



The World Bank

2nd Additional Financing to Improving Nutrition Outcomes Project Using the Multiphase Programmatic Approach (P174669)

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

Appraisal Stage | Date Prepared/Updated: 14-Sep-2020 | Report No: PIDISDSA30114

BASIC INFORMATION

A. Basic Project Data

Country Madagascar	Project ID P174669	Project Name 2nd Additional Financing to Improving Nutrition Outcomes Project Using the Multiphase Programmatic Approach	Parent Project ID (if any) P160848
Parent Project Name Improving Nutrition Outcomes using the Multiphase Programmatic Approach	Region AFRICA EAST	Estimated Appraisal Date 10-Sep-2020	Estimated Board Date 24-Sep-2020
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) REPUBLIC OF MADAGASCAR	Implementing Agency 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	1.76
Total Financing	1.76



of which IBRD/IDA	0.00
Financing Gap	0.00

DETAILS

Non-World Bank Group Financing

Trust Funds	1.76
Pandemic Emergency Financing Facility	1.76

Environmental Assessment Category

B-Partial Assessment

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

A waiver of the Environmental and Social Framework, the Environmental and Social Directive for Investment Project Financing, and the Directive on Addressing Risks and Impacts on Disadvantaged or Vulnerable Individuals or Groups was approved on September, 2nd 2020. The waiver will allow the preparation of a scale up Additional Financing to Improving Nutrition Outcomes Project Using the Multiphase Programmatic Approach pursuant to Safeguard Policies and the COVID-19 specific considerations set out in paragraph 7 (**COVID-19 Specific Risk Considerations**), in accordance with the Bank Procedure Additional Financing for Investment Project Financing applying the World Bank Safeguard Policies.

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. The first cases (three imported) were confirmed on March 20, 2020. Since then, the Government has adopted and alternated series of measures to reduce the spread of the pandemic : closure of schools, partial and total lockdown, suspension of domestic and international travels, prohibition of gatherings, mandatory quarantine for individuals who have had possible exposure to COVID-19, curfews, etc... As of September 4th, a cumulative number of 15,187 cases has been detected and 198 official deaths due to COVID. Even more concerning is that the number of cases increased drastically over the month of July (number of cases multiplied by 4 in a month), mainly in the capital city



Antananarivo, and now 21 of the 22 regions of the country are affected. Those numbers are most probably underestimated as testing capacity in other regions than the capital is very limited.

Figure 1: COVID-19 situation from June 29 to August 12

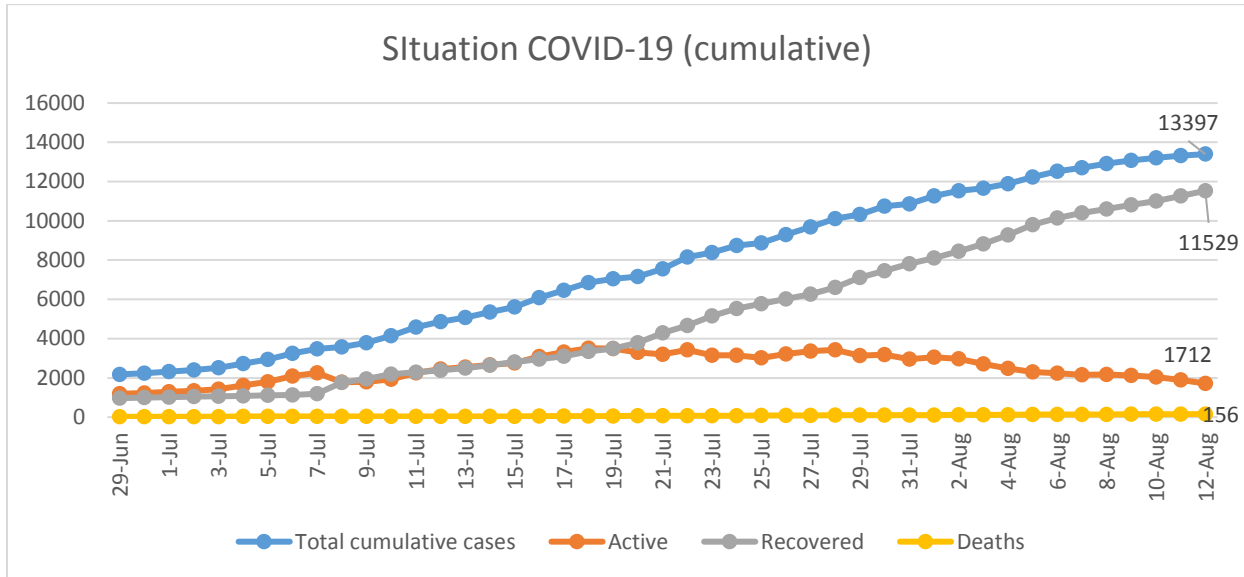
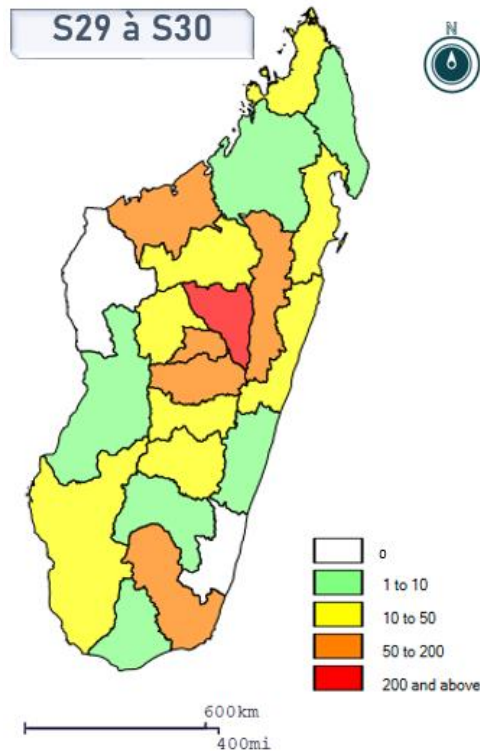


Figure 2: Number of new COVID-19 cases last two weeks of July, 2020 per region



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 for COVID-19. The Bank support and involvement was a catalyst to accelerate the country preparedness and response. In response to the increasing needs and the financial gaps due the acceleration of the pandemic, the Government has developed and validated a 3 to 6 months Multisectoral Social Emergency Plan which later extended to a broader multisectoral plan encompassing social protection, education, nutrition, sanitation etc.. and private sector. The current health response plan, part of this multisectoral plan validated by the Council of Ministers on July 1st, is costed at US\$85 million for 3 to 6 months, and the current gap is still US\$43 million, essentially for the procurement of tests, medicines, material and equipment of treatment centers and PPE. This is an evolving plan and budget, as the COVID-19 crisis unfolds in-country. The gap is being partially filled by the Madagascar World Bank portfolio CERCs which was triggered on September 3rd, 2020 and added US\$40 million as financing to the health sector. Main strategies as part of the health response include: (i) coordination; (ii) strengthening disease surveillance system, including at community level, and contact tracing; (iii) developing and strengthening testing capacities (network of laboratories equipped and personnel trained); (iv) ensuring management of positive cases in hospitals and primary health care facilities (training of staff, equipment and PPEs) and ensuring continuity of essential health services (such as immunization and safe deliveries); (v) logistical



support to social activities (transfers of drugs and inputs, ambulances, waste management, etc.); and (vi) communication at all levels to prevent disease spread. In addition to the World Bank financing under the CERC of the Project, other Development Partners are also contributing to finance interventions under this plan, such as the UN agencies (UNICEF, WHO, UNFPA, UNDP), multilateral agencies (GAVI, Global Fund) and bilateral partners.

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 of 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 strengthen 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 Coronavirus in Madagascar. As of July 23rd, the CERC funds have allowed the delivery in-country of significant amounts of Personal Protection Equipment (PPE) (1,125,000 masks, 15,000 protective suits, 2,600 glasses, 30,785 over-blouses, 12,413 liters of hydro-alcoholic gel), medical equipment (24 ventilators, 130 oxygen concentrators, 25 digital X-rays), drugs, 14 ambulances, and has financed other soft activities such as training of health workers. Remaining equipment (95 respirators, 134 oxygen respirators, 500,000 masks) will be delivered within 2 months.

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 approved Program (International Development Association {IDA} envelope of US\$ 200 million) includes two phases which will be implemented over five and five 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 World 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. Following triggering the CERC component to respond to the COVID-19 emergency on April 3rd 2020, a restructuring and an additional financing have been processed to reflect activation of the CERC and support the replenishment of the project to ensure interventions planned under the Project would be financed and implemented. This first additional financing was approved by the Board on June 8th, 2020 and legal documents were signed on June 24, 2020. However, the legal agreement for this AF is not yet effective (needs to be ratified by Parliament and with legal opinion). It is expected to be effective in October 2020, as soon as the Parliament is back in session. This delay is not impacting COVID-19 expenditures (CERC activated on April 3) nor other project interventions for which significant undisbursed funds remain available.

8. 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 Behavioral Change Communication 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.

9. The community platform approach is fully functional in four regions, 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, and the extension to the fifth region is in good progress. 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 and the Integrated Management of Childhood Illness (IMCI). 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. In the fifth region, the recruitment of community agents and NGOs is in progress and the community sites have been equipped with anthropometric material, management tools and supplies.



10. 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.

11. 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 United Nations Children’s Fund (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.

12. 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.

13. Component 4: Contingent Emergency Response Component (CERC, US\$20 million). 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 Non-Objection on April 3, 2020. The AF that was approved on June 24, 2020 reflected the CERC activation for US\$20 million.

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.

D. Project Description

14. The proposed US\$1.76 million Additional Financing would contribute to the scale-up of activities for the COVID-19 response under the CERC Component, to respond to additional needs as the pandemic expands in Madagascar. This AF is fully financed by resources allocated to Madagascar under the Pandemic Emergency Financing Facility (PEF). The PEF was established in July 2017 in the aftermath of the devastating 2014-15 West Africa Ebola outbreak to provide a new source of financing for countries and qualified agencies to respond to major disease outbreaks. Part of the financing was arranged through a cash window and part from a US\$425 million insurance window financed by pandemic catastrophe bonds and swaps issued by the World Bank (IBRD). The PEF insurance has triggered for COVID-19 and has made available a total US\$195.84 million for countries to finance a response to the ongoing pandemic. The PEF Steering Body has approved allocations for 64 PEF eligible countries that have reported cases of COVID-19 as of April 22, 2020. The allocation for Madagascar is US\$1,763,660, exclusive of cost recovery/agency fees. These emergency resources need to be fully disbursed by the country by April 30th, 2021. All PEF allocations are grants to countries.

15. This AF will scale-up activities for the CERC (component 4) of the Project (Covid-19 response). It would contribute to finance part of the gap of the health part of the Multisectoral Emergency Plan, more specifically would fund: (i) drugs and equipment for case management, (ii) laboratory equipment and supplies for testing; (iii) PPEs to protect health workers; and (iv) support the human resources plan for Covid-19 (training and ensuring deployment of health workers where they are the most needed due to epidemiological situation). Retroactive financing (up to 40% of the financing) will be used to reimburse the purchase and transport of oxygen concentrators, which were an emergency purchase done by the Government of Madagascar in July with a peak in the number of severe cases in the capital city. The details of the activities to be financed by this AF are provided below.

16. Project and components costs: The project will keep the same four components. The US\$1.76 million will be added under component 4, amount allocated to the COVID-19 emergency response.



Components (C)	Original IDA Grant	TF Power of Nutrition	Restructuring of IDA original (after CERC activation)	First additional financing (Approved June 8 th 2020)	Proposed AF (TF PEF)	Total project (with second AF)
C1. Scale up coverage and utilization of the RMCHN minimum package	47.6	6.5	33.6 (-14)	14	0	54.1
C2. Strengthen capacity to manage and deliver the RMCHN minimum package	25.9	3.5	19.9 (-6)	6	0	29.4
C3. Project management, capacity building and operations support	6.5	0	6.5	0	0	6.5
C4. CERC	0	0	20 (+20)	0	1.76366	21.76366
TOTAL	80	10	80	20	1.76366	111.76366

E. Implementation

Institutional and Implementation Arrangements

17. No change is made to the implementation arrangements of the Project through this Additional Financing, nor fiduciary or safeguards. The 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.

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

At the National level, this Project will target health facilities and has positive social development outcomes. 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. The activities financed in the CERC, related to COVID-19 response, are intended to support the national response and preparedness. The outbreak was primarily centered in a few urban hotspots (Antananarivo, Toamasina, Moramanga) and given the urgent nature of the resources being procured through the first Additional Financing, activities are most likely to be concentrated in these hotspots. Currently, the pandemic is reportedly diminishing in the those urban hotspots, and this second AF could cover other parts of the country.

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:

The CERC was triggered in the parent project in response to COVID-19, and CERC related activities did not trigger new operational policies. As a scaling up of CERC activities, this second additional financing 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.

Activities in the proposed Additional Financing are principally related to COVID-19 response as is the CERC component (component 4) that was triggered. The associated risks are particularly related to the management of medical waste, as well as the highly contagious nature of the virus. Moreover, after considering Covid-19 specific risks, those emergency activities may exacerbate risks related to: (i) discrimination and social inclusion of vulnerable groups, (ii) labor (to ensure the protection of all workers), (iii) meaningful consultations and participation, (iv) sexual exploitation and abuse/sexual harassment SEA/SH (including in quarantine and isolation sites), (v) traffic and road safety (while collecting medical waste from some facilities to other facilities for incineration) and (vi) grievance mechanism which need to be effective, inclusive and responsive.

Although there are inherent risks associated with managing a pandemic, no significant large scale and/or irreversible impacts are expected from the project finance.

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 activities aim 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.

In order to manage the risks associated with the CERC related to COVID-19, 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 a negative list, a 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.

SEA/SH 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).

For this second Additional Financing which aims at scaling up CERC activities, environmental and social risks will be managed by enhancing the implementation of existing safeguard instruments, namely the updated NMWMP and the CERC-ESMF. In addition, the CERC-ESMF may be updated to incorporate missing mitigation measures required to address the Covid-19 Specific Risks.

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.

This second Additional Financing continues to target the same beneficiaries as the CERC activities.

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 05-Sep-2017	Date of submission for disclosure 08-Sep-2017	For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors
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"In country" Disclosure

Madagascar
11-Sep-2017

Comments

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?

Yes

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

Yes

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

Yes

The World Bank Policy on Disclosure of Information



Have relevant safeguard policies documents been sent to the World Bank's Infoshop?

Yes

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?

Yes

All Safeguard Policies

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

Yes

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

Yes

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

Yes

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

Yes

CONTACT POINT

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APPROVAL

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