



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 05/07/2020 | Report No: ESRSA00807



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Somalia	AFRICA	P173731	
Project Name	Somalia Recurrent Cost & Reform Financing Project - Phase 3		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Governance	Investment Project Financing	5/5/2020	6/18/2020
Borrower(s)	Implementing Agency(ies)		
Federal Republic of Somalia	Ministry of Finance, Federal Government of Somalia		

Proposed Development Objective(s)

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.

Financing (in USD Million)	Amount
Total Project Cost	100.00

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

Yes

C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]

The project supports Somalia’s efforts toward a more resilient, inclusive and stable socio-economic environment. The project’s benchmarks/Performance Based Conditions will incentivize the Federal Government of Somalia and the Federal Member States to sustain momentum of their reforms to reach the Heavily-Indebted Poor Country Completion Point. The project will help strengthen inter-governmental fiscal relations, and build state institutions, in support of the delivery of basic services in health and education. It will also support building a real-time feedback loop from the citizens who are intended to benefit from the investments.



D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social] RCRF 1 focused on Banadir, Galmudug and Puntland States. RCRF 2 expanded to the rest of Somalia, and is currently funding 3,000 female health workers and 3380 teachers as well as supporting training and supervision. RCRF 3 will expand the number of health workers in all States and in education will transition from direct teacher payroll financing to performance-based grants to schools, which is likely to increase the number of teachers covered. The project will also continue to fund other civil service cadres in a range of sectors including Ministry of Defence as well as Judiciary, Ministry of Labor and Social Affairs and Ministry of Women and Human Rights Development in both FGS and some States. RCRF 2 will run concurrently with RCRF 3, although will continue to work under OPs, however where the government agrees, RCRF 2 will also adopt the RCRF 3 safeguards requirement to avoid confusion. An assessment of safeguards implementation under phase 1 and 2 will be carried out as part of the ESMF development.

RCRF 3 would also seek to provide support to set up Citizen Engagement and Feedback Platform. This support will build on the pilot Citizen Engagement platform within the Ministry of Finance to develop a government wide platform and integrating other line ministries such as health and education, as well as potentially engaging FMS. The citizen engagement platform will start in pilot and gradually expand. The project will seek to integrate project stakeholder engagement and GRM into this wider platform, where possible.

D. 2. Borrower’s Institutional Capacity

The borrower has experience of implementing RCRF 2 and RCRF 2, however not yet under the ESF. RCRF 2 has invested heavily is establishing key system and strengthening capacities as it related to teachers and health workers management, including development and adoption of key policies and their payroll management, as well as a health workers compendium. For RCRF 1 and 2 the safeguard category was C. OP 4.01 and previous E&S performance was rated satisfactory. On the social side RCRF 1 was evaluated to have positively impacted about 4,000 households in and around the Benadir region of southern Somalia through timely payment of civil servant salaries.

However, the capacity for managing social and environmental risks and impacts especially under the ESF is limited. Legislation and regulations and enforcement are weak in the country, including labour management and OHS regulations, social, environmental and GBV risk management and provision of survivor-centric response services, and medical waste management, stakeholder engagement and complaints handling mechanisms.

The project is run out of the Ministry of Finance which will provide strategic direction with respect to policy and financing and will pay dedicated staff to cover project coordination and management, administration, M&E, FM, procurement, social and environmental safeguards and communications. It will be implemented in coordination with the Ministry of Health and Education who will have dedicated social and environmental specialists funded under other World Bank Projects with E&S focal persons within participating FMS.

To support E&S capacity an environmental and social safeguards officer position and a GBV officer position will be recruited under RCRF 3 for FGS and focal points identified in FMS. There will be close coordination with the Ministries of Health, Education who will also have social and environmental safeguards officers. . Two short-term consultants namely a Social Safeguards Consultant and a GBV Consultant will be recruited on the Bank team side to work closely with government teams

Public Disclosure



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

A. Environmental and Social Risk Classification (ESRC)

Substantial

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.

Social Risk Rating

Substantial

The social risk rating is considered Substantial taking into account the following key social risks and impacts: (i) potential exclusion of disadvantaged and vulnerable groups in recruitment and service provision and elite capture; and (ii) potential risks of increased social tension in the community (for example, on how services are delivered, or siting of services); (iii) labor risks including OHS and security risks, sexual exploitation and abuse, sexual harassment, and other forms of gender-based violence (GBV) that may occur in recruitment or retention of skilled or unskilled female workers and the delivery of both health and education services; (v) contextual risks of operating in a conflict zone and complex social context where effective and inclusive community consultations, monitoring, and developing effective and trusted grievance redress mechanisms are challenging.

Gender and GBV Risks: While existing contextual risks for GBV in Somalia are high, the project is not expected to exacerbate those contextual risks. At the same time, key measures will be undertaken to mitigate additional risks that may emerge, to be integrated into the POM and associated safeguard instruments. As such the GBV-related risks is assessed to be Substantial. These measures include establishment of clear recruitment and retention policies that both emphasize equity and increase the register of female staff supported by the project, and are meant to outline clear standards and policies to minimize potential for sexual harassment, exploitation and abuse and other forms of GBV. This will also include development of GBV Action Plan that will include among other aspects a response and accountability framework to outline key response measures should incidence occur, and identification of GBV Services Providers to enable appropriate and immediate care should a problem arise. 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. Citizen engagement, with a focus on gender, will be embedded in the project through (i) gender-differentiated consultations, (ii) an assessment of the quality of the health-care delivered by the FHWs, the number of patients served and the level of satisfaction among patient seen by the FHWs, (iii) the establishment of a gender-sensitive and GBV-sensitive GRM, and (iv) creation of a feedback loop to discuss findings with beneficiaries, FHWs and other stakeholders including policymakers and health-care managers. During implementation, periodic surveys could be carried out with focus on key indicators including quality of service provision by FHWs, number of gender-related grievances reported, the number of GBV-related grievances referred to GBV services providers, and the number of GBV trainings conducted.

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

B.1. General Assessment



ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

The main environmental issues for the project relate to the handling and disposal of medical kits and limiting the spread of communicable diseases (e.g. Covid 19) through health and education provision. Other project activities do not pose risks, since they relate to technical assistance, capacity building and training.

All potential impacts are expected to be small to moderate, temporary, site-specific, and mostly reversible, and mitigation measures can readily be designed. Therefore, an Environmental and Social Management Framework (ESMF), a Medical Waste Management Plan (MWMP), will be prepared and disclosed before board date. The ESMF will also include a more comprehensive gap analysis, in addition to mitigation measures. An assessment of medical waste management and PPE adequacy and usage by health workers will be included as part of inspections to be carried out by third party monitors during supervision visits at local level, this assessment will also cover phase 2 activities.

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 a new citizen engagement and feedback component. The risks include: (i) appropriate and equitable distribution of workers; (ii) ensuring recruited health and education staff provide services without discrimination, including to underserved populations e.g. IDPs, nomads, minority groups, people living with disabilities, women including those who face particular barriers to access e.g. who have experienced GBV; (iii) potential risks of increased social tension in the community (for example, where services are delivered and how); (iv) labor risks including OHS risks, security of staff, sexual exploitation and abuse, sexual harassment, and other forms of gender-based violence (GBV) that may occur in recruitment or retention of female health workers (see also ESS2 and ESS4 Sections below) and teachers; (v) difficulty of ensuring genuine and inclusive community consultations, and developing effective grievance redress mechanisms due to challenges accessing rural areas, and the collective nature of traditional complaints handling and the difficulty of vulnerable and marginalized groups raising complaints.

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 vulnerable and marginalised group representatives to ensure inclusive and transparent consultation processes for input and feedback on the project throughout the project cycle, and a functional grievance redress mechanism (GRM) for patients, students and communities including confidential procedures where necessary. Labor management procedures (LMP) will outline fair treatment, non-discrimination and equal opportunity of project workers and define separate worker grievance procedures. A GBV Action plan will identify 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 of environmental and social safeguards specialists and focal persons and GBV advisor who based on periodic progress reports will: (a) provide regular implementation support, (b) carry out reviews of safeguards implementation, and (c) monitor safeguards implementation.



ESS10 Stakeholder Engagement and Information Disclosure

A draft Stakeholder Engagement Plan (SEP) will be prepared before appraisal. The SEP provides the framework for identification and consultation of stakeholders throughout the project cycle. Robust community engagements will be conducted before commencement of project activities as well as sensitization on the project GRM to support the systematic processing and resolution of project related complaints and grievances. The Citizen Engagement and Feedback Platform will build on and strengthen the SEP and project GRM. For GBV, reporting and response protocol including identification of SEA/H and GBV-sensitive channels to be integrated into the grievance mechanism, and requirements for enabling survivor-centered care.

The project will engage a range of stakeholders during both the preparation and implementation of this project including: the different ministries of Federal Government of Somalia and the participating Federal Member States, who will be responsible for project implementation and management; non-state actors, such as Development Partners (DPs) and relevant CSOs; communities, different groups of patients, parents, teachers and students. Information and feedback on criteria used and location of expansion of civil service appointments should be promoted as inequitable provision may exacerbate conflict and may lead to further mistrust and barriers to accessing services. All stakeholders will be engaged regularly through the life of the project and the SEP updated as needed. Given Covid-19 restrictions, the project will use innovative ways of consulting stakeholders in order to meet project and stakeholder needs and adhere to the restrictions put in place by the government to contain virus spread. Strategies to be employed include FGDs to be conducted as appropriate taking full precautions on staff and community safety, one on one interviews through phones and skype for community representatives, CSOs and other interest groups.

B.2. Specific Risks and Impacts

A brief description of the potential environmental and social risks and impacts relevant to the Project.

ESS2 Labor and Working Conditions

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, GBV risks, 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 Health Technical Partner, or “HTP”) and Independent Verification Agents, who will be subject to the full requirements of ESS2.

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

Labor Management Procedures (LMP) will be prepared before board approval and the GBV risks will be addressed in a GBV 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. 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.

ESS3 Resource Efficiency and Pollution Prevention and Management

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 ESMF will a medical waste management plan (MWMP).

ESS4 Community Health and Safety

Communities may be exposed to health risks arising from ineffective infection control and healthcare waste management. Mitigation measures will be 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. Teachers will be oriented on the prevention of spread of infectious diseases such as Covid 19 in the classroom by themselves and other pupils as outlined in the ESMF.

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. Thus a GBV action plan will be prepared. Incidences may further undermine females’ access to education services. In addition, sensitization on GBV and confidential grievance handling mechanism, in line with global guidelines on ethical engagement, will be integrated into the Stakeholder Engagement Plan.

Additional measures will include capacity building and training of relevant stakeholders, including project workers and government partners on GBV/SEA. In addition, GBV risks will be monitored throughout project implementation through regular re-assessment, particularly as new project locations are determined, and through regular monitoring activities. The GBV Action Plan will be updated as necessary throughout the life of the project.

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.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

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

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

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.



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

ESS7 is not relevant to the project, as the people in the project area are not considered as Indigenous Peoples as defined under ESS7.

ESS8 Cultural Heritage

This Standard is not relevant for this project

ESS9 Financial Intermediaries

This Standard is not relevant for this project

B.3 Other Relevant Project Risks

Given inconsistent service provision, it is essential that criteria and decisions over equity and inclusion are clear and transparent as there are multiple and varied vulnerable and marginalized groups in different areas of Somalia. Inequitable provision may exacerbate conflict and may lead to further mistrust and barriers to accessing services.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

III. BORROWER’S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
1.1 ORGANIZATIONAL STRUCTURE: A Project implementation unit (PIU) will be set up within the Ministry of Finance • Separate social and environmental safeguard specialists and a GBV specialist in MoF at FGS level and social and environmental specialists in each FMS PIU.	07/2020
1.2 MANAGEMENT TOOLS AND INSTRUMENTS: Prepare, consult on and disclose an Environmental and Social Framework (ESMF) including a Medical Waste Management Plan (MWMP) satisfactory to the World Bank. Develop, adopt and disclose a Stakeholder Engagement Plan (SEP, including GRM), satisfactory to the World Bank.	06/2020

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Develop, adopt and disclose a GBV action plan, satisfactory to the World Bank.	
<p>PERMIT, CONSENTS AND AUTHORIZATIONS: Though none are anticipated, the project will obtain and thereafter comply with any permits, consents and authorizations that are required for the Project from relevant national authorities.</p>	08/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
SEP IMPLEMENTATION: Implement the SEP.	05/2020
PROJECT GRIEVANCE MECHANISM: Develop the Project Grievance Redress Mechanism, as part of the SEP	05/2020
ESS 2 Labor and Working Conditions	
LABOR MANAGEMENT PROCEDURES (LMP): Consistent with the LMP and ESS2, develop and implement labor management procedures to address labor risks, including (but not limited to) the following key mitigations: OHS, emergency preparedness and response	05/2020
<p>GRIEVANCE MECHANISM FOR PROJECT WORKERS: Develop and maintain a grievance redress mechanism (GRM) for direct project workers, including SEA/SH confidential channels for contracted and primary suppliers as part of the LMP</p>	08/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
<p>MANAGEMENT OF WASTE AND HAZARDOUS MATERIALS: Implement measures and procedures for managing medical waste in the Medical Waste Management Plan (MWMP).</p>	08/2020
ESS 4 Community Health and Safety	
COMMUNITY HEALTH AND SAFETY: Measures and actions to assess and manage specific risks around infection control and healthcare waste management and impacts outlined in the ESMF.	05/2020
Awareness raising campaign will be undertaken to sensitize local communities against the reuse of needles, medicine bottles, and other used or expired medical supplies	12/2020
GBV AND SEA RISKS: Undertake gap assessment of GBV/SEA risks and identify mitigation measures and actions and develop and implement a GBV/SEA Action Plan.	05/2020
GBV AND SEA RISKS DURING PROJECT IMPLEMENTATION: There will be GBV procedures in place, including communications and sensitization, training and monitoring, pre-deployment and during project implementation.	09/2020
<p>SECURITY PERSONNEL. Security personnel used as part of project must adopt of codes of conduct, GBV and SEA and receive</p>	08/2020



training. The LMP will include provision for a Code of Conduct governing all security personnel hired to protect this Project.	
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
ESS 8 Cultural Heritage	
ESS 9 Financial Intermediaries	

B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework?

No

Areas where “Use of Borrower Framework” is being considered:

None

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: Federal Republic of Somalia

Implementing Agency(ies)

Implementing Agency: Ministry of Finance, Federal Government of Somalia

V. FOR MORE INFORMATION CONTACT

Public Disclosure



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VI. APPROVAL

Task Team Leader(s): Geoff Handley, Matthias Mayr

Safeguards Advisor ESSA: Nathalie S. Munzberg (SAESSA) Concurred on 08-May-2020 at 13:35:24 EDT