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

Appraisal Stage | Date Prepared/Updated: 15-May-2020 | Report No: PIDISDSA29349

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Madagascar	P173950	Additional Financing to Improving Nutrition Outcomes Project	P160848
Parent Project Name	**Region**	**Estimated Appraisal Date**	**Estimated Board Date**
Improving Nutrition Outcomes using the Multiphase Programmatic Approach	AFRICA	14-May-2020	09-Jun-2020
Practice Area (Lead)	**Financing Instrument**	**Borrower(s)**	**Implementing Agency**
Health, Nutrition & Population	Investment Project Financing	Ministry of Finance	Unité de Programme National de Nutrition Communautaire (UPNNC), Unité de Coordination des Projets (UCP) - Ministry of Public Health

Proposed Development Objective(s) Parent

To increase utilization of an evidence-based package of reproductive, maternal and child health and nutrition (RMCHN) interventions and improve key nutrition behaviors known to reduce stunting in targeted regions and to provide immediate and effective response to an eligible crisis or emergency.

Components

Scale up coverage and utilization of the RMCHN minimum package
Strengthen capacity to manage and deliver the RMCHN minimum package
Project Management, Capacity Building and Operations Support
Contingent Emergency Response Component (CERC)

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	20.00
Total Financing	20.00
of which IBRD/IDA	20.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	20.00
IDA Credit	10.00
IDA Grant	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

1. Madagascar is facing a health emergency with the global COVID-19 pandemic (decree 2020-359 of March 21, 2020, which declares that the state of health emergency comes into force immediately for 15 days throughout the country). The emergency that occurred since January 30, 2020 (Declaration by the World Health Organization that COVID-19 is a public health emergency of international concern during the second meeting of the Emergency Committee on International Health Regulations concerning the outbreak Coronavirus 2019) was reinforced by the statement of the WHO Director-General that COVID-19 can be described as a pandemic due to the rapid increase in the number of cases outside China and the increasing number of affected countries. In Madagascar, the first cases (three imported) were confirmed on March 20, 2020 and additional cases were announced the following days, bringing the number of cases to 149 to date (May 3).

2. An emergency contingency plan for COVID-19 was prepared by the Government of Madagascar with support from partners and before first cases were confirmed in-country (first cases confirmed on March 20th, 2020). The World Bank responded swiftly to provide financial support in order to ensure preparedness to COVID-19. The Bank support and involvement was catalyst to accelerate the country preparedness and response.

3. In response to the coronavirus (COVID-19) pandemic, the Government of Madagascar requested an activation of the CERC, for an amount of US$20 million, on April 2, 2020. The World Bank reviewed the Government's request and supporting documentation (Emergency Action Plan/CERC Implementation Plan, updated ESMF, Procurement Plan) and provided a No Objection on April 3, 2020.

4. ***World Bank's response to the Coronavirus outbreak.*** Below are the details are the emergency COVID-19 activities being financed under component 4 for US$20 million, as presented in the CERC Implementation Plan. A contract for US$ 3.7 million between the Ministry of Health and WHO was signed on March 12,2020. This early financing helped strengthening the surveillance system and preparedness of the health system to manage COVID-19 cases: training of health workers, equipment for quarantine rooms, ongoing procurement of ventilators, oxygen extractors, ambulances, individual protection equipment, etc.. The remaining US$16.3 million are managed directly by the health PIU to procure significant amounts of key equipment and individual protection items following the outbreak of Coronarivus in Madagascar.

Sectoral and Institutional Context

5. The Improving Nutrition Outcomes project under implementation is the first phase of the Multiphase Programmatic Approach (MPA) Program. The Program Development Objective (PrDO) is *"to reduce stunting prevalence in children under 2 years of age in targeted regions."* The Program (IDA envelope of US$ 200 million approved by the Board) includes three phases which will be implemented over five, five, and four years, respectively. The phases will overlap to ensure complementarity and incorporation of lessons and experience from preceding phases. Over 10 years, if additional complementary nutrition-sensitive investments are made, the program is projected to reduce stunting prevalence in the target regions by 30 percent. Since this is the first program supported by the MPA, the Bank is working closely with the Government to monitor and document lessons learned from this approach.

6. The ongoing first phase of Improving Nutrition Outcomes using the Multiphase Programmatic Approach (MPA) is funded by a US$80 million IDA grant and a US$10 million Power of Nutrition Trust Fund. The Project Development Objective (PDO) is to increase utilization of an evidence-based package of reproductive, maternal and child health and nutrition (RMCHN) interventions and improve key nutrition behaviors known to reduce stunting in targeted regions and to provide immediate and effective response to an eligible crisis or emergency. The Project was approved in December 2017 and became effective in April 2018. The project has four components and is implemented jointly by the Ministry of Public Health and the National Nutrition Office.

7. Component 1: Scale-up coverage and utilization of the RMCHN Minimum Package (IDA US$47.6 million and TF PoN US$6.5 million). This component facilitates beneficiary access to the minimum RMCHN package and utilization of high impact nutrition interventions at critical times during pregnancy and a child's first years of life. To achieve this, the following activities are supported: (i) rapid scale up of integrated community-based health and nutrition services linked to strengthened primary care facilities; (ii) comprehensive BCC and demand creation, including social mobilization and use of mass media; and (iii) free provision of the minimum RMCHN package and removal of other financial and geographic barriers to utilization.

8. The community platform approach is fully functional, allowing beneficiaries to access

an integrated health and nutrition services package at all 2,893 community sites and 465 primary health care facilities supported by the project (in four regions). Community health workers (two per community site) have been trained to provide the integrated package and are supervised by local NGOs and health workers from primary health facilities. Equipment and necessary nutrition and health inputs have been procured by the Project for all community sites and CSBs (primary health care facilities). Additionally, 240 qualified health workers have been recruited to at least partially fill human resources gaps at the local level thus reducing the percentage of staff working alone in the post from 46% at the beginning of the project to 32% to date. To create demand for nutrition and health services, the NGO Alive &Thrive has been contracted by the Project to develop tools for communication and social mobilization. Finally, the program has put in place key interventions to minimize the costs and distances that impede the use of health services by children under 5 years of age, namely the voucher system at CSB level and the Integrated Management of Childhood Illness (IMCI) at community level. The voucher program (providing free health care and drugs for women and children) is being rolled out since November 4th, 2019 and the IMCI, since February 2020, in all districts of the four targeted regions. Initial results show increased utilization of health services by beneficiaries of the vouchers, care-seeking behavior and improving nutrition and preventive care.

9. Component 2: Strengthen capacity to manage and deliver the RMCHN minimum package (IDA US$25.9 million and TF PoN US$3.5 million). This component removes the key bottlenecks that can impede the scale up of the RMCHN minimum package by: (i) improving the quality of frontline workers at community and primary care facility levels and (ii) strengthening supervision and management functions at district and regional levels, including improvements in health and nutrition information management systems.

10. Under this component, interventions are under implementation. More than 6,000 community and health workers have been trained by the Project, especially on Integrated Management of Childhood Illness (IMCI). Technical assistance contracts with UNICEF (to strengthen supervision and management functions at district and regional levels) and with WHO (to improve health and nutrition information management systems) have been signed respectively in April and September 2019 and capacities are being strengthened. Finally, completion of a full cycle of periodic activities for the Results-Based Financing (RBF) pilot have been made and the open RBF portal is being implemented. RBF subsidies were paid in November 2019 to health facilities and the approach is showing promising results, such as an increase in attendance and an improvement in the quality of care. Indeed, the RBF mechanism allows health structures to be subsidized according to the quantity and quality of the services and care they provide, and the RBF portal will allow for greater transparency in finance management and cost reduction of organizational functioning.

11. Component 3: Project Management; Capacity building and operations support (IDA US$ 6.5 million). This component primarily finances operational costs and capacity building to ensure effective coordination, management, and implementation of components 1 and 2. Both PIUs are fully operational with complete staff.

12. Component 4: Contingent Emergency Response Component (CERC). This no-cost CERC is included in accordance with Operational Policy (OP) 10.00, paragraphs 12 and 13 for projects in Situations

of Urgent Need of Assistance or Capacity Constraints, to allow for rapid reallocation of project proceeds in the event of a natural- or man-made disaster or crisis that has caused, or is likely to imminently cause, a major adverse economic and/or social impact. The emergency operations manual for the CERC was developed and validated on March 17th, 2020.

C. Proposed Development Objective(s)

Original PDO

To increase utilization of an evidence-based package of reproductive, maternal and child health and nutrition (RMCHN) interventions and improve key nutrition behaviors known to reduce stunting in targeted regions and to provide immediate and effective response to an eligible crisis or emergency.

Current PDO

As original.

Key Results

PDO indicators of the Project:

1. Percentage of infants 0-5 months of age exclusively breastfed;
2. Number of facility-based deliveries;
3. Percentage of women receiving any IFA tablets at last pregnancy;
4. Percentage of children 6-59 months of age receiving vitamin A supplementation within the past 6 months ;
5. Percentage of children aged 6 to 23 months receiving 5 of the 8 recommended food groups.

13. The Project is rated Satisfactory for Progress towards achievement of the PDO and has been consistently rated at Satisfactorily since April 2018 then downgraded to Moderately Satisfactory since April 2019 when institutional changes around the presidential elections of December 2018 caused delays and weaknesses (lack of proactivity in risk identification and applying due diligence) in the implementation capacity. Furthermore, the plague epidemic in 2018 and measles outbreak in 2019 also contributed to slower implementation.

14. Overall implementation progress, procurement, financial management, monitoring and evaluation and safeguards have been rated at or above Moderately Satisfactory since the start of implementation. Both PIUs (health PIU and nutrition PIU) have increased their performance after a slower implementation path during first semester of 2019 due to the political change. As of April 6th, 2020, 35 percent of Project financing has been disbursed, aligned with initial disbursement estimates. The Project has no financial audit overdue. With different measures taken recently, it is expected that the Project will be upgraded to Satisfactory both on implementation progress and progress towards achievement of the PDO in April 2020. Indeed, a new coordinator for the health PIU has been appointed in September 2019 and, jointly with Global Fund and GAVI, measures to increase performance of the PIU have been identified and already implemented (whose funds are also managed by the same PIU within the Ministry of Health).

D. Project Description

15. This Additional Financing (AF) in the amount of US$20 million for Madagascar Improving Nutrition Outcomes Project is to fill the financing gap created by triggering the Contingency Emergency Response Component (CERC) related to Covid-19 support. It will allocate US$20 million to core project activities (financing gap). The CERC was triggered for US$ 20 million on April 3rd, 2020 for the Eligible Emergency Situation in Madagascar in response to the COVID-19 pandemic. Funds were reallocated to CERC Component 4 (Disbursement category 6) from undisbursed proceeds of the IDA Improving Nutrition Outcomes Project to address the most urgent needs in health response. Madagascar is exceeding its IDA Fast Track Covid-19 Facility (FTCT) allocation of US$13.9 million by 44 percent, and the exceeded amount will be returned to the FTCF from the country's FY21 Performance-based Allocation (PBA) envelope.

16. This AF will support the replenishment of the Project to ensure originally planned activities under the Project would be financed and implemented. Through this AF, financing will be provided back to the components that were used to finance the CERC activation and Covid-19 Emergency response, thus ensuring the PDO would be achieved by the end of the current Project despite the crisis.

17. Project and components costs: The project will keep the same four components. As this Additional Financing is for a financing gap, the allocation of the AF between activities is done based on funding that was removed from triggering the CERC. Financing for the CERC was taken from Component 1 (US$14 million IDA) and from Component 2 (IDA US$ 6 million), thus through this Additional Financing the same amounts will be added to these two components. US$20 million will be added under component 4, amount allocated to the COVID-19 emergency response.

Components	Original IDA Grant	Restructuring IDA original	Proposed AF	Original IDA +AF
C1. Scale-up coverage and utilization of the RMCHN Minimum Package	47.6	33.6 (-14)	14	47.6
C2. Strengthen capacity to manage and deliver the RMCHN minimum package	25.9	19.9 (-6)	6	25.9
C3. Project Management; Capacity building and operations support	6.5	6.5	0	6.5
C4. CERC	0	20 (+20)	0	20
TOTAL	**80**	**80**	**20**	**100**

E. Implementation

Institutional and Implementation Arrangements

18. No change is made to the implementation arrangements of the Project through this Additional Financing, nor fiduciary or safeguards. **T**he Ministry of Public Health, through the Project Coordination Unit (UCP-*Unité de Coordination de Projet*) and ONN (National Nutrition Office) through UPNNC remain the two entities in charge of implementation of the Project.

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

At the National level, this Project will target health facilities. The project has positive social development outcomes and low social risk. The project intervention will increase the delivery of quality health services to all beneficiary groups and provide the population access to the minimum package of services including immunizations, and vitamin supplementation to both pregnant women and children. The project will procure and deliver the relevant health commodities (drugs), an essential package of equipment to health facilities and will support community level health and nutrition activities. In view of the above; no negative environmental impacts will be provided by the proposed project. It is expected that with improvements in access and utilization of health services, the production of both medical and pharmaceutical waste in the targeted health facilities may increase and may adversely affect the environment and the local population if not managed and eliminated appropriately. Under Emergency Support to Critical Education Health and Nutrition Services Project (PAUSENS, P131945), the National Medical Waste Management Plan (NMWMP) was prepared and later revised through a consultative process involving all stakeholders in the regional and national levels in the health sector. The NMWMP has given satisfactory results to manage risk and environmental impacts in the health facilities. This existing, comprehensive NMWMP will also be used under this project to mitigate potential environmental risks. The Ministry of Health has demonstrated ownership in dealing with medical waste management. They have a strong technical team in place, the Service d'Appui aux Genies Sanitaires (SAGS), which was in charge of supervising and monitoring the implementation of the NMWMP under PAUSENS. The experience with SAGS has been positive; SAGS successfully managed the NMWMP's supervision and operation under PAUSENS and continues effective management under the parent project. The project is not expected to have long term significant negative social or environmental impacts.

G. Environmental and Social Safeguards Specialists on the Team

Erik Reed, Environmental Specialist
Andrianjaka Rado Razafimandimby, Social Specialist
Hasina Tantelinirina Ramarson Ep Rafalimanana, Social Specialist

SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	
Performance Standards for Private Sector Activities OP/BP 4.03	No	
Natural Habitats OP/BP 4.04	No	
Forests OP/BP 4.36	No	
Pest Management OP 4.09	No	
Physical Cultural Resources OP/BP 4.11	No	
Indigenous Peoples OP/BP 4.10	No	
Involuntary Resettlement OP/BP 4.12	No	
Safety of Dams OP/BP 4.37	No	
Projects on International Waterways OP/BP 7.50	No	
Projects in Disputed Areas OP/BP 7.60	No	

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:

Activities related to the project approach in components 1 and 2 aim to improve the quality of health and nutrition services at the community level and in the primary health centers at the commune level (CBS 1 and 2). They may lead to an increase in the production of both medical and pharmaceutical waste in the various care centers. This could involve risks associated with the handling and disposal of infected materials. If medical waste and expired medicines are not properly managed and disposed of on site or safely contained in a secured zone they could pollute the soil and water or contaminated the medical personal and families whose income is derive from the triage of waste. The country has a comprehensive medical waste management plan in place to help mitigate adverse effects of medical waste and disposal of expired medicines. Therefore, no large and irreversible impacts are expected.

The CERC was recently used in response to COVID-19 but CERC related activities did not trigger new operational policies; the project will not involve any activities that will result in land acquisition, physical displacement, economic displacement or any other form of involuntary resettlement as defined by OP 4.12; they remain covered by OP 4.01 operational policy. The activities to be financed under the CERC present the possibility for the public, the patients and

the health sector personnel (including their families) to be exposed to people and samples contaminated by COVID-19 following the activities of the project. Given the high infectiousness and rate of transmission, containment efforts will require special care to avoid or minimize exposure by designing and implementing adequate measures that take into account, in particular: (i) medical waste management; (ii) the identification of potential risks for health sector personnel and the public; (iii) the establishment of preventive and protective guidelines, including the initiation of health awareness and education initiatives.

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

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.
Not applicable.

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.
The parent project was assessed as Category B (Partial Assessment) under OP 4.01 (Environmental Assessment) and has been transferred. The project activity aims to improve the quality of health and nutrition services at the community level and, to a lesser extent, in the primary care health centers at the commune level engendered a risk of increasing medical and pharmaceutical waste production in the different types of health facilities, which could adversely affect the environment and the local population. A National Medical Waste Management Plan (NMWMP) was prepared to manage the risks associated with the increased medical waste. The project was rated Satisfactory during the last mission based on the implementation of the NMWMP and has built significant capacity, including training and capacity building in local health and medical centers. The borrower has hired dedicated Environmental and Social specialists to implement the NMWMP and have demonstrated ownership of the issues.

The current replenishment is to complete activities identified under the parent project and thus the activities are fully covered by the existing safeguards policies and instruments that have been prepared, reviewed and disclosed.

In order to manage the risks associated with the CERC financed activities the Project prepared and made available to the public a revised medical waste management plan prior to the triggering of the CERC that includes considerations for COVID-19 response including WHO recommendations on quarantine and biosecurity. An EMP checklist is implemented to manage the risks and impacts associated with the rehabilitation of treatment centers financed under the CERC. The environmental and social risks and impacts are managed by the CERC- Environment and Social Management Framework (CERC-ESMF) to filter the activities against the negative list, the positive list and the safeguard policies triggered. The CERC-ESMF was prepared to cover the emergency activities which did not fall within the scope of the instruments prepared for the parent project.

COVID-19 response measures reinforce positive social development outcomes expected from the project. GBV mitigation measures are embedded in CERC-ESMF through : (i) the establishment (including signing and training) of Codes of Conduct (CoC) for all persons working on the sub-projects of the CERC component with clear language on the prohibition of sexual exploitation and abuse (SEA) and sexual harassment (HS) and clear sanctions related thereto, (ii) raising awareness among the local communities and users on prohibited behaviors among workers such as forms of SEA/SH (iii) a mapping and analysis of GBV service providers' needs to serve as a basis for a referral system for the GRM, and (iv) a GRM adapted to EAS/HS/VBG cases, which ensures an ethical response and supports service providers in caring for survivors (including through telehealth methodology if needed).

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

During the preparation of parent project, the initial National Medical Waste Management Plan was prepared through a consultative process involving all stakeholders in the regional and national levels of the health sector. The Ministry of Health includes the status of implementation of the National Medical Waste Management Plan in its annual technical report of the sector. This NMWMP was published in country and released through the WB website on 27 December 2014; it has been re-disclosed in the country and re-released on the WB website on September 11, 2017, and most recently CERC-ESMF and revised NMWMP were approved by the Regional Safeguards Adviser (RSA) on April 1st, 2020 and published in-country on April 2, 2020 as well on the WB website on April 29, 2020.

The Additional Financing, replenishment, continues to target the same beneficiaries as the parent project.

In order to ensure the active participation of all stakeholders in decision-making processes, a social mobilization plan, as described in the disclosed CERC-ESMF, is to be implemented. A GRM (grievance redress mechanism) will be implemented to deal with grievances, complaints and denunciations relating to the implementation of the CERC. The complaint management structures and the operation of the mechanism are specified in the CERC-ESMF as well. It is recommended that actions relating to the response to Covid-19 be included in the satisfaction surveys related to parent project, planned by the Health Promotion Directorate.

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	Date of submission for disclosure	For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors

"In country" Disclosure

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)

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APPROVAL

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