

**INTEGRATED SAFEGUARDS DATASHEET
APPRAISAL STAGE**

I. Basic Information

Date prepared/updated: 06/07/2005

Report No.: AC1614

1. Project Statistics

Country: Niger	Project ID: P083350	
Project Name: Instit. Strengthening & Health Sector Support Program (ISHSSP)		
Task Team Leader: Djibrilla Karamoko		
Estimated Appraisal Date: June 14, 2005	Estimated Board Date: September 30, 2005	
Managing Unit: AFTH2	Lending Instrument: Specific Investment Loan	
Sector: Health (70%);Other social services (30%)		
Theme: Health system performance (P);Population and reproductive health (P);Child health (S);Other communicable diseases (S)		
IBRD Amount (US\$m.):	0.00	
IDA Amount (US\$m.):	25.00	
GEF Amount (US\$m.):	0.00	
PCF Amount (US\$m.):	0.00	
Other financing amounts by source:		
<u>BORROWER/RECIPIENT</u>		0.00
		0.00
Environmental Category: B - Partial Assessment		
Simplified Processing	Simple <input type="checkbox"/>	Repeater <input type="checkbox"/>
Is this project processed under OP 8.50 (Emergency Recovery)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Project Objectives

The project will support the government's five-year National Health Development Plan (NHDP) for the period 2005-2009. The overall objective of the ISHSSP is to contribute in the reduction of maternal and child mortality while focusing efforts on reducing inequalities in health outcomes through improved resource management, higher quality and increased availability of health services and sector capacity.

The proposed program will focus on addressing major institutional and organizational bottlenecks, which could prevent achievement of MDGs, and will support MoH's effort in the implementation of the NHDP in the following specific areas : (a) strengthen the strategy of human resources management; (b) improve the essential drugs and medical supplies management strategy; (c) strengthen health program and improve the quality of services; (d) improve the demand and accessibility; (e) strengthen the governance and the institutional capacity; (f) ensure an adequate and equitable financing; (g) improve the community participation.

The NHDP serves as a policy framework that covers the entirety of health-related activities in Niger. The details of the ISHSSP are expected to change from year to year as reflected in annual work programs and budgets that are developed by each level (or cost

center), but would follow the policy framework of the MoH and the overall guidance of the NHDP and the financing plan.

3. Project Description

1. Strategic human resources management. Increase the number and quality, and optimize the distribution of human resources in health as well as modernize HR management to improve the efficiency and equity of Niger's health system. The program will focus on the priority staffing of existing health facilities at the peripheral levels (CS, CSI, DH) according to new staff norms starting with the most disadvantaged areas in terms of poverty and proportion of inadequately staffed facilities; the modernization and the decentralization of HR management to the regional level; and establishment of a flexible remuneration system with zone-specific contracts based on performance which will allow for higher salaries in remote zones to attract personnel. Key actions envisaged under this pillar are to: (a) revise human resources norms; (b) implement incentive systems to encourage redeployment of personnel in remote areas and reward individual and or unit's performance in achieving set objectives in their respective AWP; (c) develop and implement career plans and effective human resources management tools; and (d) manage and implement training strategies both for basic and continuing education.

2. Strategic essential drugs and medical supplies management. Increase the availability of essential drugs and medical supplies in all public health facilities and avoid inventory shortages of a selected list with the most essential drugs. Key actions envisaged under the pillar are : (a)overhaul of supply system by introducing competition, including international tenders; (b) the Introduction of new distribution practices based on lessons learned from other experiences; (c) prioritization and protection of budget allocations for essential drugs and supplies in negotiations between the MoH and the Ministry of Economy and Finance; (d) promotion of private sector participation in the distribution system, in particular in rural areas; (e)reduction of opportunities for illicit drug market; and (f)integration of traditional medicines into allopathic medical system.

3. Health program strengthening and quality improvement. Strengthen the supply and improve the quality of most essential health services in order to reduce child and maternal mortality and ease the impact of communicable disease. Increase the effectiveness of essential reproductive health services, including maternal and child health care, to reduce the maternal and child mortality rates. Emphasis will be given to family planning (FP) activities, with special focus on birth-spacing and the avoidance of fistula. Increase the immunization coverage of children and women at reproductive age and control the outbreak of epidemics to reduce mortality and morbidity due to avoidable diseases. This pillar will focus on: (a) implementation of efficient programs to address major causes of morbidity and mortality for children less than five years old; (b) implementation of a sound reproductive health strategy with emphasis on larger coverage of obstetrical needs in the rural areas while strengthening the referral systems and the provision of mechanisms to finance those referrals; (c) promotion of modern family planning methods; (d) development of communication and education programs aimed at behavioral change, adequate training and availability of personnel.

4. Improvement of demand and accessibility. Promote the demand and improve the geographical access to essential health services provided at the primary level to persuade households to increase their low levels of demand for these services and thus contribute to a better overall health status. The key actions envisaged under this pillar are to: (a) improve access of the poor to quality basic health services, not by expansion, but by promoting outreach strategies aimed at bringing services closer to needy populations; (b) revise the cost recovery policy and adoption of measures for exemption for the poor (exoneration, gratuity of some drugs/products such as contraceptives, etc.)

5. Good Governance and institutional strengthening. Strengthen good governance and the institutional capacity of the MoH at all levels to ensure that it can effectively assume the responsibilities and tasks which have been newly defined in the framework of institutional reform. Particular emphasis will be given to promoting the separation of functions and to promote MoH leadership to coordinate the multiple actors involved in the health sector and introduce a sector-wide approach and performance based management system. This pillar aims to: (a) improve capacity for policy development and analysis, performance monitoring and evaluation; (b) clarify a sectoral decentralization policy management system; (c) revise a district development policy and hospital reform; (d) reorganize central, regional and district levels provision of services to strengthen personnel capacity and to insure an effective response to the implementation of health plan; (e) rationalize health investments according to a health map; (f) implement hospital reform taking in account the need to ensure an equitable access of poor people to services with quality of care; (g) strengthen the SNIS; and (h) strengthen the infrastructure and equipment management.

6. Adequate and equitable financing. This pillar aims to ensure equitable access to a basic benefit package for the whole population by increasing government and donor financing, development of a redistributive budget allocation mechanism to balance regional and District level disparities and establishment of financial protection systems, including waivers and exemptions, equity funds, out of pocket payment caps, and other financial solidarity mechanisms. These instruments may have different expressions in different regions according to need and context. Key actions envisaged are to : (a)review resource allocation criteria to ensure greater equity, including adjustment of health financing mechanisms (cost recovery, implementation of mutuals, mobilization of collectivities, local government); (b) to implement an MTEF aimed at giving priority to improving the functioning of existing health facilities before expanding the system and ensuring that the level of funding is adequate to reach intended objectives; (c)implement an effective management tool for financial resources and equipment inventory; (d)develop programs aimed at harmonizing financial management and procurement procedures; and (e)work effectively under a budgetary decentralization management system including implementation of a performance-based management within all costs centers.

7. Community Participation. Strengthen social participation and responsibility, in particular at the community level, to administer resource mobilization strategies, improve

responsiveness of the Niger health system, make the system more accountable, and promote community based health care. Key actions envisaged include: (a) creation of synergies between community committees and newly elected local councils; (b) development of marketing strategies to show tangible results and benefits of community participation; and (c) systematize and integrate the community health approaches developed by the different vertical programs, taking into account networks of community leaders and different community health agents.

4. Project Location and salient physical characteristics relevant to the safeguard analysis

Project activities will take place at health facilities (hospital, clinics, centers) throughout the country, with particular attention to those serving the poorest population. No particular region will be targeted and both urban and rural zones will be covered.

5. Environmental and Social Specialists on the Team

Mr Serigne Omar Fye (AFTS1)
 Mr Abdoul-Wahab Seyni (AFTS3)
 Ms Edeltraut Gilgan-Hunt (AFTS2)

6. Safeguard Policies Triggered	Yes	No
Environmental Assessment (OP/BP 4.01)	X	
Natural Habitats (OP/BP 4.04)		X
Forests (OP/BP 4.36)		X
Pest Management (OP 4.09)		X
Cultural Property (OPN 11.03)		X
Indigenous Peoples (OD 4.20)		X
Involuntary Resettlement (OP/BP 4.12)		X
Safety of Dams (OP/BP 4.37)		X
Projects on International Waterways (OP/BP 7.50)		X
Projects in Disputed Areas (OP/BP 7.60)		X

II. 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 generation of medical waste at the project's health care facilities would be the major safeguard issue, which, if left unattended, could have significant long-term negative impacts on the environment and public health.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area: Potential long-term impacts would include soil pollution, groundwater and surface water pollution, air pollution, and infections with the HIV/AIDS virus among health care personnel, scavengers, and waste dump site operators.

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.

Given that this project has been designed in the context of Niger's health sector reforms, alternatives were not deemed relevant.

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.

To address project-specific issues related to medical waste management, the Borrower has prepared a medical waste management; this plan has been disclosed in Niger on May 18, 2005, and at the Bank's Infoshop on May 23, 2005. The project will include institutional support for the Ministry of Health and Endemic Diseases to ensure effective implementation of the afore-mentioned plan.

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

While the National Medical Waste Management Plan (2003) was developed in consultation with representatives of the technical services at the various central and regional levels in the country, the project-specific plan was developed by the Ministry of Health and Endemic Diseases, using the national plan as a basis.

B. Disclosure Requirements Date

Environmental Assessment/Audit/Management Plan/Other:

Date of receipt by the Bank	05/23/2005
Date of "in-country" disclosure	05/18/2005
Date of submission to InfoShop	05/23/2005
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	

*** If the project triggers the Pest Management, Cultural Property and/or the Safety of Dams policies, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.**

If in-country disclosure of any of the above documents is not expected, please explain why:

C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting)

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 review and approve the EA report?	Yes
Are the cost and the accountabilities for the EMP incorporated in the credit/loan?	Yes

BP 17.50 - Public Disclosure

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? No

D. Approvals

<i>Signed and submitted by:</i>	<i>Name</i>	<i>Date</i>
Task Team Leader:	Mr Djibrilla Karamoko	06/02/2005
Environmental Specialist:	Ms Edeltraut Gilgan-Hunt	06/02/2005
Social Development Specialist Additional Environmental and/or Social Development Specialist(s):	Mr Abdoul-Wahab Seyni	06/02/2005
<i>Approved by:</i>		
Regional Safeguards Coordinator:	Mr Alexandre V. Abrantes	06/02/2005
Comments: This is a delegated project.		
Sector Manager:	Mr Alexandre V. Abrantes	06/02/2005
Comments:		