

**INTEGRATED SAFEGUARDS DATA SHEET
CONCEPT STAGE**

Report No.: 113005

Date ISDS Prepared/Updated: 30Jan-2017

I. BASIC INFORMATION

A. Basic Project Data

Country: FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA	Project ID: P160108	
	Additional Project ID (<i>original</i>): P123531	
Project Name: Health MDGs P4R Additional Financing		
Task Team Leaders: Anne Bakilana		
Estimated Appraisal Date: February 15, 2017	Estimated Board Date: April 03, 2017	
Managing Unit: GHN07	Lending Instrument: Hybrid PforR with TA IPF component	
Sector: Health, Nutrition, Population		
Theme: Maternal and Child Health; Reproductive Health, Nutrition, Civil Registration and Vital Statistics		
IBRD Amount (US\$m.): IDA Amount (US\$m.): 150.00 GFF Amount (US\$m.): 60.00 Power of Nutrition Amount (US\$m.): 20.00 Other financing amounts by source:		
Environmental Category: C		
Simplified Processing	Simple <input checked="" type="checkbox"/>	Repeater <input type="checkbox"/>
Is this a transferred project	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

B. Project Objectives:

To improve the delivery and use of a comprehensive package of maternal and child health services.

C. Project Description:

PforR Program Boundary

1. The proposed AF to the Health MDGs Program for Results (PforR) responds to the Government's request to continue support to the Sustainable Development Goals Performance Fund (the

Pool Fund¹) that supports the Health Sector Transformation Plan (The Sector Strategy) with a focus on Primary Health Care Services. The Program boundary will remain the SDG Performance Fund. The AF to the PforR will support the Pool Fund through non earmarked harmonized support to select areas of the sector strategy using country systems. The Sector Strategy 2015-2020 is a continuation of 20 years of Health Sector Development Programs that have provided strong guidance on key areas resulting in consistent progress in health outcomes over the last decades. The Sector Strategy is in line with Ethiopia's Second Growth and Transformation Plan (GTPII 2015/16-2019/20), which sets ambitious targets for Ethiopia to become a lower middle income country by 2025. The Sector Strategy has translated GTP II goals into concrete directions for the improvement of coverage, quality and access to essential health services, while enhancing implementation capacity of the health sector at all levels of the system. The focus on quality and equity requires a shift in the status quo to drive improvements at the national scale over the next five years.

2. The Ethiopia Health MDG PforR Additional Financing (AF) aims to scale up development impact through: (i) increased focus on the Reproductive, Maternal, Newborn, Child, Adolescent and Youth Health to reduce maternal and child deaths; (ii) build the Government's capacity in key areas such as coordination of multi-sectoral aspects of the nutrition agenda; management of key fiduciary functions; and health economics and financing; and (iii) strengthen the Government's data system including support for the Civil Registration and Vital Statistics system. The addition of an IPF component, which will change the pure PforR instrument into a hybrid PforR, aims to address a critical needs in capacity building and technical assistance responding to challenges and lessons from implementation of the original PforR.

3. *The Program for Result will track results in the following areas:*

- *Skilled Birth Attendance (Reduce Regional Differences):* The DLI will aim to spur results for 3 regions that had the worst performance in the DHS 2016 (Afar, Somali, and Oromia).
- *Maternal and Child Nutrition and Micronutrients:* DLIs on nutrition have been added in response to an intensified focus on child nutrition (stunting) and micronutrient deficiency, these are: Growth monitoring and Promotion (GMP); percent of children receiving Vitamin A supplementation; and Iron folate supplementation during pregnancy.
- *Adolescents Health:* A DLI on improving adolescent health services that includes a) developing providers' Training Manual on the package of Adolescent Health Services; b) Percentage of facilities with Staff trained in provision of adolescent health services and guidelines; c) Proportion of facilities /Primary Health Care Unit/ which provide a minimum package of adolescent health services, has been added.
- *Quality of Health Services:* A DLI on readiness of facilities to provide Reproductive, Maternal, Newborn, Child, Adolescent and Youth Health services has been added: Percent of Primary Health Care facilities with essential drugs has been added to measure how supply chains function and results in development and implementation of a postnatal care manual and guidelines implementation will be measured.
- *Health Care Financing:* In order to support results in the roll out of Community Based Health Insurance, a DLI on scale up of Community Based Health Insurance has been added.
- *Fiduciary Management:* Results in the fiduciary systems at PFSA will be tracked to ensure that the Agency's capacity to meet its mandate is strengthened.
- *Community Participation and Engagement for Service delivery:* the DLI aims to strengthen the Federal MOH's collaboration with the Regions in strengthening the participation of communities in making decisions on service delivery.

¹ The Sustainable Development Goals Performance Fund (The Pool Fund) is new name for the Millennium Development Goals Performance Fund.

4. The AF will add an IPF component (OP/BP 10.0) for a proposed total amount of US 22.00 million. The IPF will have three sub-components as follows: i) Support for Civil Registration and Vital Statistics system at VERA (US\$15 million); ii) Technical Assistance and Capacity Building to Support NNP II (US\$5 million); and iii) Unallocated amount (US\$2 million) for Technical Assistance and Capacity Building activities to be undertaken by FMOH that will be identified during the course of implementation.

5. Activities under the IPF component will support attainment of key results under the program, and aim to build specific capacity in areas that were identified during the supervision of the original program. For example, support for the CRVS agenda will strengthen the availability of quality data including data on early marriages which is linked to issues of adolescent fertility. Capacity building and technical assistance for financial management and procurement will address identified needs at PFSA. The Nutrition agenda will be supported through strengthening the capacity of the FMOH to manage the multisectoral agenda.

Summary Description of IPF Component

The IPF component will support activities under three sub-components as follows:

6. **Sub-Component 1: Support to Civil Registration and Vital Statistics (US\$ 15 million):** In order to strengthen availability of quality data on births and deaths as well as registration of marriages and divorces, this sub-component will support the CRVS agenda under the Federal Vital Event Registration Agency (VERA). The sub-component will provide technical support and capacity building for VERA to convert from a paper-based registration system to an electronic system. As a newly established agency, VERA will also be supported to procure motor cycles and field vehicle to facilitate supervision and monitoring of registration activities as well as transfer of registration document between kebeles, woredas, and zones, regional and federal offices. In addition, the AF will support the procurement of equipment required for storage and archiving of documents at the points of registration to ensure that the documents are kept in a secure environment. The sub-component will also support activities aimed at creating awareness to the general public on the importance of CRVS.

7. **Sub-Component 2: Technical Assistance and Capacity Building to Support National Nutrition Program II (US\$5 million):** This sub-component will support selected capacity building activities contributing to the implementation of NNP II, including: (i) Strengthening coordination of multisectoral nutrition activities; (ii) Strengthening monitoring of National Nutrition Program II implementation activities through support to improve data flow, quality, and utilization of nutrition specific and sensitive indicators included in the National Nutrition Program II results framework; and (iii) Operational research and evaluation, including baseline and end-line nutrition surveys. The operational research will focus on community-based nutrition activities including social mobilization and growth monitoring and promotion (GMP). An independent evaluation of the scale-up of community based nutrition activities will be financed through the IPF component using baseline and end-line surveys. This sub-component will also support Technical Assistance which will be provided by UNICEF through a basic cooperation agreement between the Government and UNICEF. Required goods and consulting services that will be financed under this sub-component will be detailed in a Procurement Plan and will be procured in accordance with the requirements set forth or referred to in the Procurement Regulations.

8. **Sub-Component 3: Unallocated for Technical Assistance and Capacity Building (US\$2 million):** A list of activities to be supported under the sub-component will be finalized at a later date, following consultations between the Government and partners on anticipated support for capacity

building. Potential areas to receive support for capacity building and technical assistance would include financial management and procurement capacity at the Pharmaceuticals Agency; data and management information systems including CRVS, and undertaking of facility based surveys.

9. Environmental and Social Systems Assessment will be the primary analytical instrument that will be used to evaluate environmental and social risks and benefits associated with the proposed operation. The proposed TA sub-component will not support program activities that are judged to be likely to have significant adverse impacts that are sensitive, diverse, or unprecedented on the environment and/or affected people. This ISDS was prepared to address the TA sub-component of the proposed operation.

D. Project location and salient physical characteristics relevant to the safeguard analysis:

10. The proposed TA sub-component under the Operation has no physical footprint and there will be no adverse environmental and social risks and impacts. The TA sub-component activities do not trigger any of the Bank's safeguards policies.

E. Borrower's Institutional Capacity for Safeguard Policies:

11. A series of legal proclamations form the basis for the environmental and social assessment and management framework in Ethiopia: The Proclamation on the establishment of Environmental Protection Organs (No. 295/2002); The Proclamation on Environmental Impact Assessment (No. 299/2002); and The Proclamation on Environmental Pollution Control (No. 300/2002). There are also several directives in the health sector to manage potential environmental and social effects of health related activities. These include: Healthcare Waste Management Directive No. 16/2013, Medicines Waste Management and Disposal Directive, 2011, and Small Scale Medicine Establishment Directive No. 26/2014.

12. Environmental and Social System Assessment (ESSA) was conducted for the original Health MDG PforR in 2012. Stakeholders' consultation on the ESSA was held, and it was disclosed on the World Bank Infoshop and in-country on December 12, 2012. An Update of the ESSA examined existing environmental and social management systems relevant to the health sector, based on the review of the original ESSA, and recommends actions to address any risks or challenges identified. The exercise undertook performance assessment of the existing country systems in relation to the needs of the proposed AF, in relation to (a) the environmental and social management systems defined in the country's policies, legal and strategic frameworks; and (b) the capacity and experience of the health sector in applying the environmental and social management systems associated with the program's environmental and social effects.

13. The original Health MDGs PforR has seen mixed progress on Program Action Plan on Environmental and Social Safeguards. There is relatively good progress on the following actions: (i) All health facilities establishing and operating infection prevention and patient services committees, and (ii) Availing appropriate temporary storage facilities for collection of hazardous wastes until final disposal is completed. The mid-term review (MTR) of the Health MDG PforR, in January 2016, noted that more progress is required under these actions because the implementation of the actions is not consistent across all health facilities, and achievements vary across regions.

14. There are two key public institutions that are directly responsible for supporting environmental and social compliance in the health sector: the Ministry of Environment, Forest and Climate Change (MoEFCC); the FMOH, and FVERA which have decentralized to the regional and woreda levels.

However, lack of an effective institutional mechanism for coordination and reporting on environmental and social safeguards in FMOH remains to be a challenge. The IPF component will address some of the challenges by providing capacity building support for strengthening the coordination mechanism and reporting on environmental and social safeguards.

F. Environmental and Social Safeguards Specialists on the Team:

- Chukwudi H. Okafor (GSU07)
- Tamene Tiruneh Matebe (GSP01)
- Yalemzewud Simachew Tiruneh (GSU01)

II. SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies Triggered <i>(please explain why)</i>	Yes	No	TBD
Environmental Assessment (OP/BP 4.01)		X	
Natural Habitats (OP/BP 4.04)		X	
Forests (OP/BP 4.36)		X	
Pest Management (OP 4.09)		X	
Physical Cultural Resources (OP/BP 4.11)		X	
Indigenous Peoples (OP/BP 4.10)		X	
Involuntary Resettlement (OP/BP 4.12)		X	
Safety of Dams (OP/BP 4.37)		X	
Projects on International Waterways (OP/BP 7.50)		X	
Projects in Disputed Areas (OP/BP 7.60)		X	
Piloting the Use of Borrower Systems to Address Environmental and Social Safeguard Issues in Bank-Supported Projects (OP/BP 4.00)			

III. SAFEGUARD PREPARATION PLAN

- A. Target date for the Quality Enhancement Review (QER), at which time the PAD-stage ISDS would be prepared: January 30, 2017.

- B. For simple projects that will not require a QER, the target date for preparing the PAD-stage ISDS: January 30, 2017.
- C. Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing² should be specified in the PAD-stage ISDS: N/A

IV. APPROVALS

<i>Signed and submitted by:</i>		
Task Team Leaders:	Anne Bakilana	February 10, 2017
<i>Approved by:</i>		
Regional Safeguards Adviser:	Nathalie Munzberg	
Comments:		
Sector Managers:	Trina Haque	
Comments:		

² Reminder: The Bank's Disclosure Policy requires that safeguard-related documents be disclosed before appraisal (i) at the InfoShop and (ii) in-country, at publicly accessible locations and in a form and language that are accessible to potentially affected persons.