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Additional Financing Appraisal Environmental and Social Review Summary

Appraisal Stage

(AF ESRS Appraisal Stage)

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Date Prepared/Updated: 01/29/2024 | Report No: ESRSAFA657

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I. BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Somalia	EASTERN AND SOUTHERN AFRICA		

Project ID	Project Name
P181407	Second Additional Financing For Somalia Recurrent Cost And Reform Financing Phase Iii

Parent Project ID (if any)	Parent Project Name
P173731	Somalia Recurrent Cost & Reform Financing Project - Phase 3

Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Governance	Investment Project Financing	2/19/2024	4/30/2024

Estimated Decision Review Date	Total Project Cost
1/31/2024	65,000,000

Proposed Development Objective

To support the Federal Government of Somalia and Eligible Federal Member States to strengthen resource management systems, the inter-governmental fiscal framework, and service delivery systems in health and education.

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

No

C. Summary Description of Proposed Project Activities

The project supports Somalia's efforts toward a more resilient, inclusive and stable socio-economic environment. The Additional Financing's Performance Based Conditions will incentivize the Federal Government of Somalia and the Federal Member States to sustain the momentum of their reforms after the Heavily-Indebted Poor Country (HIPC) Completion Point is achieved and prepare them to operate in a post-HIPC environment. The Additional Financing will shift the focus from input-based to performance-based financing of recurrent costs (Component 1); continue support

to strengthening intergovernmental fiscal relations, including local governance development (Component 2); increase the share of performance-based financing in transfers for core government functions and foundational education and health service delivery (Component 3); support building a real-time feedback loop from the citizens who are intended to benefit from the investments (Component 4), and support project management activities (Component 5).

D. Environmental and Social Overview

D.1 Overview of Environmental and Social Project Settings

RCRF 3 AF will continue to expand the number of female health workers in all States as well as teachers. The project has continued to fund other civil service cadres in a range of sectors at FGS and FMS level. This AF will provide technical assistance (TA) on mechanisms at the local governance level to enable emergency financing in response to climate-related and other disasters, including TA on decentralizing decision-making for a more effective and efficient response and recovery process. Digital tools will also be leveraged to strengthen education and health delivery functions, data reporting and self-assessments and the use of solar charges by Female Health Workers (FHWs) to contribute to the use of clean energy and lower GHG emissions. As climate-related disasters become more frequent, Somalia is expected to see a rise in cholera, malaria, and other water-borne diseases. Training materials will be developed to ensure that FHWs are able to respond to the most vulnerable communities affected by climate change.

The AF will also promote the inclusion of women in governance structures, service delivery, and citizen engagement scaling up relevant activities of the parent project, which is gender tagged. Specifically, the RCRF III AF will (i) enhance the role of women in leadership positions in civil service through a dedicated PBC;6 (ii) promote women's participation in the teacher cadre through participation eligibility criteria; (iii) expand the coverage of the FHW program with the ambition of reaching 3,000 FHWs across Somalia (currently, 900 FHWs have been recruited and trained); and (iv) support gender-sensitive citizen engagement activities, such as outreach to female FHW service recipients, especially pregnant women and mothers, through the call center and mobilization of women's groups at the community level for interactions on health issues. Component 4 will have a strengthened focus on citizen engagement, open budget, accountability, transparency, and inclusivity. As initial activities laid the foundations for citizen engagement by improving transparency and collecting citizen feedback, the new activities will focus on closing the feedback loop, citizen participation, and encouraging government accountability. The AF will consolidate around successful pilots and incrementally expand them with the above objectives in mind. For the call center, this will entail personalization of messaging, integration of social media, and promoting open data. For the mass media, behavior change, and feedback campaign, this will entail rolling out the pilot to a wider geographic scope with a greater focus on collecting actionable feedback.

D.2 Overview of Borrower's Institutional Capacity for Managing Environmental and Social Risks and Impacts

The borrower has experience of implementing RCRF 1 and RCRF 2, both under Operational Policies (OPs) and RCRF 3 and AF under the Environmental and Social Framework (ESF). The parent project has established key labour management procedures including code of conducts and procedures for due diligence and reporting of contractors, a Grievance Mechanism and awareness raising materials and a medical waste management plan. The Environment and Social (E&S) performance of the parent project has been rated Moderately Unsatisfactory, due to absence of Senior social/GBV advisor and limited implementation of SEAH prevention and response measures, as well as lack of trust and transparency of the grievance mechanisms and poor reporting. While the Ministry of Finance has been implementing multiple projects, there is still insufficient capacity at both the FGS and the FMS levels to identify, understand and overcome environmental and social (E&S) risks and impacts including but not limited to labour

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management and OHS regulations, GBV risk management and provision of survivor-centric response services, stakeholder engagement and complaints handling mechanisms. The management of medical waste has however been satisfactory due to support from the Health technical partner. Capacity inadequacy will be more pronounced as AF project activities will be further devolved to the local government administration and include some community identified service delivery provision, related to health, education and climate mitigation activities, to be carried out in 2 districts per FMS by the district governments. A grants manual will be developed to outline these activities and an agreement will be signed between FGS and FMS to specify inter alia eligible activities, selection criteria, accountability, reporting, inclusivity, and community engagement requirements. This will also require robust and evidence based selection criteria to avoid political interference in district and site selection.

To support E&S capacity a senior safeguards/GBV specialist will be required under RCRF 3 AF at FGS level and the FMS social/GBV specialists will need further skills or training in SEAH/SH prevention and response. There will be close coordination with the Ministries of Health and Education who will also have social, GBV and environmental specialists and the Bank team will continue to work closely with government side and provide technical support.

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

A. Environmental and Social Risk Classification (ESRC) — Substantial

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A.1 Environmental Risk Rating — Moderate

The environment risk rating is Moderate, due to the waste generated from the medical kits to be supplied to female health workers. The absence of medical waste management procedures may cause uncontrolled outbreaks of contagious diseases and is a threat to public health. Other project activities do not pose additional risks, since they relate to technical assistance, capacity building and training. Activities as part of community service provision to be carried out by district governments under component 2.4 will be restricted to soft activities or minor rehabilitation as specified in the ESMF.

A.2 Social Risk Rating — Substantial

The social risk rating is considered Substantial taking into account the following key social risks and impacts: (i) potential risks of increased social tension in the community (for example, on access to project benefits, how services are delivered, or siting of services); (ii) occupational safety hazards for the workers involved in the implementation of the project, especially in newly liberated areas, where security and emergency response is hard to provide and government-supported services may be targeted; (iii) sexual exploitation and abuse, sexual harassment (SEA/SH), and other forms of gender-based violence (GBV) that may occur in recruitment, retention and/or dismissal of female workers, and also in the delivery of both health and education services; and (iv) risk of elite capture, including potential nepotism, leading to the exclusion of disadvantaged and vulnerable groups, particularly in recruitment and service provision activities. There are also contextual risks of operating in a conflict zone and complex social context, which could adversely affect the implementation of effective and inclusive community consultations, monitoring, and developing effective and trusted grievance redress mechanisms are challenging and and fear of reprisals and/or actual retribution is likely.

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

B.1 Relevance of Environmental and Social Standards

ESS1 Assessment and Management of Environmental and Social Risks and Impacts Relevant

Project activities will not entail civil works or construction, the main environmental issues for the project relate to the handling and disposal of medical kits and related OHS risks attributable to work environment for project workers specifically female health worker. The management of medical waste was assessed as satisfactory at the midterm stage of the parent project. The AF will allocate funds for FHW training materials to cover guidelines for medical waste management plans to reduce environmental and climate impact (subcomponent 3.3 – US$2.3). Other project activities do not pose risks, since they relate to technical assistance, capacity building and training. Any infrastructure works beyond minor rehabilitation will be excluded from the project under AF component 2.4. A grant manual agreement will be signed between FGS and FMS to specify inter alia eligible activities and E&S requirements.

All potential impacts are expected to be small to moderate, temporary, site-specific, and mostly reversible, and mitigation measures can readily be designed. The parent project Environmental and Social Management Framework (ESMF Including SEA/SH prevention and response action plan), a Medical Waste Management Plan (MWMP), will be updated to include E&S risks of the new service delivery activities and disclosed before appraisal.

Social risks and impacts are varied, given the project is supporting the delivery of health and education services in all States, as well as supporting civil servants in FGS and FMS in a range of cadres, and has an expanded citizen engagement and feedback component as well component 2.4 where districts for the first time will facilitate consultations to prioritise and implement community based activities.

Mitigation measures for the social risks outlined above will be provided in the Environmental and Social Management Framework. A stakeholder engagement plan will outline procedures to identify key stakeholders including differentiated and appropriate consultation mechanisms for vulnerable and marginalized groups including minority groups and women, to ensure inclusive and transparent consultation processes for input and feedback on the project throughout the project cycle, including female facilitated consultations for women. Strengthening of awareness raising, trust, confidentiality and whistle blower protection measures will be necessary for the grievance mechanism (GM) for patients, students and communities and other stakeholders. Labor Management procedures (LMP) will be updated to provide sufficient safeguards to protect vulnerable and disadvantaged groups within the project workforce and outline fair treatment, non-discrimination and equal opportunity of project workers and define separate worker grievance procedures. SEA/SH prevention and response action plan will be updated to include actions to prevent GBV among staff, patients and students and ensure a separate, survivor-centric and confidential grievance redress mechanisms and procedures for dealing with cases and provision of services for survivors.

Additionally, the World Bank's implementation support will include capacity building and understanding of safeguards specialists and project managers at FMS and FGS specialists including additional training in GBV and labour management procedures.

ESS2 Labor and Working Conditions Relevant

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Project workers are mainly Government civil servants, who will remain subject to the terms and conditions of their existing sector employment. Thus, ESS2 requirements will not apply other than child labour and minimum age and forced labour and occupational health and safety (OHS) considerations. OHS risks include security risks, the risk of sexual exploitation and abuse, sexual harassment, and other forms of gender-based violence (GBV) for FHWs, teachers, students, community members as well as project workers, as well as risks from contracting infectious diseases e.g. Covid 19, and handling health supplies and waste. Contracted workers include members of the NPIU, as well as some limited use of government contracted firms such as the Call centre, Health Technical Partner, communication firms and Independent Verification Agents, who will be subject to the full requirements of ESS2. Although female health workers were due to become civil servants this has not happened. Given reports of poor employment practices e.g. poor recruitment practices, summary dismissal, operating without contracts, lack of maternity benefits, and insecure working conditions, labour management procedures will be enhanced in the female health worker compendium that guides their conditions.

Despite the limited ESF requirements for government workers, given the project focus is building the capacity of Somalia's civil service, and the fact that its labour laws date back to 1991, the LMP will also identify gaps between ESS2 requirements and legislation and its implementation so that these can be incorporated as local practice where agreed with the government, as part of the project through appropriate technical assistance.

Sexual harassment and other forms of abusive behavior by project workers or community members have the potential to compromise the safety and well-being of vulnerable groups of workers and the local communities. This includes potential sexual exploitation or harassment in recruitment or retention of skilled or unskilled female workers supported under the project. In previous consultations with project workers, sexual harassment of female health workers, discrimination in recruitment and promotion and non-observance of their labour rights including maternity leave was cited as not uncommon e.g. Female Health Workers are sometimes made to find their own replacement when they go for maternity leave and their salaries shared in half by their replacement. To address such risks, the project will (i) conduct awareness raising for project workers and the community; (ii) enforce code of conducts by all project workers, with SEA/SH provisions, including taking disciplinary measures for retribution against complainants and including them in performance appraisals (iii) train social/GBV and female focal points on handling related complaints and also on GBV service providers referral mechanism; and (iv) review existing HR manuals and liaise with the civil servant commission on how to improve existing gaps relating to maternity leave and gender inequity (v) require contractors to address potential sexual exploitation or harassment in recruitment or retention of skilled or unskilled female workers. More generally it has been found that female workers in the PIUs are excluded from meetings or their opportunity to engage is constrained, thus training and awareness on gender inclusion of all PIU staff is necessary. Female civil servants and FHWs will be encouraged to form associations to support each other.

To prevent engagement of under-aged labor, all contracts will have contractual provisions to comply with the minimum age requirements of 18 years including penalties for non-compliance. The contractors will be required to maintain a labor registry of all contracted workers with age verification. While official government policy is to allow for female employees to take maternity leave and have access to time off for breastfeeding, women are vulnerable to losing their jobs after pregnancy since these policies are rarely adhered to in reality. Thus specific measures to address these gaps will be considered.

Labor Management Procedures (LMP) will be updated before appraisal and the GBV risks will be addressed in an updated SEA/SH prevention and response action plan. The LMP will set out the Project's approach and requirements to meeting national requirements as well as the objectives of ESS2 and ESS4 on Community Health and Safety. The LMP will updated to cement recruitment, retention and dismissal procedures of project workers to ensure vulnerable and marginalized groups (especially women) are targeted or excluded from the project opportunities. It will include procedures on incident investigation and reporting, recording and reporting of non-compliance, emergency preparedness and response procedures and continuous training and awareness to workers. The LMP will be developed by the PIU and as specified in the ESCP and will include a Code of Conduct for project workers. Further monitoring of ESS2 considerations by the TPM is advised.

ESS3 Resource Efficiency and Pollution Prevention and Management Relevant

Female health workers will be provided with basic medical kits that could become a source of infection if mishandled for healthcare staff or communities. Of particular concern is the handling infectious waste (including sharps) without adequate protective gear, storage of sharps in containers that are not puncture-proof, particularly as Somalia lacks appropriate medical waste management regulations. The medical waste management plan (MWMP) in the ESMF has been implemented satisfactorily under the parent project. Component 2.4 may lead to waste generation, disposal, and pollution. The ESMF includes ESS3 to manage this risks. The key risks remain to be medical kits waste from the supplies issued to female health workers and E-waste generated from tablets and solar charging system that will be distributed to female health workers. Given some Female Health Workers (FHWs) may be far from the health facility, they will undergo appropriate training on offsite MW disposal procedures, prior to issuance of medical kits. Waste management teams constituted within the FHW will do follow ups and provide regular reports to the designated waste management officers. The AF also includes efforts to address climate hazards through environmental governance, climate change adaptation, and mitigation strategies.

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ESS4 Community Health and Safety Relevant

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[Explanation - Max. character limit 10,000]
Communities may be exposed to health risks arising from ineffective infection control and healthcare waste management. Mitigation measures are outlined in the medical waste management plan including an awareness raising campaign to sensitize local communities against the reuse of needles, medicine bottles, and other used or expired medical supplies.

GBV in Somalia remains one of the most prevalent and persistent challenges facing women and girls, contributing to potential risks of sexual exploitation and abuse, sexual harassment and other forms of GBV extending from project-related activities. There may be risks of exploitation by persons in authority which would potentially compromise the safety and wellbeing of teachers, female health workers, students, project workers and local community. As most teachers are male, women's empowerment is low, and risks of and exposure to GBV is high, project activities may exacerbate risks of sexual exploitation and abuse, sexual harassment and other child protection issues. Incidences of GBV may further undermine females' access to education and health services. The project will continue to adopt a comprehensive approach to address potential project induced GBV/SEA/SH risks that may arise.

In order to mitigate these risks, several measures under implementation will be strengthened including updating the SEA/SH prevention and response action plan under parent project; inclusion of SEA/SH measures into bidding documents; mapping GBV service providers in all the newly liberated areas where FHWs are to be recruited, explicit prohibition of SEA/SH in the code of conduct with sanctions for non-compliance and signing of codes of conduct, regular capacity building and training of relevant stakeholders (including contractors and project workers) on SEA/SH risks and mitigation measures, and consultation and sensitization with community on GBV/SEA/SH risks, strengthening of the GM that is sensitive to SEA/SH complaints especially in the new liberated areas to include distinct channels for receiving, documenting and responding to complaints related to issues of sexual exploitation, abuse and harassment with multiple accessible and safe entry point to be identified through consultations with women and girls; ii) linking all survivors disclosing incidents to GBV service providers such as medical, psychosocial, and legal GBV services through referral protocols; iii) strengthening the existing procedures for managing complaints that prioritize survivors' confidentiality, safety, dignity and informed consent, in line with a survivor-centered approach and as per the projects accountability and response framework. GBV/SEA/SH risks will be monitored throughout project implementation through regular assessments and monitoring activities to ensure all parties meet their responsibilities. Key risks are further mitigated by project focus on education and health and, in particular, on the development of a cadre of FHWs and embedded training on GBV service provision and care.

No security personnel will be directly funded by the project, however, government security personnel may be used by the independent verification agent, the health technical partner and to help deliver other components e.g. health worker and teacher supervision and the monitor the piloting of the citizen engagement platform, thus code of conducts and training will be used for security forces to ensure risks identified in the ESMF are mitigated.

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ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement Not Currently Relevant

No construction or rehabilitation is anticipated so this standard is not relevant.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources Not Currently Relevant

The project focuses on capacity building and technical assistance, with payment of health workers and teachers in existing facilities. This Standard is not, therefore, relevant for this project. Component 2.4 works in natural habitats or modified habitats of biodiversity significance will excluded.

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

Where groups fitting the ESS7 criteria are present in the project areas, measures will be taken to include them in consultations and project benefits alongside other groups and ensure FHWs also include members of those groups where they fit the criteria.

ESS8 Cultural Heritage Not Currently Relevant

This Standard is not relevant for this project.

ESS9 Financial Intermediaries Not Currently Relevant

This Standard is not relevant for this project.

ESS10 Stakeholder Engagement and Information Disclosure Relevant

An updated Stakeholder Engagement Plan (SEP)has been prepared. The SEP provides the framework for identification and consultation of stakeholders throughout the project cycle, along with a record of the stakeholder engagement activities carried out. Stakeholder consultations will be conducted at FGS and FMS levels as well as at community level for newly recruited FHWs and for districts selected for component 2.4 activities including separate meetings of women facilitated by female facilitators to define priority activities and sensitization on the project GM, including feedback on its effectiveness. To enhance trust in the GM, all complaints will be anonymized by the safeguards specialist before discussion at the GRC and the means to submit grievances will be published on the project website as well as easily accessible information about the GM process and its confidentiality and whistle blower protection measures. To reduce the risk of potential reprisals, potentially exacerbated by the security risks in the project area, no information about the complaints will be publicly disclosed, even in annonimized form. The GM will be regularly reviewed by the PIU and trust enhancement measures implemented, particularly where no complaints are being received from particular areas or only certain types of complaints are being received. Other mechanisms trusted by vulnerable and marginalized groups will be developed to get feedback from leaders and representatives including CSOs representing vulnerable and marginalized groups.

A call center with a toll-free line receives complaints which are voice recorded and forwarded to the FGS PIU for resolution, however this is not trusted by female health workers or other stakeholders. Once the Senior social/GBV specialist is in place all complaints will be forwarded directly to her for anonymisation and handling, where appropriate in conjunction with the GRC. Further trust building measures are needed to assure complainants that confidentiality and whistle blower protection will be assured. The Project Coordinator will be encouraged to provide leadership and support for the GM by encouraging staff and others to bring forward concerns, ensure that complaints handling is impartial and sensitive and protects the complainant from retribution and there is openness and transparency in reporting. All Project staff will be trained on the importance of GM to get early feedback on challenges with implementation, and to improve the project and trust including for the citizen engagement component. Similar measures are needed at FMS level, especially as the call centre will be forwarding complaints directly to the FMS safeguards specialists who are yet to be adequately trained in sensitive complaints handling. Following reviews of GMs in the project including by Aberynt there is a preference by women for female and in person focal points for complaints handling. Thus, female focal points, either female health worker supervisors or teachers will be identified and where possible female social specialists/focal points will be identified at FMS level. Further awareness raising measures through FM radio or community meetings will be carried out to reach women, minority groups, remote and illiterate communities, the poor, and people with disabilities and monitoring will be carried out to ensure and improve accessibility.
There is limited reporting on the functionality of the GM both for the workers GM and the general project GM and it is unclear where SEA/SH complaints would be directed in the absence of the senior safeguards/GBV specialist. One way for the project to address this situation would be to register and raise awareness on an the independent survivor-centric complaints line, such as Loop, which was recommended by a recent SEA/SH portfolio review.

For GBV, reporting and response protocols SEA/SH and GBV-sensitive channels to be integrated into the grievance mechanism, and requirements for enabling survivor-centered care has already been developed. Reporting incidences of

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GBV/SEA/SH only requires knowing the nature of the complaint (what the complainant says in her/his own words), whether the complainant believes the perpetrator was related to the project and additional demographic data, such as age and gender, can be collected and reported with informed consent from the survivor. If the survivor does not wish to file a formal complaint, referral to available services will still be offered. The preference of the survivor will be recorded and the case will be considered closed. Recorded GBV/SEA/SH cases should be reported to the World Bank project team within 24 hours.

B.2 Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways	No
OP 7.60 Projects in Disputed Areas	No

B.3 Other Salient Features

Use of Borrower Framework — No

The borrowers E&S frameworks are not being considered for this project.

Use of Common Approach — No

Not appropriate.

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C. Overview of Required Environmental and Social Risk Management Activities

C.1 What Borrower environmental and social analyses, instruments, plans and/or frameworks are planned or required during implementation?

Current E&S risk management instruments will be updated and disclosed before appraisal given newly identified risks and the new activities, particularly 2.4 on local government/district provision of services. These include:
-Stakeholder Engagement Plan (SEP)
- Environmental and Social Management Framework (ESMF) including Medical Waste Management Plan (MWMP), and SEA/SH prevention and response action plan;
-Labor Management Procedures (LMP)
During project implementation, contractor ESMPs or due diligence assessments will be required as well. Those will be specified in the Project's ESCP.

III. CONTACT POINTS

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IV. FOR MORE INFORMATION CONTACT

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V. APPROVAL

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