature
1	HABAKURAMA Dativa	DHU	0201424000166A	1198180046030148	0788318276	
2	UWIZEYIMANA Jeanne d'Arc	Headteacher	2877 Umwalimu SACCO	1196370070202 2	0788518319	
3	UMUBYEYI Claude	Parrainage Cell Leader Mutarama/Huye	400811282436/Equity	1197600265306 8	0782770372	
4	UMULISA Bertilde	Mulinjine nyeu		1196270017690 60	0785535833	
5	UWINGABIRE Mediatrice	Teacher (Kreye)	90886 Umwalimu SACCO	1197170018943006	0788658250	
6	HABIMANA Damien	Headteacher	90634 Umwalimu SACCO	1187620038440 40	0788614886	
7	NENA Philbert	WASH Specialist	—	1198701800218 0	0788891916	
8	ALEXIS SIBOMANA	WASH Engineer WASH	400211137787 7 Equity Bank	1198580214697117	0788195849	
9	Hatacha MUNGARAYINKA	Social Safeguard Specialist	—	1199070223020 0138	0781981774	



ANNEX G: Photos taken during consultation meetings in SPRP districts