



# Combined Project Information Documents / Integrated Safeguards Datasheet (PID/ISDS)

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Appraisal Stage | Date Prepared/Updated: 04-Feb-2020 | Report No: PIDISDSA27049



**BASIC INFORMATION**

**A. Basic Project Data**

Country Burkina Faso	Project ID P168823	Project Name Health Services Reinforcement Project Additional Financing (PoN)	Parent Project ID (if any) P164696
Parent Project Name Health Services Reinforcement Project	Region AFRICA	Estimated Appraisal Date 05-Sep-2019	Estimated Board Date 20-Mar-2020
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Ministry of Economy, Finance, and Development	Implementing Agency Ministry of Health

Proposed Development Objective(s) Parent

The Project Development Objective (PDO) is to increase the quality and utilization of health services with a particular focus on maternal, child and adolescent health, nutrition and disease surveillance

Components

- Strengthening Health System Capacity
- Strengthening Delivery of Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH+N)
- Reinforcing Health Security and Supporting Institutional Strengthening
- Contingent Emergency Response

**PROJECT FINANCING DATA (US\$, Millions)**

**SUMMARY**

<b>Total Project Cost</b>	10.00
<b>Total Financing</b>	10.00
<b>of which IBRD/IDA</b>	0.00
<b>Financing Gap</b>	0.00

**DETAILS**

**Non-World Bank Group Financing**



Trust Funds	10.00
Scaling up Nutrition	10.00

Environmental Assessment Category

B-Partial Assessment

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

**B. Introduction and Context**

Country Context

**Burkina Faso has made improvements in several health and nutrition indicators in recent years, many of which are a result of the Government’s efforts to prioritize health systems reform to achieve Universal Health Coverage (UHC) and meet Sustainable Development Goals (SDG) for building human capital.** Burkina Faso is comprised of 13 regions with a population of 18 million, and in 2016, ranked among the lowest in the United Nations Human Development Index (HDI) at 185 out of 188 countries<sup>1</sup> (down from 183 in 2015). While recent significant declines in maternal and child mortality are a testament to the country’s commitment toward health systems reform and achieving UHC, challenges remain in delivery of high quality and integrated health and nutrition services. Nutrition is a key element in the UHC framework, particularly with expansion of access to services beyond facilities, to community-based health and nutrition interventions. Although recent declines in national stunting prevalence from 35% in 2010 to 25% in 2018 seem promising, along with an ambitious goal from the Government to further reduce stunting to 15 percent by 2020, there remain important sub-national disparities. Six regions (Cascades, Centre Est, Est, Nord, Sahel, and Sud Ouest) still face stunting prevalence at or more than 30%, significantly impeding the human capital development of each child. Furthermore, based on the DHS 2010, all but the highest wealth quintile had a stunting prevalence over 30%, suggesting a pervasiveness of undernutrition across income groups. Many of the challenges in effective delivery of high-quality health and nutrition services are due to weak capacities to monitor programs, lack of accountability, insufficient and inefficient resource allocation for health and nutrition, lack of coordinated efforts, and sub-national political instability restricting service delivery.

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<sup>1</sup> UNDP 2016



## Sectoral and Institutional Context

**Government's commitment to the health sector is strong and sustained and has led to some improvements in health outcomes although no Millennium Development Goals were met.** Since 2003, health has received at least 10 percent of GDP each year, reaching 17 percent in 2017. However, the allocative and technical efficiency challenges discussed in the HRSP Project Appraisal Document constrain progress. The fragmentation of financing through targeted and donor-driven approaches weakens health sector governance and accountability. The country's reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH+N) investment case offers an opportunity to improve programming and the Ministry of Health issued guidance to integrate its conclusions into the 2019 regional and local financing discussions.

**Links with government strategies, policies, programs, and initiatives.** The National Economic and Social Development Plan (*Plan national de développement économique et social*; PNDES) acknowledges nutrition's key role in building human capital and fostering economic progress for the country and places it among the top cross-cutting priority areas, along with demographic dividend and universal health coverage. This is reflected in the National Health Development Strategy 2016-2020. A range of multisectoral platforms, strategies and policies in place further emphasize the country's drive to address nutrition challenges, such as the National Council for Nutrition Consultation, the previous National Strategic Plan for Nutrition (2010-2015), a Multisectoral Strategic Plan for Nutrition in Burkina Faso (2016-2020), a Scale Up Plan for Optimal Infant and Young Child Nutrition Practices for Burkina Faso (2013-2025), the Plan to Strengthen the Fight Against Micronutrient Deficiencies (2015-2020), and the National Strategy for Advocacy, Social Mobilization and Social and Behavior Change Communication for Nutrition in Burkina Faso (2017). However, challenges remain in operationalizing these strategies and policies so that improved nutrition outcomes can be realized on the ground.

**Link to the Bank strategy.** Investment in human capital and social protection systems is, moreover, a key priority for the Government as reflected in the Country Partnership Strategy (CPS) 2018-2023 and the proposed project is one of the most important priorities in focus area 2. It directly contributes to achieving the CPS objective 2.2: Expand access to reproductive health and nutrition. The CPS (2018-2023) makes gender a key cross-cutting area for Burkina Faso. By reducing gender bias against women particularly in their access to quality health care and by tackling the high rate of fertility with a well-functioning family planning system, socio-economic conditions are more likely to improve for women. The project is also aligned with the ongoing Development Policy Financing series that is providing support for two HRSP-related reforms: timely and adequate availability of essential drugs in health facilities and efficient expansion of national health insurance coverage.

### C. Proposed Development Objective(s)

#### Original PDO

The Project Development Objective (PDO) is to increase the quality and utilization of health services with a particular focus on maternal, child and adolescent health, nutrition and disease surveillance



Current PDO

Unchanged

Key Results

**Proposed additions to the Results Framework nutrition indicators will provide more robust data to inform progress on nutrition outputs and outcomes.** The nutrition investment is heavily focused on data-driven decision making to inform the scale up of high impact nutrition interventions, which will be reflected in the results framework. With additional resources, the results indicators for nutrition can be expanded to include more robust outcome measures. It is, therefore, proposed to add four intermediate results indicators specific to nutrition listed in Table 1.

Exclusive breastfeeding is considered an outcome indicator because of its strong impact on child survival, prevention of childhood illnesses, cognitive development, and nutrition outcomes later in life. Minimum dietary diversity is an indicator of appropriate complementary feeding practices in children 6-23 months. Vitamin A supplementation and iron and folic acid supplementation in pregnant women are other key indicators capturing coverage of high-impact and cost-effective nutrition services. In previous surveys, infant and young child feeding indicators (exclusive breastfeeding and minimum dietary diversity) have fluctuated. For example, exclusive breastfeeding went from 55 percent in 2016 to 47.8 percent in 2017 and is 55.8 percent as of 2018. Similarly, minimum dietary diversity went from 24.2 percent in 2016 to 17.9 percent in 2017 and is now 24.6 percent as of 2018. These fluctuations may be attributable to multiple factors influencing infant and young child feeding practices, including the above-mentioned food insecurity, instability and fragility, and inefficient delivery of nutrition services. Equally, given the data quality concerns in the 2017 survey, these fluctuations may simply be due to poor data quality.

Thus, modest targets for exclusive breastfeeding and minimum dietary diversity were set by the Government, given the complexities in improving infant and young child feeding practices and behaviors. Nonetheless, these are critical indicators for tracking changes in nutrition practices over the project implementation period. As part of the efforts to improve the SMART surveys, undertaken with UNICEF and BMGF, partners will co-finance surveys along with the HSRP. This work will improve indicators, how they are measured, and institutional strengthening to increase the use of survey data in policy formulation and evaluation. Lastly, the number of deliveries attended by skilled health personnel is an important indicator for monitoring RMNCAH service delivery and was not included in the parent project. Thus, it will be added here as well.

**Table 1: Results Framework Proposed Additions**

Indicator	Unit of Measure	Baseline Data (Source)	Endline Target	Source
<b>Proposed New Indicators for Nutrition</b>				
Infants 0-5 months of age exclusively breastfed in targeted regions	Percentage	55.8% (SMART 2018)	60%	Baseline, Midline,



				Endline Surveys
Children 6-23 months of age with minimum dietary diversity in targeted regions	Percentage	24.6% (SMART 2018)	30%	Baseline, Midline, Endline Surveys
Children 6-59 months of age receiving Vitamin A supplementation within the last six months in targeted regions	Percentage	75.8% (SMART 2018)	95%	Baseline, Midline, Endline Surveys
Women receiving iron and folic acid supplementation for 90 or more days at last pregnancy in targeted regions	Percentage	50% (DHS 2010)	75%	Baseline, Midline, Endline Surveys
Deliveries attended by skilled health personnel	Number	0	775,000	MINISTRY OF HEALTH Reports

#### D. Project Description

1. **The country is poised to go to national scale with a number of nutrition interventions, provided that the ministry takes a stronger leadership role to turn the tide on a heavily donor-financed and curative nutrition agenda.** With a strengthening primary health care system in place and the presence of community-based nutrition platforms, Burkina Faso is poised to take multiple cost-effective nutrition interventions to scale. The key constraints are governance and funding, which is sufficient for transformative change. For example, in 2017, the Ministry of Health created a budget line of 1 billion CFA (approximately US\$ 1.8 million) to support the purchase of ready to use therapeutic food for treatment of severe acute malnutrition. However, other essential and preventive aspects of nutrition are insufficiently funded: data-driven policy and programming decision making, micronutrients (vitamin A supplementation), screening campaigns, and other nutrition programs. A large part of the funding of nutrition is dependent on external donors and linked to emergency funding, leaving insufficient funding for prevention programs. To achieve a nutrition approach that integrates treatment programs for acute malnutrition with large-scale preventive interventions for improving maternal, infant and young child nutrition, partners will have to evolve from emergency response to a longer-term vision of improving nutrition outcomes for all.

The ability to demonstrate this integration and focus on cost-effective approaches will inform a broader learning agenda on best practices that is part of the support to be provided through sub-component 1.3. Underpinned by the 2016-2020 National Social and Economic Development Plan (*Plan National de Développement Economique et Social, PNDES*), the national Investment Case and other nutrition strategies, the Ministry of Health can strategically use this investment to drive greater resource mobilization for evidence-based, focused implementation of interventions to reduce stunting and improve nutrition outcomes. To achieve this, an allocative efficiency modeling tool will be used to prioritize cost-effective interventions based on evidence and country-level data. This will



be one mechanism for the Directorate of Nutrition (DN) and Technical Secretary for Nutrition Acceleration (STAN) to take ownership over data, evidence, and future decision making for nutrition programming. Other ways to strengthen the DN's leadership role within the Ministry of Health will be to support multisectoral coordination at national and regional level through implementation of accountability instruments, such as scorecards to monitor progress of coordination at regional and district levels.

2. **Sub-component 2.2 of the HSRP, *Investing in the Early Years and Nutrition (US\$ 20m IDA, proposed US\$ 10m The Power of Nutrition)*, will require substantial resources to support the government's efforts to promote growth and early stimulation in young children and integrate nutrition within the RMNCAH package.** The Ministry of Health has committed to reducing stunting to 15 percent by 2020, from 25 percent in 2018. However, insufficient resources committed to high-impact nutrition interventions and donor-driven priorities have limited the MoH's ability to fully implement their national and multisectoral strategic plans for nutrition<sup>2</sup>. While the current HSRP allocation for nutrition of US\$ 20 million in IDA grant will bring the Ministry of Health and DN closer to reaching their nutrition goals, this investment falls short of the necessary financing to both the scale-up of nutrition interventions and support to capacity and stewardship development within a larger national effort to move from an emergency response to a long-term development agenda on nutrition. The Additional Financing preparation period has allowed an opportunity to further refine sub-component 2.2 to focus on four priority areas that address the identified governance and prioritization constraints. The four priority areas are detailed below.
  
3. **Priority Area 1: Within the integrated RMNCAH+N package, the scale-up of a set of nutrition-specific interventions targeted primarily at the first 1,000 days and through a combination of facility- and community-based nutrition services will achieve greater results with a strengthened health system and improved quality of service delivery.** There is an opportunity to strengthen nutrition interventions by increasing service integration between facility-based and community-based providers. There have been increases in facility deliveries (84 percent in 2016 from 66 percent in 2010), in access to primary healthcare (new contacts per capita for under-fives increased from 1.4 to 2.5 between 2010 and 2016), and antenatal and care (33.7 percent in 2010 from 17.6 percent in 2003<sup>3</sup>).<sup>4</sup> The proposed project will leverage these improvements, the identified high-impact nutrition elements in the investment case, the health quality strategy, and the community health strategy to develop a better community service offer. The additional financing will use the strategic purchasing tools supported by the HRSP for both to strengthen the existing *gratuité* package with explicit nutrition elements and to use existing and tested platforms that will mobilize communities to increase awareness on nutrition, generate demand for improved primary health care services for growth promotion and nutrition counselling, and mobilize behavior change for improved nutrition practices. At the facility level, the focus will include indicators to monitor iron and folic acid (IFA)

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<sup>2</sup> National Strategic Plan for Nutrition (2010-2015), a Multisectoral Strategic Plan for Nutrition in Burkina Faso (2016-2020), a Scale Up Plan for Optimal Infant and Young Child Nutrition Practices for Burkina Faso (2013-2025), and the National Strategy for Advocacy, Social Mobilization and Social and Behavior Change Communication for Nutrition in Burkina Faso (2017)

<sup>3</sup> MOH 2010

<sup>4</sup> Cresswell et al 2017



supplementation, intermittent presumptive treatment of malaria in pregnancy (IPTp), zinc with oral rehydration salts (ORS) for diarrhea treatment, and maternal, infant and young child nutrition counselling and stocks of the relevant commodities.<sup>5</sup> This can be further complemented by quality assessment through exit interviews and household surveys, as well as reinforced through the community-based nutrition activities. This investment will be further guided by a quality improvement strategy that has been developed by the Ministry of Health, through the DN. Table 2 describes the nutrition-specific interventions, delivery modalities, key bottlenecks and proposed monitoring approaches.

**Table 2: Nutrition-specific interventions, bottlenecks, activities and monitoring**

Nutrition Intervention to be scaled	Delivery Modality	In current package	Key Bottlenecks	Proposed Results Monitoring	
				Health Facility	Community
Iron and folic acid supplementation in pregnancy	Delivered through ANC package, counseling on avoidance of side-effects; demand generation	Yes	Low commodity stock in facilities Low compliance due to side-effects	RBF/HMIS data: adequate stock of IFA tablets  Counseling on side-effects, importance of taking IFA	Survey and/or routine HMIS data  Quality of care checklist
Intermittent presumptive treatment of malaria in pregnancy (IPTp)	Delivered through ANC package, counseling and promotion	Yes	Low stockage in facilities, low demand, and not often accepted	RBF/HMIS data: adequate stock of IPTp tablets	Survey and/or routine HMIS data  Quality of care checklist
Maternal nutrition counseling and weight gain tracking	Delivered through ANC package; Facility and community counseling	Yes	Inadequate equipment; inadequate capacity for weighing and counseling	Exit interviews	Quality of care checklist

<sup>5</sup> The DPF series aims to reduce tracer drug stockouts in facilities from 81 percent (2017) to 30 percent (2022).





	and promotion				
Infant and young child nutrition counseling and promotion	PHC and community growth promotion and counseling; demand generation	Yes	Poor integration of nutrition counseling into primary health care services	Exit interviews  HMIS reporting data	Routine HMIS data  Quality of care checklist
Vitamin A supplementation for children 6-59 months	Mass campaigns with UNICEF and HKI support	No	Government financed with possible UNICEF and HKI support; Financing gaps have resulted in reduced coverage rates	HMIS reporting data	HMIS reporting data on mass campaign
Deworming for children 12-59 months	Mass campaigns with UNICEF and HKI support	No	Government financed with possible UNICEF and HKI support; Financing gaps have resulted in reduced coverage rates	HMIS reporting data	HMIS reporting data on mass campaign
Therapeutic zinc with ORS for treatment of childhood diarrhea	PHC and community distribution; demand generation	Yes	Inadequate stock in facilities; poor acceptability	RBF/HMIS data: adequate stock of zinc and ORS	Routine HMIS data  Quality of care checklist
Micronutrient powders for children 6-23 months	Community level distribution to children	No	Not scaled yet; need to update	n/a	HMIS  Survey



	6-23 months; UNICEF pilot		protocol for Burkina		
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<sup>a</sup>ENN = *Enquête National Nutrition* (National Nutrition Survey)

4. **Strengthening the link between strategy and budgeting through implementation of the investment case to scale up high-impact nutrition interventions prioritized regions while benefitting from the HRSP platform and integrating mitigation measures for identified security risks.** Selection of regions to support with this investment was based on several factors (see Table 3): stunting burden, current RBF regions and planned scale up, identified priority regions for RMNCAH+N in the Investment Case, breadth of nutrition support from other partners, and security risks. Initially, given the overlap with the Investment Case, key facility and community-based nutrition interventions will be scaled-up in the six HRSP regions (Nord, Centre Nord, Centre Est, Centre Ouest, Sud Ouest, and Boucle du Mouhoun) to benefit from the existing platform. The Sahel region is also identified as a priority region and best-fit implementation arrangements to address the nutrition emergency and the security risks will be developed during the first year, based upon experiences in Burkina Faso and other countries. Other regions with high stunting burden, such as Est and Cascades were not selected at this stage for one or more of the following reasons: (1) they were not in the original pilot, (2) they were not identified in the Investment Case as priority regions, (3) security risks, and (4) development partner saturation of nutrition activities based on the recent resource mapping.<sup>6</sup> A focus on these regions will impact stunting reduction and improve other key nutrition indicators, as well as provide an important opportunity to test financing strategies and apply lessons across other regions in the future.

<sup>6</sup> MOH, Centre Muraz, and the Bill and Melinda Gates Foundation (BMGF) 2018.



Table 3: Nutrition priority region selection criteria

Region	HSRP Region	Financing instrument	Stunting Prevalence <sup>7</sup>		Investment Case Priority Ranking	Number of Current Nutrition Operations <sup>8</sup>	Financing for RMNCAH+N 2015-2018 <sup>9</sup> (billion FCFA)	Emergency Status
			2016	2018				
Nord	Yes	RBF	29.5	24.8	3	30-39	10-20	No
Centre Nord	Yes	RBF	25.5	28.2	3	30-39	≤ 10	No
Centre Est	Yes	RBF	30.7	26.4	1	20-29	≤ 10	No
Centre Ouest	Yes	RBF	25.1	22.4	1	20-29	≤ 10	No
Boucle du Mouhoun	Yes	RBF	23.6	21.8	2	20-29	≤ 10	No
Sud Ouest	Yes	RBF	29.9	27.7	3	20-29	≤ 10	No
Sahel	Yes	TBD; 2020	33.1	42.2	1	20-29	10-20	Yes
Est	No	None	34.6	31.4	2	20-29	10-20	Yes
Cascades	No	None	31.1	27.1	2	30-39	10-20	No
Hauts Bassins	No	None	25.0	21.5	3	30-39	≥ 20	No
Plateau Central	No	None	28.5	20.4	1	20-29	<10	No
Centre	No	None	14.5	7.3	2	40+	≥ 20	No
Centre-Sud	No	None	20.0	19.6	2	20-29	<10	No

Notes: "RBF" means the use of results-based financing and complete regional coverage through the HRSP-financed scaling up of activities as part of strategic purchasing. The priority rankings range from 1 ("high") to 3 ("low").

5. **Priority Area 2: Strengthened regional and national data systems for nutrition will build the narrative on nutrition trends and improve data-driven decision making.** Data for the PNDES and the National Multisectoral Plan for Nutrition (PSMN 2017-2021) are produced by the Ministry of Health and other nutrition partners. While a coordination mechanism exists within the Ministry of Health to manage data, it is fragmented and will require significant support to the STAN to coordinate with all the stakeholders across relevant sectors. There are currently several existing data platforms: (1) periodic population-based surveys, such as the Demographic and Health Survey (DHS); (2) an annual nutrition survey (*Enquête Nationale Nutrition, ENN*), presently using SMART methodology; (3) routine

<sup>7</sup> MOH 2016; MOH 2018.

<sup>8</sup> Based on MOH, Centre Muraz, and BMGF 2018, number of nutrition interventions per region.

<sup>9</sup> Based on MOH, Centre Muraz and BMGF 2018, aggregated financing for all RMNCAH+N interventions from 2015-2018; not disaggregated for nutrition; 10B F CFA is approximately US\$20m.



health management information systems (HMIS); (4) the PMA2020-based semiannual panel collected by *l'Institut Supérieur des Sciences de la Population*; and (5) agriculture studies carried out by the Ministry of Agriculture. Moreover, several platforms exist within the HMIS system: health and disease surveillance, DHIS2 health facility and community platform and the RBF data portal. Additionally, the Platform for National Nutrition Information (*plateforme nationale d'information sur la nutrition*, PNIN) was recently launched. The major challenge now with data is linking these health information systems together, as well as across the layers of periodic and annual surveys to generate quality and meaningful data for decision-making and prioritization. And use of data for budgetary purposes.

6. The annual nutrition survey, based upon the SMART methodology, has been regularly done since 2009 and the stunting prevalence has reduced from over 35 percent to 25 percent in 2018; which corresponds to a 10-percentage point reduction in 10 years. However, there are recent concerns about the data quality due to the variation in stunting prevalence between 2016 (27.3 percent), 2017 (21.2 percent), and 2018 (25 percent) for an indicator that is a measure of long-term evolution and therefore not expected to fluctuate to such an extent. The strengthening of the data systems will have two major strands. To ensure data quality at all times, the Technical and Financial Partners group (*Partenaires Technique et Financement*, PTF) and the project will support data collection and encourage the creation and disbursement of a Ministry of Health budget line for the survey.
7. **Priority Area 3: Multisectoral coordination support at regional and national level will foster collaboration and accountability across sectors and ministries to ensure nutrition-sensitivity around improvement in nutrition in the first 1,000 days and addressing the multiple factors associated with stunting.** The Fifth Functional Team (*Equipe Fonctionnelle 5*; EF5) is the designated multisector nutrition coordination body with responsibility for prioritization, planning, and monitoring. The team will be responsible for aligning with the CNCN and the Regional Council for Nutrition Coordination (CRCN) and holding sectors responsible for actively engaging in coordinated efforts. The EF5 will include health, agriculture and hydraulics, water, sanitation and hygiene (WASH), social protection, education, and women's empowerment [including the Sahel Women's Empowerment and Demographic Dividend (SWEDD) project] sectors and is led by the technical secretary for improvement in maternal and child food and nutrition (STAN). Through this investment, the EF5 will also provide an accountability mechanism for tracking coordination at the regional and national levels through use of scorecards. Tracking key indicators across sectors and at various levels has proven successful across other countries (such as Indonesia and Tanzania) and emerging lessons will be used to inform this process. The EF5 is also responsible for making recommendations to strengthen underlying and enabling environment and engage in data-driven policy analytics, such as the upcoming Optima Nutrition study on allocative efficiency for nutrition spending. HRSP technical and financial support to the STAN and the DN will help them to improve monitoring and accountability processes and better navigate across sectors to reach the project development objective, and beyond to the long-term nutrition goals set out in the PNDES.
8. **Priority Area 4: The project will finance the finalization and implementation of the National Strategy for Advocacy, Social Mobilization and Social and Behavior Change Communication (SBCC) for Nutrition in Burkina Faso, developed in 2017.** Strengthening the communication and advocacy for social and behavior change for nutrition is expected to improve the demand for higher quality services and aims to shift not only individual behaviors, but also societal norms around key nutrition practices



such as exclusive breastfeeding, age-appropriate complementary feeding and micronutrient supplementation. Recent analytical shows opportunities to improve SBCC interventions' impact ranging from intensive counseling (maternal, infant, and young child nutrition), social mobilization (improved feeding practices and behaviors), to mass radio campaigns (impact and cost-efficiency for certain health-seeking behaviors).<sup>10</sup> These address the priorities of the national strategy and will guide project support for a quality mass media campaign to promote exclusive breastfeeding, in collaboration with UNICEF and Family Health International 360's Alive and Thrive Project.

## E. Implementation

### Institutional and Implementation Arrangements

9. **Institutional arrangements:** those from the parent project are used for this additional financing. Technical assistance will be provided to the Directorate of Nutrition to improve its planning and prioritization capacity.
10. **Implementation arrangements and the security situation in project areas:** during the past twelve months, the security situation has significantly deteriorated in Burkina Faso and project areas are now more affected by violence than they had previously been. To mitigate against this, the project will evaluate options, including the strategies laid out in the Ministry of Health's resilience strategy, which include, *inter alia*, (i) the use of financial incentives, (ii) contracting independent health workers (the *réserve sanitaire*), and (iii) non-governmental organizations to support monitoring, supervision and beneficiary reach. Building on the lessons learned from its day-to-day operations, the population and housing census and other projects in the portfolio, the ministry will closely coordinate with local government and security forces to evaluate the situation and take action accordingly.

## F. Project location and Salient physical characteristics relevant to the safeguard analysis (if known)

The project will be national.

## G. Environmental and Social Safeguards Specialists on the Team

Fatoumata Diallo, Social Specialist

Leandre Yameogo, Environmental Specialist

<sup>10</sup> Alive and Thrive 2015, Alive and Thrive 2018 for all but mass media; Murray et al 2018 and Kasteng et al 2018 for mass media.



**SAFEGUARD POLICIES THAT MIGHT APPLY**

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	<p>With respect to the project's development objectives, components, sub-components and activities to be implemented, the project is rated as a Category B (Partial Assessment) with a Moderate risk and one policy triggered : OP/BP 4.01, Environmental Assessment. A Medical Wastes Management Plan (MWMP) has been prepared, reviewed, approved and published at the country level on the Bank's web site. This plan was prepared in 2005, updated in 2011 and 2017 for the period of 2018 – 2020; it will be implemented by the Ministry of Health, and regularly monitored and evaluated by the national agency in charge of environmental assessments (BUNEE).</p> <p>Potential risks and negative impacts at the implementation stage will consist of household and medical wastes production increasing (view by the Project Development Objective Indicators and Health facilities providing youth friendly services), site specific and easily manageable by the system put in place. Potential positive impacts will consist of landscaping of health facilities in view of Climate change effects. This MWMP organized around the following aspects: (i) a situational analysis of wastes management; (ii) a three-year priority action for waste management; (iii) a performance framework; (iv) an operational planning of activities; (v) a monitoring and evaluation mechanism; (vi) recommended capacity building measures for environmental planning and monitoring of project activities; (vii) and a financing plan. It is appropriate for the project under development, subject to its update by components and sub-components, target areas, and potential activities; it will comply with the requirements of the Bank's New Environmental and Social Management Framework. An included roadmap outlines the steps, budgets, responsibilities and timelines for consideration of environmental safeguards, including updating, reviewing, approving and publishing the instrument, recruitment and</p>



training of the Environmental Specialist of the Project Coordination Unit and the other stakeholders.

Responsibility and oversight of the project’s overall compliance with national and Bank triggered safeguard policy will be devolved to the environmental specialist within the Project Implementation Unit (PIU). He will serve as the main person in charge of project implementation and monitoring of safeguard aspects. In close collaboration with the national environmental agency, he will periodically monitor the program’s compliance with proposed mitigation measures.

Performance Standards for Private Sector Activities OP/BP 4.03	No	The project is not expected to impact performance standards for private sector activities.
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	The project is not expected to impact on indigenous peoples.
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.

## KEY SAFEGUARD POLICY ISSUES AND THEIR MANAGEMENT

### A. Summary of Key Safeguard Issues

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:

With respect to the project's development objectives, components and activities implemented, the project had been rated as Category B (Partial Assessment) in terms of environmental safeguards, both for the Initial Financing and the Additional Financing. Only one policy had been triggered (OP/BP 4.01, Environmental Assessment). A Waste Management Plan (WMP) was prepared as an instrument, reviewed, approved and published at the country level on the Bank's site. This plan, on the targeted sites, is implemented by the Ministry of Health, has been regularly



monitored and is judged satisfactorily.

No potential large scale, significant and/or irreversible impacts have been identified.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area: No potential indirect and /or long term impacts due to anticipated future activities in the project area have been identified.

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts. Given the assessment of the proposed activities and lack of adverse impacts identified, it was not seen relevant to consider alternatives to what is proposed.

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.

This current WMP is still appropriate for the new project under development, subject to its update by components, target areas, potential activities.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.

The stakeholders, potential beneficiaries (public and private), the modalities of interventions, the chain of management of the WMP, the sites of discharges, the transport logistics, the costs of the chain of values, the follow-up and the evaluation will be integral part for align the plan with the national health vision, including capacity building for stakeholders, climate change, risks management, biodiversity and labor influx.

**B. Disclosure Requirements (N.B. The sections below appear only if corresponding safeguard policy is triggered)**

**Environmental Assessment/Audit/Management Plan/Other**

Date of receipt by the Bank  27-Apr-2018	Date of submission for disclosure  23-May-2018	For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors
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**"In country" Disclosure**

Burkina Faso  
12-Jul-2017

Comments

**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.**

If in-country disclosure of any of the above documents is not expected, please explain why:





**C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting) (N.B. The sections below appear only if corresponding safeguard policy is triggered)**

**OP/BP/GP 4.01 - Environment Assessment**

Does the project require a stand-alone EA (including EMP) report?

If yes, then did the Regional Environment Unit or Practice Manager (PM) review and approve the EA report?

Are the cost and the accountabilities for the EMP incorporated in the credit/loan?

**The World Bank Policy on Disclosure of Information**

Have relevant safeguard policies documents been sent to the World Bank for disclosure?

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?

**All Safeguard Policies**

Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?

Have costs related to safeguard policy measures been included in the project cost?

Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?

Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?

**CONTACT POINT**

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**APPROVAL**

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**Approved By**

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