Public Disclosure Authorized

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

Appraisal Stage | Date Prepared/Updated: 23-May-2018 | Report No: PIDISDSA23937

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Burkina Faso	P164696	Health Services Reinforcement Project	
Region	**Estimated Appraisal Date**	**Estimated Board Date**	**Practice Area (Lead)**
AFRICA	21-May-2018	28-Jun-2018	Health, Nutrition & Population
Financing Instrument	**Borrower(s)**	**Implementing Agency**	
Investment Project Financing	Ministry of Economy, Finance and Development	Ministry of Health	

Proposed Development Objective(s)

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 in targeted regions.

Components

Strengthening health system capacity to progress towards universal health coverage through strategic purchasing
Strengthening delivery of RMNCAH and nutrition services in target regions by supporting Coordinated Implementation of Technical Strategies and Interventions
Reinforcing institutional capacity and epidemic preparedness
Contingent Emergency Response

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	101.00
Total Financing	101.00
of which IBRD/IDA	80.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	80.00

IDA Grant	80.00
Non-World Bank Group Financing	
Trust Funds	21.00
Global Financing Facility	20.00
Japan Policy and Human Resources Development Fund	1.00

Environmental Assessment Category

B-Partial Assessment

Have the Safeguards oversight and clearance functions been transferred to the Practice Manager? (Will not be disclosed)

Yes

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

B. Introduction and Context

Country Context

Despite significant economic growth in recent years, Burkina Faso remains among the poorest countries in Africa. The opening up of new industrial mines coupled with a slight rebound in gold and cotton prices and rising grain production paved the way for an acceleration of economic growth in 2016. Real GDP grew at 5.9 percent, well above the 4 percent rate of 2015 and close to the average of 6 percent posted during the 2003-2013 period. The GDP per capita was US$650 in 2016 and a poverty incidence which have declined from above 50% percent in 2003 to 40.1 percent in 2014[1]. Although Burkina Faso's Human Development Index (HDI) rose by a relatively high positive ratio of 0.055 over the period 2000-2006 to 0.420 in 2015, it is still placed near the bottom of the HDI. The HDI Report published in 2015 ranked Burkina Faso 183 among 188 countries Burkina's social welfare indicators lagged behind even modest Sub-Saharan African averages.

Despite significant declines in the poverty rate between 2003 and 2014, given the country's rapid population growth rate, the absolute number of people living in poverty remained roughly the same

[1] WDI, 2017

between the two periods, at around 7 million. As a result of the high population growth rate, Burkina Faso's average annual per capita gross national income (GNI) increased by only 2.6 percent in the period from 2006 to 2013, which is lower than the global and African average rate for the same period. In addition, a significant proportion of households are clustered around the poverty line, meaning that small variations in earnings can lead to either significant increases or decreases to the number of people living in poverty. It is estimated that about eight out of 10 citizens live on less than US$3 per day. Poverty is largely a rural phenomenon, with approximately 90 percent of the poor living in rural areas[2].

The political and security crisis which started in 2011 culminated in widespread population protests that led to the change of government in October 2014, marking a historic turning point for the country. The political crisis reflected the public's discontent and accumulated grievances over Burkina Faso's development outcomes. The critical issues include the high cost of living; regional disparities in basic social services; unequal redistribution of resources; youth unemployment; perceived lack of accountability, and impunity and monopolization of political power. The political crisis underscored the importance of responding to citizens' demands for good governance.

Sectoral and Institutional Context

The government has developed a new five-year health plan (*Plan National de Développement Sanitaire, PNDS. 2016-2020*), which is composed of eight strategic objectives. These include: i) Development of health sector leadership and governance; ii) Strengthening the delivery of health services for universal access to quality services; iii) Development of human resources for health; iv) Promotion of health and the fight against communicable and non-communicable disease; v) Development of infrastructure, equipment and health products; vi) Improvement of the management of the health information system; vii) Promotion of health research; and viii) Increasing of health financing and improvement of financial accessibility of the population to health services. Each accompanied by a set of supporting sub-objectives and key interventions.

Financial resources for the health sector have increased in the recent past, with the government's health budget increasing from approximately 9% of the public budget in 2006 to 12% in 2017. Despite this, private out-of-pocket health expenditures remain relatively high at 36% of total health expenditures[3]. Recent trends show an overall increase in spending, with slight increases in public spending and decreases in out of pocket expenditures.

Progress has been achieved for several key health outcomes between 2010 and 2015[4]. The under-5 mortality rate has decreased from 129 to 82 deaths per 1,000 live births; the neonatal mortality dropped from 28 to 23 deaths per 1,000 live births; the maternal mortality ratio slightly fell from 341 to 330 deaths per 100,000 live births, and the total fertility rate went from 6 to 5.4 children per woman[5]. Coverage of

[2] Burkina Faso SCD, 2017
[3] Comptes nationaux de la santé 2016
[4] EMP PNDS 2015 – 2020 and EMD 2015
[5] INSD 2015

essential services has improved as well: the number of new contacts per capita per year for under-five children increased between 2010 and 2016 from 1.4 to 2.5; 86% of children aged 12-23 months were completely immunized, compared to 39% in 2003, and 81% of pregnant women delivered in health facilities in 2016, compared to 66% in 2010. These achievements are in part due to a free care policy for women and children being introduced in 2016. That being said, significant barriers related to access and quality remain, with only 56% of children with acute respiratory infection (pneumonia) using health centers for treatment and only 47% receiving antibiotics.

Regarding the nutritional status, despite relative progress, the infant and maternal malnutrition continues to contribute significantly to morbidity and mortality in Burkina Faso[6]. The prevalence of stunting was 27% in 2016 versus 32% in 2009 while the rate of acute malnutrition decreased from 11.3% to 7.6% between 2009 and 2016. The prevalence of HIV remains relatively low at 0.8% nationally, with 0.9% for women and 0.7% for men (DHS IV-MICS, 2017).

The main drivers for poor child health outcomes remain communicable diseases and poor nutritional status. According to Burkina Faso's annual Health Statistics Report (2016), deaths among children under 5 years are mainly due to malaria (41%), infection of the newborn (12%), malnutrition (9%), and acute respiratory infections (23%). Poor infant feeding practices, high disease burden, and limited access to nutritious food all contribute to impaired cognitive development, which impedes the country's productivity. There exist large variations in access to quality health services and health outcomes between regions, and in region between urban and rural areas, and between the socio-economic groups. A very small proportion of the population benefits from health coverage, less than 1%[7] are enrolled in health insurance and 55% of the poorest quintile of the population do not use formal care in case of illness[8].

The abovementioned progress in health outcomes is a result of significant reforms implemented by Burkina Faso Government. Since 2011, the Bank has supported the government of Burkina Faso to pilot, roll out and expand progressively Performance Based Financing (PBF)[9] in the health sector, which currently covers 25% of the national population. A community-based targeting approach was used to identify the poorest 20% of households, who benefited from use fee exemptions that were subsidized through PBF payments. This innovation has been tested as part of the Health Results Innovation Trust Fund (HRITF) impact evaluation, for which results are expected by early 2018. So far, the PBF in Burkina Faso has shown promising results as a mechanism to: improve access to essential health services by rural populations, minimizing barriers to care while improving quality.

[6] *global burden of disease* report 2015
[7] National health account report 2012
[8] EMS 2015
[9] PBF is an approach used to improving health system efficiency, management transparency and accountability in terms of planning, budgeting, implementing and monitoring public health policies from the county to central system level. Thus, this financing strategy builds trust and ensures the full participation of stakeholders in achieving defined objectives. It emphasizes also the achievement of results (indicators) previously defined in realistic way. These results serve as basis for the purchase of health services and so for the health facilities financing. In addition, it addresses the constraints of supply-side of health care in term of quantity and quality improvement.

The government of Burkina Faso has made several important commitments to achieving Universal Health Coverage (UHC) over the past few years. In September 2015 legislation was approved adopted the National health insurance (NHI) law, establishing the National Health Insurance Fund (*Caisse Nationale d'Assurace Maladie, CNAM*). To ensure the operationalization of the NHI, the technical secretariat was set up and different analytical and advisory services were conducted and more recently the NHI center was created but it is still not operational even if pilot projects of NHI scheme implementation is ongoing in 3 health Districts.

This political will to move towards UHC was further materialized in April 2016 when the government adopted, financed and implemented progressively free targeted health care for women and children. The policy was expanded nationwide in June 2016 and remains fully financed directly from the public health budget. In terms of planning for UHC, an official Health Sector Strategy document for health financing describing their medium-term plans for the health sector and stating the goal of reaching UHC is adopted. In October 2017, the government adopted its first National Health Financing for UHC Strategy (2017-2030). The strategy includes several key objectives, including (i) reducing fragmentation of health financing; (ii) increasing fiscal space for health through domestic revenue mobilization and efficiency gains; (iii) improving quality and coverage of health services through strategic purchasing, and (iv) improving financial protection through the rollout of the national health insurance scheme.

The Bank's engagement in the health sector in Burkina Faso has been significant for several decades. The Health Sector Support and HIV/AIDS Project (P09387) (FY'05), closed in December 2014, receiving ICR ratings of Moderately Satisfactory for Outcomes, Bank Performance and Borrower Performance. Currently, Burkina Faso receives support from three health operations: one national health project (Burkina Faso Reproductive Health Project (P119917)) and two regional projects (Sahel Malaria and Neglected Tropical Diseases (P149526) and the Sahel Women's Empowerment and Demographics Project (P150080)). Per most recent ISRs, all three projects have Moderately Satisfactory ratings for both Progress towards achievement of PDO and Overall Implementation Progress.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

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 in targeted regions.

Key Results

The proposed PDO indicators are the following:

a. Number of people who have received essential health, nutrition, and population (HNP) services
b. Number of women and children who have received basic nutrition services

c. Average score of the quality of care checklist
d. Multi-hazard national public health emergency preparedness and response plan is implemented

D. Project Description

The proposed project aims to improve health system performance through four complementary components. The first three include: (i) Strengthening health system capacity to progress towards the Universal Health Coverage through strategic purchasing**;** (ii) Strengthening delivery of RMNCAH and nutrition services in target regions by supporting coordinated implementation of technical strategies and Interventions; and (iii) Reinforcing institutional capacity and epidemic preparedness. As per World Bank guidelines, a fourth component with zero allocation has been included as a Contingent Emergency Response Component (CERC).

Components 1-3 include a package of interventions that are complementary in nature yet distinct in content. Component 1 includes support to the national health financing strategy, with a particular focus on supporting alignment of ongoing interventions such as PBF and targeted free health care, and establishing and rollout out the national health insurance scheme. The component includes implementation support at the national level for development and implementation of equitable, efficient, and sustainable health financing policies and to plan, budget, implement, and monitor the effective delivery of essential package of health services. Component 2 aims to foster development and implementation of a package of prioritized interventions to lead to improved RMNCAH-N outcomes, as will be defined through a consensual and participatory process for the development and validation of the national RMNACH-N Investment Case. Activities in this component will be complementary to the interventions supported in Component 1. Component 3 addresses the issue of emerging and reemerging communicable infectious diseases which weakens and undermine health system strengthening. The component will also support the strengthening institutional capacity, including project implementation.

Component 1: Strengthening health system capacity to progress towards universal health coverage through strategic purchasing (US$40 million IDA, US$10 million GFF, US$1 million PHRD)

Component 1 intends to achieve its objective through the alignment of different interventions that are under the mandate of three ministries: Ministry of Health, Ministry of Civil Servant and Social Welfare, and Ministry of the Women, the Family and National Solidarity. Then, this component will support the implementation of a broader reform to achieve government commitment to achieve UHC by 2025 inter alia reform of the health financial strategy, strategic purchasing. It will support (i) the rollout of the strategic purchasing mechanisms, including the combined free care and PBF policies as one national strategy co-financed by the government, World Bank and other development partners; (ii) Support to the National Health Insurance Fund at the central level; and (iii) support the piloting of community-based health insurance (CBHI), with a focus on monitoring, evaluation and the learning agenda. The integration of the PBF and free care policies will lead to improved access to essential RMNACH-N services (by reducing financial barriers), but ensure that sufficient attention and resources are dedicated to the program for quality improvement, management coaching, verification of results, and citizen feedback. These elements

will address the negative effects that the free care program has had on service delivery during the first 18 months of the free care program due to increased utilization, such as quality of care, availability of medicine, health worker motivation, and fraudulent reporting.

The scale-up of the integrated strategic purchasing approach will be gradual over the first two to three years of the project. At the onset of the project, the PBF component of the approach will be expanded to the remaining health districts in the six regions of the ongoing project (North, North-Center, East-Center, West-Center, South-West and Boucle du Mouhoun and Hauts-Bassins). During the second year and third year, the remaining health districts in the country will be included with priority according to the regions and districts where RMNCAH-N indicators are the lowest of a combination of six indicators: (i) contraceptive prevalence rate: (ii) assisted deliveries; (iii) antenatal consultations and (iv) post-natal consultation, (v) children under 5 fully immunized (vi) children under five with a severe acute malnutrition being treated.

Component 1 will expand the scope of the PBF approach by strengthening incentives at various levels. These include regulatory structures, a new focus on community health workers to maximize their engagement and performance in delivering the package of services, and having stronger emphasis on improving quality, given the free care policy has led to significant increases in utilization. Furthermore, the ongoing piloted strategies such as community-based targeting of the poor and the provision of community-based health insurance will be scaled up. Additional investments will be made for the National Health Insurance Fund, supporting critical needs during its first years of operating. The component will provide technical assistance and implementation support in the integration and alignment of the various financing and cost sharing policies across PBF, free health care and insurance. The rollout of the aligned approach will also include tertiary hospitals with a specific aim to improve efficiency, transparency and quality at higher levels of care. As is the government's vision, the strategic purchasing function that is currently managed by the Ministry of Health will eventually be transferred to the AMU once it is fully functional (it will be officially created in January 2018 but will take at least 2 years to become fully functional), in order to ensure appropriate separation of functions within the health system and allowing the Ministry of Health to focus on regulatory aspects of service delivery and overall stewardship of the health system.

Component 2: Strengthening delivery of RMNCAH and nutrition services in target regions by supporting Coordinated Implementation of Technical Strategies and Interventions (US$25 million IDA, US$10 million GFF)

Component 2 will strengthen central, intermediate, primary and community capacity to deliver high impact RNMCAH and nutrition interventions. Building on past and current initiatives, and given Burkina Faso was been recently selected to be a recipient of support from the Global Financing Facility (GFF) in support of Every Woman Every Child, this component will continue to address immediate bottlenecks to the delivery of an integrated RMNCAH and nutrition service package to priority population groups. Proposed interventions within this component include: (i) assisting the country in prioritizing and implementing high-impact interventions for women and children with a focus on the primary and

community levels of care; (ii) improving and ensuring the sustainability of supply chain and information systems; and (iii) supporting multi-sectoral coordination of interventions to improve health and nutrition outcomes.

In addition, the component will support operational costs to scale-up a set of priority interventions that have already shown positive results during their pilot phase in Burkina Faso. A few candidate interventions include: (i) Digitalization of facility-based service delivery through the Electronic Consultation Register (ECR), (ii) training and capacity building of service providers to help deliver a defined package of high-impact services (with a particular focus on community health workers); and establishing and strengthening multi-sectoral coordination mechanisms in RMNCAH-N interventions through sectors such as education, water and sanitation, agriculture and social protection.

The component will also support investments in key civil registration and vital statistics systems in Burkina Faso, including the national census which is planned for 2019. Additional priority investments to be supported by the project will be identified during the elaboration of the Investment Case.

Finally, Component 2 will support building the knowledge base on high-impact interventions within the context of Burkina Faso. It will support analytical work (i) to identify immediate bottlenecks to the delivery of an integrated RMNCAH and nutrition service package; and (ii) to facilitate the development and application of reforms that lead to leveraging greater domestic resources for health, align external financing, and mobilize resources from the private sector.

Component 3: Reinforcing institutional capacity and epidemic preparedness (US$15 million)

Component 3 will support institutional capacity needed at national, regional, and district levels to prevent, to detect, to be prepared, and to respond to health security risks, hazards and emergencies. It addresses the issue of key weaknesses of health systems in terms of infectious disease surveillance, epidemic preparedness and response revealed by a recent Joint External Evaluation (JEE) of Burkina Faso. The country has witnessed recent outbreaks of Dengue fever and there remain constant threats of other epidemics in the country.

The component will support the establishment of coordinating mechanisms, such as a national OneHealth platforms, to facilitate coordination across the various ministries engaged (health, agriculture, animal husbandry, etc.). Consequently, the component will be developed jointly by the Bank's Health, Nutrition and Population (GHNP) and Agriculture (GFADR) Global Practices to ensure that the human-animal-environment interface is addressed and the OH approach is operationalized. As per the last experience in Dengue fever management, capacity building will be extended to both public and private sector. The specific activities will be identified during the project preparation process and project's support will be addressed in a collaborative and synergistic approach with other technical and financial partners involved in the area. The MoH is receiving support from other development partners in implementing its national strategic plan for health security, but important gap remains.

Capacity and competencies of key technical staff of the four main ministries (Health, Economy/Finance/Planning, Civil Service/Labor/Social Welfare, and Women/Family/National Solidarity) will be strengthened on themes relevant to UHC. This is particularly important given the diverse roles and responsibilities of each of these ministries in the context of Burkina Faso's UHC policy. As such, the component will finance technical assistance and training, but also incremental operating costs to establish and build capacity for intersectoral coordination mechanisms.

Finally, the component will also contribute to operational costs for the key implementing agencies at the central level, which will be defined in December 2017. Particular attention will be made to the directions managing financial and procurement aspects, given their probable central role in project implementation and fiduciary management.

Component 4: Contingent Emergency Response (US$0 equivalent)

A CERC will be included under the project in accordance with Operational Policy (OP) 10.00 paragraphs 12 and 13, for projects in Situations of Urgent Need of Assistance or Capacity Constraints. This will 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.

E. Implementation

Institutional and Implementation Arrangements

Under the Program Based Budgeting model that recently began in Burkina Faso, the proposed project is classified as a Category 1 project linked to the Program-budget titled "National Health Public Program" and coordinate by the General Directorate of Public Health (GDPH) at the central level of the Ministry of Health. Embedded within the GDPH and under the direct supervision of the General Director of Public Health, a Project Coordinator will be contracted to oversee and support the project and then will be directly responsible of the achievement of the project's objectives.

Under the previous health operations in Burkina Faso, a dedicated PIU was used for day-to-day fiduciary management of the project (*Programme d'Appui au Developpement Sanitaire, PADS*)**.** To institutionalize leadership and coordination of the activities supported by the operation, the project will use existing structures within the new MOH structure, both for fiduciary and technical aspects. The DAF will oversee financial management aspects of Bank financing, while the Directorate of Public Procurement (Direction des Marchés Publiques, DMP) will oversee procurement aspects. Key technical actors will lead implementation of project activities based on their scope of oversight. For example, the Technical Secretariat for Universal Health Coverage and DGESS will lead activities primarily within Component 1 (strategic purchasing, CBHI, etc.) and coordinate across units and ministries (such as the Minister of Civil Service and Welfare and the CNAMU). The Technical Secretariat for Demographic Dividend will work with the Directions of Family Health, Nutrition and other relevant units for interventions related to maternal and child health (primarily covered in Component 2 of the project). The Direction for Health Promotion (DLM) will work with key stakeholders within the MOH and across line ministries (Agriculture, etc.) for

activities related to disease surveillance and health security under Component 3.

The Review Committee is chaired by the General Secretary of Ministry of Health, and comprises statutory members limited to twenty (20) people from the structures involved in the program-budget of the project. The observer members include technical and financial partners and any person whose participation in the sessions of the committee is deemed necessary. However, the number of observers cannot exceed three (03) per session.

The Review Committee will be tasked to: (i) review and validate the implementation plan of the project; (ii) review and validate the different evaluation reports; (iii) review and validate periodic activity and financial reports; (iv) review and validate annual activities programs, budgets and procurement plans; (v) validate the overall strategic direction of the Strategic Purchasing program; (ii) validate the overall strategic direction of other interventions supported by the Project; (iii) ensure that the procedures set forth in the project implementation manual are followed; (iv) examine the different contracts and intervene where necessary to resolve issues; (v) monitor SP and other activities' implementation and intervene where problem resolution may require the support of committee members; (vi) ensure the implementation of the recommendations of its sessions, the review of portfolio and the execution of audits; (vii) evaluate the performance of the Program-Budget coordinator in accordance with his mission statement; (viii) make recommendations to the project manager and the various partners involved in the life of the project; (ix) approve the financial report of the projects; (x) approve the inventory report of the project; and (vi) disseminate the results of the evaluations with a view toward mobilizing additional resources and expanding the Strategic Purchasing approach in the country.

The financial management (FM) arrangements for the project have been designed with consideration to: (i) Burkina Faso's recent political situation; (ii) the country's overall PFM performance; and (iii) also considering the Bank's minimum requirements under Bank Policy and Directive–IPF, which describes the overall Bank policies and procedures for FM.

The legislative and institutional framework for public financial management is in place in Burkina Faso. This framework is in line with, or approximates international standards. In addition, Burkina Faso has transposed the WAEMU directives, regulations, and rules on public finances into national law. However, the challenges faced in operationalizing the various financial management components including cash constraints as well as compliance with this legislative framework, rules and regulations, do not allow at present to rely fully on the public expenditure framework for the proposed Project.

Therefore, the Government of Burkina Faso has requested to use a ring-fenced financing mechanism for the fiduciary aspects of the Health Services Reinforcement Project (HSRP). Specifically, the government has requested to set up a dedicated FM Unit within the Directorate of Administration and Finances (DAF) of the Ministry of Health, to manage the fiduciary aspects of the Project. This FM Unit under the responsibility of the Director of the DAF of the Ministry would manage the overall FM aspects of the Project. More details are provided in the Appraisal Summary and Annex 1.

A designated account (DA) in XOF will be opened at the central bank (BCEAO). A Project Account (PA), managed by the FM Unit with signatories of the SG and the DAF, will be opened in a commercial bank under terms and conditions acceptable to the Bank. This PA will be used to pay for all the expenditures

related to the project. Terms and conditions for justification of IDA funds transferred to other agencies involved in the implementation of the project activities for them to make payments of expenditures, will be detailed in the subsidiary grant agreements or the Memorandum of Understanding between the Project and the agency, as well as in the implementation manual. Interest incomes on the PA will be deposited into a sub-account opened in a commercial bank and used according to the FM manual.

Private sector engagement: Learning from the recent outbreaks of Dengue fever, that demonstrate the need for a more harmonized approach to disease surveillance and response within countries, between public and private health sector, this project will aim: to (i) reduce barriers to private sector participation in health system surveillance and response to infectious disease outbreak; (ii) improve sustainable investment in this sector so that it can fully contribute to strengthen the whole health system; and (iii) strengthen the collaboration between private and public sector to provide better quality of care and health services.

Specifically, the project will strengthen the public private-partnership so that each sector can benefit from the comparative advantage of the other. Trainings and behavior change communication will concern both the private sector and the private sectors; the inclusion of private sector data in the national system of information will be improved by establishing an interoperability between ENDOS and private sector data and in the system of transport and transfer of samples as well; this sector will be involved in the multi-sectoral coordination platform according the Onehealth approach; private sector supply chain The terms and condition of an effective supervision and controls of private facilities will be established by mutual agreement. Then, incentive mechanisms will be developed to improve the participation of the private sector in disease surveillance and data reporting.

Systems Development (ICT, Logistics and Supply Chain Management System): To enhance data quality reporting and real-time monitoring of health surveillance data, the project will develop and operationalize an electronic surveillance system using mobile technology and geographic information system (GIS) from the peripherical to the central level. In addition, the supply chain management will be improved both in public and private sector. The distribution of specific screening inputs to health facilities during an emergency response, such as dengue fever outbreak, will no more be exclusive to public sector but also to private one.

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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 Safeguards Specialist
Leandre Yameogo, Environmental Safeguards Specialist

SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	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). Potential risks and negative impacts at the implementation stage will consist to 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 putted in place. Potential positive impacts will consist of landscaping of health facilities in the vue of Climate change effects.This MWMP organized around the following aspects: (i) a situational analysis of wastes management; (ii) a three-year priority actions for wastes management; (iii) a performances 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

		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 within the Project Implementation Unit (PIU). He will serve as the main persons 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/BP 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 Web 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 future activities (based on ebvironmental screening); it will comply with the requirements of the Bank's New Environmental and Social Management Framework. A roadmap will outline the steps, responsibilities and timelines for consideration of environmental safeguards, including updating, reviewing, approving and publishing the instrument that will be prepared, including recruitment and training of the Environmental Specialist of the Project Coordination Unit.

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 if any.

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

Burkina Faso
May 21, 2018

Comments
The specific study to be prepared is an **"Environmental requirement"** for wastes management and an **"Emergency Medical wastes management plan"** for the component 3 at the implementation stage.

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?
No

The World Bank Policy on Disclosure of Information

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

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