

**INTEGRATED SAFEGUARDS DATA SHEET  
ADDITIONAL FINANCING**

**Report No.: ISDSA16260**

**Date ISDS Prepared/Updated:** 28-Jan-2016

**Date ISDS Approved/Disclosed:** 29-Jan-2016

**I. BASIC INFORMATION**

**1. Basic Project Data**

<b>Country:</b>	Burkina Faso	<b>Project ID:</b>	P153104
		<b>Parent Project ID:</b>	P119917
<b>Project Name:</b>	Reproductive Health Project - Additional Financing (P153104)		
<b>Parent Project Name:</b>	BF-Reproductive Health Project (FY12) (P119917)		
<b>Task Team Leader(s):</b>	Haidara Ousmane Diadie, Paul Jacob Robyn		
<b>Estimated Appraisal Date:</b>	21-Jan-2016	<b>Estimated Board Date:</b>	15-Mar-2016
<b>Managing Unit:</b>	GHN07	<b>Lending Instrument:</b>	Investment Project Financing
<b>Sector(s):</b>	Health (100%)		
<b>Theme(s):</b>	Child health (20%), Health system performance (20%), Population and reproductive health (40%), HIV/AIDS (20%)		
<b>Is this project processed under OP 8.50 (Emergency Recovery) or OP 8.00 (Rapid Response to Crises and Emergencies)?</b>			No
<b>Financing (In USD Million)</b>			
Total Project Cost:	35.00	Total Bank Financing:	35.00
Financing Gap:	0.00		
<b>Financing Source</b>			<b>Amount</b>
BORROWER/RECIPIENT			0.00
International Development Association (IDA)			35.00
Total			35.00
<b>Environmental Category:</b>	B - Partial Assessment		
<b>Is this a Repeater project?</b>	No		

**2. Project Development Objective(s)**

#### **A. Original Project Development Objectives – Parent**

To improve the utilization and quality of reproductive health services in the Recipient's territory, with a particular focus on selected regions of Burkina Faso.

#### **B. Proposed Project Development Objectives – Additional Financing (AF)**

To improve the utilization and quality of maternal and child health, reproductive health and HIV/AIDS services in the Recipient's territory, with a particular focus on the poor and vulnerable

### **3. Project Description**

The proposed Additional Financing will: (i) improve the delivery and quality of a Maternal, Child and Reproductive Health Service Package through Performance-Based Financing; and (ii) support critical inputs for reproductive health and HIV/AIDS services. It includes the following components:

Component 1: Improving the delivery and quality of a maternal, child and reproductive health services through Performance-Based Financing (US\$22.0 million equivalent IDA Additional Financing): This component will have three subcomponents: (i) delivery of basic health care package; (ii) support to the implementation and supervision of performance-based financing (PBF); and (iii) strengthen financial access to health services for poor and vulnerable populations.

This component will continue implementation of PBF in the six selected regions where the rollout began in early 2014. PBF is being implemented to address critical impediments confronting the delivery of services at the district level. These challenges include the: (i) scarcity of funds to meet operating expenses; (ii) lack of focus on achievement of results and lack of accountability mechanisms of the district health system; and (iii) modest managerial capacity at the district level. In addition to the three pre-pilot districts (Boulsa, Leo and Titao), within each region, two districts were chosen which had the lowest of a combination of four indicators: (i) contraceptive prevalence rate; (ii) assisted deliveries; (iii) antenatal consultations; and (iv) post-natal consultations.

In the 6 selected regions, the MOH will support the provision of health services to be delivered and paid through the PBF system in selected health care facilities and continue to cover the provision of packages of basic health services (PBHS). The package of services will have a large focus on maternal and neonatal health, but will also continue to include non-maternal services (i.e. child visits, immunizations etc.), adolescent services, HIV/AIDS, tuberculosis, and malaria, to ensure that health care facilities do not neglect other services.

As such, the Additional Financing would support the provision of the package of services under the PBHS, which will also now include the list of services provided free of charge to beneficiaries of the community targeting and insurance interventions currently being piloted, as well as new HIV/AIDS-related indicators. This component will also continue to support activities related to contracting, verification and training for PBF.

Component 2: Supporting critical inputs for reproductive health and HIV/AIDS services (US\$13.0 million equivalent IDA Additional Financing): This component will support reproductive health interventions related to the fight against HIV/AIDS and reproductive health services. It will be implemented at national level and will have three subcomponents: (i) training of health personnel, strengthening the capacities of teachers and training of trainers for pre- and in-service training of health professionals providing reproductive health services; (ii) provision of drugs and equipment to improve obstetric and neo-natal services in 10 health centers; (iii) strengthen demand for family planning and reproductive health services; (iv) demand creation for HIV prevention activities and

RH services for key target population groups; and (v) provision of health insurance and waste management equipment.

Key populations and vulnerable groups (in particular Sex Workers, MSM, prisoners, miners and truckers) account for a disproportionate share of the epidemic and act as vector of transmission in the general population. Targeting those groups in concentrated and mixed epidemic settings has proven to be the most efficient way of investing in the HIV response. The project will support interventions designed to create demand for treatment and prevention services from those populations and facilitate access to services and strengthen prevention and treatment services for key target populations provided by the Ministry of Health. Civil Society Organizations (CSOs) will be asked to submit proposals responding to the following priorities: i) geographic mapping activities to determine the location, volume and typology of sex workers; ii) demand creation for HIV prevention activities for key target population groups, in particular sex workers (SWs); iii) demand creation for HIV testing, with linkages to the care cascade and access to treatment for key populations. Through the implementation of demand-side proposals facilitated by CSOs, the following results are envisaged (i) an increased yield of members of key populations tested, in particular SWs; (ii) increased referrals of HIV-positive members of key populations to treatment facilities and retention in the care cascade; (iii) reduction of stigma and discrimination of key populations in particular through Sex Workers friendly clinics; and (iv) improved linkages with reproductive services for key populations.

**4. Project location and salient physical characteristics relevant to the safeguard analysis (if known)**

National Project.

**5. Environmental and Social Safeguards Specialists**

Leandre Yameogo (GEN07)

Yacouba Konate (GSU01)

6. Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	Under the proposed Additional Financing, the environmental category of the project will remain B – due to the potential for increased medical waste generation from health facilities and the need for proper management and disposal of this waste. The main safeguard instrument under this policy will be the Medical Waste Management Plan (MWMP). The plan, which covers the entire country, was developed and disseminated (InfoShop in the World Bank and in country newspapers in February 2011, is being implemented by the Ministry of Health and Population and it is agreed that the same plan will be applied in the context of the Additional Financing as the components and the targeted areas of the AF remain the same. The MWMP has been supervised regularly and deemed to be implemented in a satisfactory manner. The MWMP will be evaluated in 2016 along with the Mid-term review of the PNDS (and renewed together with it in 2016 based on lessons learned, new technical insights and

		possible institutional changes that may be identified during the MTR). The TORs for the update for the Sahel Women's Empowerment & Demographics Project (P150080) and Sahel Malaria/NTD Project (P149526) were developed and published on Friday 3rd, April, 2015. The safeguard specialist reviewed and cleared the TORs. The ToRs and publication were approved by the managers of HNP and environment in April –May 2015 prior to appraisals of the SWEDD and Malaria/MTN projects and the update is expected to be completed in the coming months. That being said, the current MWMP is still appropriate for the AF as the components and the targeted areas of the AF remain the same, and the relevant content for this operation will remain in the updated MWMP.
Natural Habitats OP/BP 4.04	No	The project is not expected to impact on natural habitats.
Forests OP/BP 4.36	No	The project is not expected to impact on forests.
Pest Management OP 4.09	No	The project is not expected to impact on pests.
Physical Cultural Resources OP/BP 4.11	No	The project is not expected to impact on physical cultural resources.
Indigenous Peoples OP/BP 4.10	No	There are no indigenous peoples expected in the project areas.
Involuntary Resettlement OP/BP 4.12	No	The project will not include any involuntary resettlement.
Safety of Dams OP/BP 4.37	No	The project will not include construction or rehabilitation of dams, nor rely on dams.
Projects on International Waterways OP/BP 7.50	No	The project is not expected to impact on any international waterway.
Projects in Disputed Areas OP/BP 7.60	No	The project will not be located in a disputed area.

## II. Key Safeguard Policy Issues and Their Management

### A. Summary of Key Safeguard Issues

<p><b>1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:</b></p>
<p>As with the original project, OP/BP4.01 is triggered for the Additional Financing due to the potential for increased medical waste generation from health facilities and the need for proper management and disposal of this waste. The main safeguard instrument under this policy will be the Medical Waste Management Plan (MWMP). The plan, developed and disseminated (Infoshop in the World Bank and in country newspapers in February 2011, is being implemented by the Ministry of Health and Population and it is agreed that the same plan will be applied in the context of the Additional Financing as the components and the targeted areas of the AF remain the same. The MWMP will be evaluated in 2016 along with the Mid-term review of the PNDS (and renewed</p>

<p>together with it in 2016). The TORs for the update for the Sahel Women's Empowerment &amp; Demographics Project (P150080) and Sahel Malaria/NTD (P149526) projects were developed and published on Friday 3rd, April, 2015. The ToRs and publication were approved by the managers of HNP and environment in April –May 2015 prior to appraisals of the SWEDD and Malaria/MTN projects and the update is expected to be completed in the coming months. That being said, the current MWMP is still appropriate for the AF as the components and the targeted areas of the AF remain the same, and the relevant content for this operation will remain in the updated MWMP.</p>
<p><b>2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:</b></p>
<p>There are no long term impacts due to the anticipated activities in the project areas covered under the Additional Financing.</p>
<p><b>3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.</b></p>
<p>Not applicable.</p>
<p><b>4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.</b></p>
<p>A Medical Waste Management Plan described earlier is being implemented by the Department of Public Hygiene at the Ministry of Health. Supervision is being done by the PADS, the Department of Public Hygiene and the World Bank. To date, the following activities have been implemented:</p> <ol style="list-style-type: none"> <li>1. two meeting and training of all staff implementing waste management;</li> <li>2. Purchase through ongoing procurement of 2 incinerators for hospitals; 4 incinerators for “Blood transfusing” department,</li> <li>3. Funding each year of health district/hospitals during the planning of their annual activities to purchase consumable (colored boxes for triage, gloves, gas oil...)</li> <li>4. Assessment of the health private sector (Clinics, Polyclinics and health cabinet). Followed by distribution of six incinerators, 60 tricycles to collect the waste and bring to the incinerators.</li> <li>5. Training of health facility staff using incinerators, supervised by the WB, the Department of Public Hygiene and the Burkina Faso Alliance of the Private Sector; including organization of the private providers in a networks for the management of medical waste;</li> <li>6. Realization of a video (26mn, realized as a baseline) for the basic management of waste in hospitals</li> </ol> <p>The same plan will be applied in the context of the Additional Financing and when the revised version is updated in 2016, it will include the content from the MWMP relevant to this operation and the AF.</p> <p>In addition, health centers will report on hazardous medical material waste management since that action will be included as an indicator is and will continue to be evaluated and purchased in PBF. The quantified quality checklist used by PBF to pay for performance on the quality measure, measures this element. The weighing for this aspect will be increased, and the adherence to the guidelines will be checked, and paid for, quarterly. Results from these quarterly evaluations show improving scores for waste management since the initiation of the project.</p> <p>The implementing agencies for the AF will be the same as the original project, namely the Ministry of Health and the SP/CNLS (National AIDS/STI Council).</p>

<b>5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.</b>
Key stakeholder: Ministry of Health Safeguard policies are disclosed in newspaper, internet and official MoH documents

**B. Disclosure Requirements**

<b>Environmental Assessment/Audit/Management Plan/Other</b>	
Date of receipt by the Bank	28-Feb-2011
Date of submission to InfoShop	28-Feb-2011
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	00000000
<b>"In country" Disclosure</b>	
Burkina Faso	28-Feb-2011
<i>Comments:</i>	
<b>If the project triggers the Pest Management and/or Physical Cultural Resources policies, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.</b>	
<b>If in-country disclosure of any of the above documents is not expected, please explain why:</b>	

**C. Compliance Monitoring Indicators at the Corporate Level**

<b>OP/BP/GP 4.01 - Environment Assessment</b>	
Does the project require a stand-alone EA (including EMP) report?	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ] NA [ <input type="checkbox"/> ]
<b>The World Bank Policy on Disclosure of Information</b>	
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ] NA [ <input type="checkbox"/> ]
Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ] NA [ <input type="checkbox"/> ]
<b>All Safeguard Policies</b>	
Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ] NA [ <input type="checkbox"/> ]
Have costs related to safeguard policy measures been included in the project cost?	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ] NA [ <input type="checkbox"/> ]
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ] NA [ <input type="checkbox"/> ]
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ] NA [ <input type="checkbox"/> ]

**III. APPROVALS**

Task Team Leader(s):	Name: Haidara Ousmane Diadie,Paul Jacob Robyn	
<b><i>Approved By</i></b>		
Safeguards Advisor:	Name: Johanna van Tilburg (SA)	Date: 28-Jan-2016
Practice Manager/ Manager:	Name: Trina S. Haque (PMGR)	Date: 29-Jan-2016