

SCREENING RVO D2B ON E(S)IA REQUIREMENTS & IFC PS

The NCEA's conclusions on the E(S)IA requirements for the projects below cannot be taken as legal advice or a substitute for a formal screening decision by the relevant local authorities.

Information on Request

Request from: RVO/D2B

Date request: 6 December 2019

Date screening: 16 December 2019

Project: D2B19UG02 – Regional Referral Hospitals

Country: Uganda

Confidentiality required: Yes

RVO point of contact for request: Harold Hoiting, ESPA and Nicolas Aki and Charlotte Swart, PA's.

Project documentation on basis of which screening was undertaken:

- QE Memo D2B19UG02 – Regional Referral Hospitals, UGANDA, 5 p. 28 Nov. 2019
- AMPC report August 2019, Improving the Referral System, Uganda Strengthening the Capacity of the Regional Referral Hospitals, 41 p.
- Annex I Site visit report by Ministry of Health, April 2019, 169 p.
- Annex II Equipment list per hospital, 3p.
- Annex III Capacity building plan, 12 p.
- Annex IV Power infrastructure requirements, 1p.
- Draft D2B formulation plan, December 2019, 17 p.

Screening Situation

The overall project can be defined as the improvement of the 14 Regional Referral Hospitals (RRHs) in Uganda (see map and table below). This will strengthen the referral structures within the health care system. The four main elements to achieve this goal are:

- Delivery and installation of medical equipment

- Improvement of physical infrastructure to ensure proper functioning of the new high-end medical equipment
- Capacity building and transfer of specific knowledge to ensure the sustainability of implemented improvements
- Maintenance of all installed equipment for 5 years.

Note that already in 2015, Philips submitted a DRIVE Quick Scan for this project, with the aim to further develop this project and directly negotiate the implementation contract. In 2016, AMPC (contracted by Philips) submitted a Project Definition which roughly described the equipment needs of the regional referral hospitals. Based on that information, the RVO requested an NCEA screening advice early 2017. This screening advice was issued on 2 Feb. 2017 (see Annex).

Since then, several reasons (explained in QE memo) prevented the project to reach the DRIVE Intake phase. The Ministry of Health has now requested D2B support to develop the feasibility studies, ESIA, technical specifications and tender documents for implementation.

As far as the NCEA could check based on the available documentation, the project scope and activities have not changed significantly, apart from the fact that an extra RRH is added (14 instead of 13) and the anticipated budget has increased (from about 45.000.000 USD in 2017, to roughly 55.000.000 in 2019). More than half of the total cost of the project resides in the equipment cost, the other parts go to infrastructure, capacity building and maintenance. The infrastructure component includes pre- installation works, room adaptations and a range of minor-to-major rehabilitation works. In addition, some renovation works are planned and in some cases construction of a complete new department is foreseen, to accommodate the new equipment. Furthermore, the necessary infrastructure work and equipment associated with upgrading the electrical capacity of the relevant hospital departments is included (e.g. full or partial upgrade of transformer, voltage regulator and switchgear).

Screening against national E(S)IA regulation: Screening approach and conclusion

In March 2019, the new National Environment Act 2019 came into force. The Act contains provisions for ESIA (Articles 110 to 116). The Act also contains schedules indicating projects that are subject to project briefs (Schedule 4), projects that require full ESIA (Schedule 5), sensitive areas that may lead to a full ESIA (Schedule 10) and projects that are exempt from ESIA (Schedule 11). The ESIA regulations are from 1998, but have been revised to be in line with the new Act. According to the latest update received by the NCEA (August 2019), the ESIA Regulations are with Ministry of Justice for finalization.

The Ugandan ESIA regulations consider two types of procedures. Projects requiring submission of project briefs (= a summary statement of the likely environmental impacts of a proposed project) and projects requiring full ESIA.

Project briefs

Projects for which project briefs are required according to Schedule 4, part I of the National Environment Act, 2019 can submit these directly to the National Environmental Management Authority (NEMA). NEMA will consult with lead agencies and will then take a decision on the project brief.

Projects for which project briefs are required according to Schedule 4, part II of the National Environment Act, 2019 can submit these directly to the applicable lead agency, who is then mandated to decide on the project brief.

For projects requiring project briefs, no scoping or Terms of Reference are required.

Full ESIA

Projects for which a full ESIA is mandatory (according to Schedule 5 and possibly Schedule 10 of the National Environment Act 2019) go through a more elaborate procedure, involving scoping/ToR, consideration of the ToR by NEMA (in consultation with lead agencies), undertaking the ESIA study including stakeholder consultation during the ESIA study. This results in the ESIA Statement, which is then submitted to NEMA. Review of the ESIA statement is done in consultation with the lead agencies and the general public and persons likely to be affected by the project. IN some cases NEMA may decide to hold a public hearing at the expense of the developer. NEMA will then proceed to decision-making, taking the review and consultation results into account. The decision will lead to an Environmental Certificate (of approval). In some cases NEMA may decide to hold a public hearing at the expense of the developer.

For further details see: <https://www.eia.nl/en/countries/uganda/esia-profile>

Screening conclusion:

- Schedule 5, Category 5. 'Housing and urban development' mentions under (c) Construction and expansion of public and private hospitals.
- Schedule 4 part I refers in the same category to (c) Construction and expansion of public health centres III and IV, private health centres and clinics or their equivalent.
- Schedule 4 part II, refers in the same category to (e) Construction of Health Centre II.

Schedule 4 is not applicable as the project is not a Health Centre II, III or IV.

Schedule 5 is not likely to be applicable either as the project will be implemented in existing hospitals that are currently operational, except in those RRHs where new buildings/departments will be constructed to house new equipment.

The NCEA advises to consult with NEMA whether new buildings/departments are considered to be an 'expansion', and for which of the RRH's this consequently may trigger an ESIA.

Which IFC Performance Standards are triggered? Assessment and conclusion

To qualify for RVO financing, projects must conform with the IFC Performance Standards (see also Annex with the NCEA conclusions on IFC PS assessment done in 2017). Hereunder similar conclusions are drawn:

IFC PS 1: Assessment and management of Environmental and Social Risks and Impacts: *triggered*

This PS applies to all projects. It requires that project proponents identify and assess environmental and social impacts, and then anticipate, avoid, minimize or compensate impacts as needed to improve their social and environmental performance. Where a project requires an ESIA according to the local requirements (which may be the case of some of the RRHs), this ESIA process can be utilized to comply with IFC PS 1. However, following NCEA's screening conclusion, it is unlikely that all RRHs will require an ESIA. In that case IFC PS 1 requires a form of assessment that is proportionate to the project activities.

IFC PS 2: Labor and Working Conditions: *triggered*

An approximation of the workforce that will be mobilized in project implementation needs to be made, including identification and management of any issues regarding the treatment, health and safety of workers (for instance in relation to the supply of equipment, construction material or management of project waste). In addition, occupational health and safety issues may be at stake, such as hazards affecting health care providers, cleaning and maintenance personnel, and workers involved in waste management handling, treatment, and disposal.

IFC PS 3: Resource Efficiency and Pollution Prevention: *triggered*

Because the project involves the use of resources and energy for rehabilitation and operation. In addition: during construction activities, waste will be produced (but limited). A specific point of attention is the (hazardous) hospital waste that may be produced using the new equipment.

IFC PS 4: Community Health, Safety and Security: *unlikely to be triggered*

In some RRHs safety and health risks and nuisance for different users of the area may occur, where construction of new buildings is foreseen. Also some noise, dust, safety (heavy traffic) issues may occur during the delivery of the equipment. In the

operational phase no impact is expected. Moreover, the project aims to achieve a decrease in mortality rates and improvement of the health care system.

IFC PS 5: Land Acquisition and Involuntary Resettlement: *unlikely to be triggered*

The available information is insufficient to determine whether land acquisition is needed and involuntary resettlement could happen in the case of construction of new buildings/departments. Therefore, it is important to identify if any economical or physical resettlement could be required (or desirable from safety point of view).

The following IFC are not triggered, as activities take place in an urban setting in or near to already existing RHHs.

IFC PS 6: Biodiversity Conservation and Sustainable Management of Living Natural Resources: *not triggered*

IFC PS 7: Indigenous peoples: *not triggered*

IFC PS 8: Cultural heritage: *not triggered*

Important procedural milestones and other points of attention for the upcoming E(S)IA process
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The IFC Environmental, Health, and Safety Guidelines for 'health care facilities' are relevant reference material. These will be helpful in identifying and addressing the relevant issues under IFC PS 1-3. <https://www.ifc.org/wps/wcm/connect/960ef524-1fa5-4696-8db3-82c60edf5367/Final%2B-%2BHealth%2BCare%2BFacilities.pdf?MOD=AJPERES&CVID=jqeCW2Q&id=1323161961169>

If for some of the RRHs an ESIA would be required according to Ugandan regulations, the following milestones apply:

- the developer shall initiate the assessment by undertaking a scoping exercise in accordance with ESIA Guidelines issued by NEMA. **The scoping exercise shall give rise to a terms of reference for the ESIA.** The draft ESIA regulations contain content requirements for these ToR.
- **The environmental practitioners shall be registered and certified** in accordance with National Environment (Conduct and Certification of Environmental Practitioners) Regulations, 2003.
- The ToR shall be considered and **approved by NEMA (including input from lead agency).**
- **Undertaking the ESIA study** including stakeholder consultation during the ESIA study.

- **Preparation of ESIA report:** needs to take place according to ToR and submitted to NEMA.
- **Review:** If NEMA deems the report complete upon receiving the comments of the lead agency, it invites the public to give their written comments and then directly invites the persons likely to be affected by the project also to give their comments. After review of all the comments, the Executive Director decides (if there are contentious issues) whether to have a public hearing (at the expense of the developer). The process of review is further detailed in the ESIA regulations.
- **Decision-making** by NEMA taking the review and consultation results into account.
- **The approval** of the ESIA report automatically implies that a certificate of approval of the project will be awarded.
- NEMA issued EIA **Public Hearing Guidelines in 1999.**

NCEA activities in the country (if any)

The NCEA has a long standing relation with NEMA since about 2010. Also collaboration is ongoing with Norwegian Oil for Development program and with several CSO's in the framework of the so-called Shared Resources Joint Solutions program. Details on NCEA activities in Uganda, including an ESIA country profile can be found here: <https://www.eia.nl/en/countries/uganda>

PSD activities in Uganda with NCEA involvement are: ORIO mini hydro, DRIVE hospitals, DGGF Thomstar and the D2B projects Jinja Waste, Old Taxi Park, Kampala Urban farming and Faecal Sludge Management in Kampala.

Screening undertaken by:

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