



Additional Financing Appraisal Environmental and
Social Review Summary
Appraisal Stage
(AF ESRS Appraisal Stage)

Date Prepared/Updated: 11/17/2022 | Report No: ESRSAFA497



BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Chad	WESTERN AND CENTRAL AFRICA	Republic of Chad	Ministry of Public Health and Prevention
Project ID	Project Name		
P180039	Chad-Additional Financing-Health System Performance Strengthening Project		
Parent Project ID (if any)	Parent Project Name		
P172504	Health System Performance Strengthening Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	11/21/2022	12/20/2022

Proposed Development Objective

The Project Development Objective is to improve the utilization and quality of service delivery of essential health services with a particular focus on reproductive, maternal, child and adolescent health, and nutrition services for the population of Chad in project-supported areas

Financing (in USD Million)	Amount
Current Financing	106.50
Proposed Additional Financing	150.00
Total Proposed Financing	256.50

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

Yes

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

Public Disclosure



The proposed project will contribute to Chad’s human capital development by improving the utilization and quality of RMNCAH and nutrition services. The aim of the project is to improve access/utilization and quality of health services which in the long run should result in women and children surviving and remaining healthy. The health services concerned are preventive and curative essential services delivered at primary and secondary level in selected districts with a focus on RMNCAH-N. Access to and utilization of these services will result in reduced maternal and child morbidity and mortality. Provision of nutrition services to mothers and children, in turn, will result in a reduction of malnutrition and stunting. Evidence shows that when children stay healthy, they are ready to attend school and maximize learning opportunities, which allows them to become productive members of the society, thus contributing to the country’s economic development.

The proposed project will contribute to improvement in the quality of RMNCAH-N services through: (i) Incentivizing the performance of the health system using PBF payments; (ii) Rewarding improvements in utilization and quality of care through PBF payments; (iii) Subsidizing the poor and the vulnerable to receive free care to ensure equity; (iv) Performance contracting of subnational authorities and directorates of the MPHNS with specific deliverables for each quarter to improve regulation, leadership/stewardship, governance, coordination and separation of functions; (iv) Strengthening health facilities readiness to deliver quality health care services through the procurement of equipment, the local recruitment of health workers and the training of health personnel; (v) Strengthening community platforms and addressing demand-side barriers to the access of health, family planning and nutrition services; (vi) Communication for Development (C4D) and Social and Behavioral Change (SBC) campaigns; (vii) Delivering Technical Assistance (TA) for institutional capacity building, for the production of up-to-date standards and procedures, training of health personnel and for the maintenance of equipment; (viii) Improving HMIS and CRVS for better decision making based on evidence.

PBF will be scaled-up to address critical challenges faced by the health system. These challenges include: (i) The low readiness of health facilities to deliver quality health services to the population, especially at the operational level; (ii) The poor distribution of financial resources as well as allocative, technical and administrative inefficiency which result in the low availability and poor utilization of resources at the frontline health facilities; (iii) The concentration of decision making power in N’Djamena, which undermines the autonomy, empowerment and accountability of health facilities, especially at the operational level; (iv) The shortage of qualified health personnel especially in rural areas; (v) The weakness of the health information system and; (vi) The low institutional regulation, poor coordination and lack of transparency and accountability at different levels of the health system. PBF will provide incentives to health facilities in line with their performance on selected indicators. This will enable health facilities to upgrade and improve the functionality of their health centers and district hospitals, as well as to recruit and pay for needed health workers to deliver essential RMNCAH-N services, purchase needed medical equipment and essential medicines, including nutrition and family planning commodities in line with the required delivery standards for RMNCAH-N services.

In order to strengthen the health system, interventions included in the proposed project will be integrated to the public health system and contribute to the implementation of government policies and reforms. With regards to the PBF model proposed, this has been designed to align with other health financing interventions implemented by the Government of Chad. For instance, the model will support the implementation of the Free Health Care policy and promote greater efficiency in public health spending by improving the flow of funds to the frontlines and by allocating resources based on the actual utilization of services. As mentioned above, in the absence of funding to compensate for the loss of revenue, facilities continue to charge fees for the delivery of services covered by the policy. Under the proposed PBF model, only services covered by the Free Health Care policy will be delivered for free. This will promote



greater consistency between facilities in project-supported areas and other health facilities in the country. For other services, the official government fee schedule will apply. Vulnerable households will be exempted from fees, which is in line with the National UHC Strategy. In addition, the implementation of PBF will contribute to the implementation of the Free Health Care policy beyond project-supported areas, as the rigorous costing of the PBF model (which covers all services included in the policy) will provide useful evidence to identify the financial resources needed to implement the policy without placing a burden on health facilities. Another element of integration is that only services covered by the government's benefit package will be covered by the PBF model. Moreover, services incentivized by PBF might vary over time to avoid the prioritization of selected services in the benefit package.

To monitor the alignment between the proposed interventions and ongoing government reforms, the project will finance activities linked to the institutionalization of PBF and identify milestones in the consolidation and harmonization of health financing policies. The first of these milestones consists of the establishment of systems and the development of procedures and guidelines to transfer public funds to health facilities. With the support of the grant-funded Program of Health Advisory Services and Analytics for Chad (PHASAC), Public Financial Management (PFM) systems will be reviewed to support the Government in the adaptation of the current financial infrastructure and the development of a roadmap of reforms needed to institutionalize PBF. The second of these milestones will be the establishment of an annual review process, with a particular focus on the harmonization of health financing reforms. The review will be co-chaired by the Minister of Economy, Development Planning and International Cooperation and the Minister of Public Health and National Solidarity and include relevant stakeholders. The third milestone will be the analysis of the Free Health Care policy. The project will support an assessment of the policy, its costing, and the revision of services included, as well as an update of the fee schedule. Finally, the project will support PFM capacity building for facilities officers-in-charge and introduce financial tools to track revenues at the facility levels, including user fees and transfers from the government and development partners.

The proposed project will support demand- and supply-side interventions at all relevant levels of the health sector and these will be developed to be consistent and harmonious. Building on lessons learned from the Mother and Child Health Services Strengthening project (P148052) and from other World Bank operations in Chad, supply-side interventions will target the community, primary, regional and central levels. The project will prioritize innovative interventions and identify opportunities to redesign service delivery mechanisms to maximize the project's impact. In terms of maternal and newborn services, investments will focus on boosting the capacity of health centers to deliver quality ante- and postnatal care, procuring ambulances to refer pregnant women to hospitals, and reinforcing maternity services in hospitals to improve the quality of institutional deliveries. Further, PBF incentives in selected urban and peri-urban areas will be reviewed to incentivize deliveries at the hospital level or at health centers that are fully equipped for emergency maternal and obstetric care. In addition, the project will explore the potential of piloting birthing centers or maternal waiting homes to increase institutional deliveries for women in remote areas.

At the community level, the project will invest in the development of community platforms and finance activities to improve the performance of CHWs to deliver promotion, prevention and (limited) curative services. These activities will include in-service training – largely through supportive supervision from facility health workers – and the distribution of basic inputs such as family planning commodities and nutrition supplies. The project will introduce digital solutions for the training and supervision of CHWs. These will adapt to the local context (unreliable access to electricity, limited internet connectivity) and they will be introduced gradually. Further, the proposed project will target demand side bottlenecks which were identified as key drivers of health system's weak performance during the GFF process. To improve the demand for health services, the project will rely on three complementary strategies.



Firstly, the project will incentivize improvements in quality of care in health facilities. Secondly, the project will rely on CHWs to deliver health promotion messages and to refer members of the community to health facilities. Thirdly, the project will finance C4D and SBC campaigns. These activities will be coordinated by relevant Directorates at the MPHNS to ensure the alignment between the messages delivered through these different channels.

The project will be implemented in eight provinces. These include the five provinces (Batha, Guera, Logone Oriental, Mandoul and Tandjile) previously covered by the Mother and Child Health Services Strengthening project and three new provinces selected by the Government based on the high infant mortality and malnutrition rate (Mayo Kebbi Est) and the difficulties of access to services faced by the Population (Wadi Fira and Ennedi Est). The inclusion of underserved areas, particularly those where health services are not available to a large share of the population, is an important contribution to building a positive state presence in these areas. Further, the provision of quality health services and the improvements of human outcomes that will result from these investments will help build confidence in the public sector, thus contributing to addressing fragility in these regions.

The project has four components: (i) Scaling up Performance-Based Financing for better health service delivery; (ii) Strengthening service delivery readiness to deliver quality RMNCAH-N services; (iii) Project management and verification of results; and (iv) introducing a Contingent Emergency Response Component (CERC).

D. Environmental and Social Overview

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

Chad is a large landlocked Central African country with an estimated population of 17 million. Population density is low and the majority of the population is very young with more than 50 percent under 15 years of age. Sixty percent of females and 44 percent of males aged 6 and up have no formal education (DHS-MICS 2014-2015). The median age of marriage is 16.1 years for women against 22.8 years for men. Nearly half of the population lives in poverty and most of the poor are in rural areas where access to basic services including health and education is very limited. The country is highly vulnerable to climate change, particularly rainfall modifications, increased desertification of arable land, droughts, and other phenomena related to extreme weather conditions.

The project is currently implemented in eight provinces (Batha, Guéra, Logone Oriental, Mandoul, and Tandjilé, Mayo Kebbi Est, Wadi Fira and Ennedi Est) that were selected based on their maternal and child health indicators. The changes proposed for the AF entail scaling up activities of the parent project (Health System Performance Strengthening Project (P172504) to new provinces, reallocating resources to CERC component and adjusting its Results Framework. The project area will be expanded from 8 provinces to 12 provinces. The new provinces that will be added are Salamat, Moyen Chari, Kanem, and Lac. The proposed activities are aligned with the original PDO. Institutional arrangements will remain the same.

D. 2. Borrower's Institutional Capacity

The Ministry of Public Health and Prevention (MPHP) is the implementing agency for the parent project. The MHP has an established a well-functioning Project Implementing Unit (PIU) responsible for the overall project planning, oversight, coordination, and management, in collaboration with relevant divisions and departments of the MHP. This same PIU is also managing the REDISSE IV Project and the COVID-19 project. The PIU has the following staff: a project coordinator, an FM specialist, a procurement specialist, an internal auditor, an accountant, an M&E specialist, an



environmental specialist and a social development specialist, a public health expert, and a communication specialist who are essential staff to manage a project financed by the World Bank. In October 2022, the environmental specialist passed away, so the project will recruit a new environmental specialist no later than three months after effectiveness. In addition, based on the results of the SAE/HS risk assessment, which is moderate, the GBV/SAE/HS action plan will be prepared three months after project effectiveness.

A Security risk assessment(SRA) will be prepared within 30 days of project effectiveness, and a Security Manheemnt Plan (SMP) as necessary, prior to start of activities.

Bank environmental and social staff provided training to the Client to build capacity in the World Bank’s Environmental and Social Framework (ESF). This has so far been carried out remotely through videoconference sessions due to the pandemic and recently due to the political events in Chad. Topics covered include: (i) assessment and technical reinforcement of the Complaints Management Mechanism as well as the Complaints Management Mechanism Action Plan during the life of the project, (ii) mapping of GBV service providers; (iii) SEA and Occupational Health and Safety and (iv) Introduction to the approach and mechanisms of citizen engagement in World Bank funded operations.

During June 2022, the social and the environmental safeguards specialist of the Project participated in a face-to-face training on the Environmental and Social Framework (ESF) provided by the Bank covering the 10 Environmental and Social Standard (ESS) and the relevant Instruments.

The Overall Performance Rating is Satisfactory at this stage as project activities have just begun with the organization of 5 international courses of 12 days each in Chad, to train more than 188 staff from central, regional and district level of the health system in PBF. The new structures required for the implementation of the parent project that include the steering committee, the National PBF Technical Unit and four Contract Development and Verification Agencies (CDVA) have been put in place and are functioning. The first performance contracts for health facilities, CDVA, health districts, provincial delegations, and directorates of the Ministry of Health have been signed and are being implemented. Contracts for technical assistance are under preparation between the government and some United Nations agencies (WHO, UNICEF, UNFPA and WFP) to give implementation support to the central directorates of the MoH and procure some inputs for the system. The Contingent Emergency Response Component (CERC) was triggered on July 25, 2022 to mobilize US\$50 million from the project to respond to the nutrition emergency that Chad is going through at this moment.

The PCU has updated an Environmental & Social Management Framework (ESMF) prepared for the parent project and disclosed on March 19, 2021 in- country and on March 23, 2021 on Bank’s website, an updated Medical Waste Management Plan (WMP) disclosed on March 19, 2021 in-country and on March 23, 2021 on Bank’s website, Stakeholder Engagement Plan (SEP) including a grievance redress mechanism (GRM), and Labor Management Procedures (LMP) disclosed on March 19, 2021 in-country and on March 23, 2021 on Bank’s website, and Environmental and Social Commitment Plan (ESCP) disclosed on March 23, 2021. In view of the geographical extension of the Project, the SEP, WMP, and ESMF will be revised for additional financing.

Public Disclosure

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

A. Environmental and Social Risk Classification (ESRC)

Moderate

Environmental Risk Rating

Moderate



The environmental risk assessment remains Moderate as for the parent. Impacts associated with the implementation of activities financed by this project are expected to be site specific, primarily associated with: (i) hiring of external consultancy support; (ii) minor civil works; (iii) purchase of goods and equipment; (iv) training of human resources; and (v) purchase of medicines. The Project's impacts are related to the proposed improvement of health facility-based service delivery under Components 1 and 2, which will result in the increase of people accessing health facilities. They will be mitigated through: (i) capacity building activities, aimed at strengthening health facilities to comply with the ESF requirements, particularly, ESS 3: Resource Efficiency and Pollution Prevention and Management; (ii) the implementation of environmental safeguards' instruments prepared for the project; and (iii) close monitoring of the environment and safety (E&S) specialist recruited by the PIU to support the project in the implementation of environmental and social mitigation measures.

Social Risk Rating

Moderate

The social risk rating for this additional financing is also considered moderate. The project will finance capacity building and institutional strengthening to improve access to basic health services, particularly in rural areas. No land acquisition, physical displacement, or economic displacement will be required. However, there is some moderate risk related to the historic lack of access to quality health services and exclusion of certain groups that live in these areas that may make it difficult for them to fully support the project and its objectives. While this has not yet manifested as active opposition, these dynamics may be exacerbated by the implementation of project activities. While insecurity is likely to influence the flow of implementation especially in Lac, the limited nature of project activities reduces this risk.

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

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

The ESS1 remains relevant. The AF is expected to result in positive environmental and social impacts as it seeks to address weaknesses within the health systems. However, project activities also present moderate environmental, social, health and safety risks for the project workforce and communities. Key environmental risks identified from these activities are expected to be associated with Component 1: Scaling up PBF for better health service delivery and Component during civil works for enhancing the availability and quality of infrastructure and equipment and hospital hygiene and management of medical waste and the handling, management, transportation and storage of drugs, chemicals. Also with Component 2 Strengthening service delivery readiness to deliver quality RMNCAH-N, during capacity building and training of health workers and the provision of equipment to respond to emergencies such as motorbikes or backup power generation. The ESMF provides clear guidance regarding the treatment of medical waste and guidelines for community engagement. The ESMF also incorporates international protocols community health and safety during a pandemic such as transmission of communicable diseases e.g. COVID-19 and measures to address SEA/SH. Waste management issues related to waste handling and collection, transportation and disposal of hazardous and infectious healthcare waste as such a Biomedical Waste Management Plan (ICWMP) was prepared and disclosed before parent project appraisal. However, for the AF regarding the extension area the ESMF will be updated according to the capacity of each region to manage E&S risks associated with the Project activities. The Project will disclose the updated ESMF prior to implementation of activities.



During the ESMF update, the Borrower conducted a number of consultations with various stakeholders, including women's groups, youth, adolescents, and other vulnerable and disadvantaged members of the community, to ensure the success of the project in the new extension provinces. and ensure harmonious collaboration between project staff and local communities, and to minimize and mitigate environmental and social risks associated with the project activities.

ESS10 Stakeholder Engagement and Information Disclosure

The project's main stakeholders include health care workers, beneficiaries of health services, local government stakeholders, members of civil society, NGOs, media, local/neighborhood associations/clubs, religious organizations and leaders, youth groups/associations, medical doctors' association, private health institutions and pharmacists' associations. The PIU has updated, prior to appraisal of the AF, the Stakeholder Engagement Plan (SEP) prepared for the parent project to include the new regions. Consultations have taken place in the new regions and feedback integrated. The GM that is already operational for the parent project will be extended to the new regions and additional resources will be provided to ensure local access and set up the local grievance committees. The existing GM already includes provisions for receiving SEA/HS complaints that ensure confidentiality and immediate referral of survivors to adequate services.

B.2. Specific Risks and Impacts

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

ESS2 Labor and Working Conditions

This standard is relevant. The project will have direct workers, such as staff from the Department of Health, institutes, hospitals, healthcare facilities and education/training institutes, who will be working at the PIU and contract workers. The project will finance minor repair and renovation work in a number of health facilities, but labor requirements are expected to be minimal and mostly supplied by local labor from the communities near the project sites. The LMP prepared for the parent project has been reviewed and will be used for the AF. It includes requirements for: terms and conditions of employment; nondiscrimination and equal opportunity; workers organizations; prohibition of child and forced labor; and Occupational Health and Safety (OHS). Civil servants from the implementing ministries working in the project full-time or part-time will remain subject to the terms and conditions of their existing public service employment or agreement, unless there has been an effective legal transfer for their employment or engagement in the project. All contracts will include a Code of Conduct that will be enforced by the PIU.

ESS3 Resource Efficiency and Pollution Prevention and Management

ESS3 is currently relevant. The Project AF may generate air, water and soil pollution during civil work and operation although only limited quantities are expected. The project will apply efficiency pollution prevention measures in accordance with the mitigation hierarchy. The E&S instruments (ESMF, BMWMP and site specific ESIA/ESMP) will include guidance related to collection, handling, transportation, disposal and management of construction waste and expired chemical products during implementation phase. The PCU updated the Medical Waste Management plan -



which was prepared, validated and disclosed both on national (8/10/2021) and World Bank websites (8/23/2021), which integrates WHO COVID-19 guidance and other international good practices in order to prevent or minimize contamination from inadequate waste management and disposal. The Project will update the BMWMP in the same timeframe as the ESMF by evaluating the capacity of medical structure in the new extended area to manage medical waste and include a capacity building activities if needed for the concerned area.

ESS4 Community Health and Safety

ESS4 Community Health and Safety

This standard is relevant. Project activities include some health care service provision and these services may generate medical waste that could endanger local communities if this waste is not properly managed and treated. Also, the small repair and refurbishment activities may generate minor noise, air pollution. Key community health and safety measures to be adopted and implemented will be included in the ESMF and other relevant project E&S instruments in order to manage specific risks and impacts to the community arising from project activities, including behavior of project workers, response to emergency situations etc. The World Bank’s EHS guidelines have guided the preparation of the ESMF and all relevant plans.

There are also associated risk of contamination from medical waste disposal if not properly undertaken e.g., open pit incinerations and partial burnt of wastes, which community members, particularly children can enter in to contact with these residuals toxic and infections materials. As such health care facilities will follow specific procedures and protocols, in line with WHO and CDC Guidance, on appropriate waste management of contaminated materials; on the transport of samples; and on workers disinfection before leaving the workplace back into their communities. To address these risks, an updated ESMF that provides clear guidance specifically regarding the treatment of infectious disease and other medical waste as well as guidance regarding how to assess SEA/H risks and mitigation measures during implementation. Also, the WHO’s Code of Ethics and Professional Conduct for all workers in health facilities, as well as the provision of gender-sensitive infrastructure such as segregated toilets and sufficient light, will be integrated when possible. However, there is some moderate risk related to the historic lack of access to quality health services and exclusion of certain groups that live in these areas that may make it difficult for them to fully support the project and its objectives.

As some of the new project areas face very high insecurity, a Security Risk Assessment (SRA) will be undertaken within 3 months of project effectiveness. If necessary, a Security Management Plan (SMP) will be prepared and disclosed before the start of activities in extended area.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not relevant. The project is not expected to require any land acquisition nor cause any physical or economic displacement. No infrastructure development is planned, and no temporary or permanent acquisition of land or assets is expected to be required.



ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This standard is not currently relevant. The proposed project will not finance any activity that would impact biodiversity and/or living natural resources.

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

This standard is not currently relevant as the project is not being implemented in areas where Indigenous Peoples/Sub-Saharan Historically Underserved Traditional Local Communities (IP/SSAHUTLCs) are present or in areas to which they have a collective attachment.

ESS8 Cultural Heritage

This standard is not currently relevant. There are no large scale construction activities anticipated and any physical works will be limited to the rehabilitation or upgrading of existing facilities. No activities that may impact intangible cultural heritage are contemplated.

ESS9 Financial Intermediaries

This Standard is not currently relevant.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways	No
OP 7.60 Projects in Disputed Areas	No

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

Is this project being prepared for use of Borrower Framework? No

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

No applicable.

IV. CONTACT POINTS

World Bank

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Public Disclosure



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Borrower/Client/Recipient

Borrower: Republic of Chad

Implementing Agency(ies)

Implementing Agency: Ministry of Public Health and Prevention

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

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Practice Manager (ENR/Social) Maria Sarraf Cleared on 17-Nov-2022 at 15:31:50 GMT-05:00
Safeguards Advisor ESSA Nathalie S. Munzberg (SAESSA) Concurred on 17-Nov-2022 at 23:09:21 GMT-05:00