



Concept Environmental and Social Review Summary

Concept Stage

(ESRS Concept Stage)

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BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Niger	AFRICA WEST	P171767	
Project Name	Project to Support Human Capital in Niger		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	1/11/2021	2/25/2021
Borrower(s)	Implementing Agency(ies)		
Ministère du Plan	Ministère de la Santé Publique du Niger		

Proposed Development Objective

Increase the utilization of a quality RMNCAH-N package of services and address key behaviors known to improve health and nutrition outcomes as well as girls and women’s empowerment.

Financing (in USD Million)	Amount
Total Project Cost	120.00

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

No

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

The proposed operation will focus on addressing 4 priority bottlenecks to contribute to improving human capital in Niger: i) Service Delivery Effectiveness, ii) Social Norms (Beliefs + Behaviors, and Practices), iii) Micro-Convergence at community level, including community platforms and local level activities financed by other WB projects; and, iv) Macro-Convergence within the WB portfolio, with partners and across sectors.



- i) Increase access to an integrated package of quality health and nutrition interventions focused on fertility, survival and stunting by implementing a performance-based financing strategy, on-the-job training and other innovative activities to improve the skills, capacity, and reach of front-line workers, limited rehabilitation and equipment of existing health facilities;
- ii) To modify social norms, the operation will finance the design and implementation of behavior change activities, and work with communities to understand their belief systems, and will promote citizen engagement. This will be a comprehensive effort to not only shift the behaviors of households and families but to shift societal norms through educating, empowering, and engaging communities in their own well-being, health and development.
- iii) To ensure micro-convergence of activities at prefecture and community level, the operation will seek synergies with (and, if needed, finance activities through) other Bank-supported projects as well as existing service delivery platforms at community level, strengthening the capacity of local authorities and relevant activities known to improve health and nutrition status of the population. For instance, it will seek synergies and complementarities with the WB education project, supporting school health in LIRE-targeted schools; engage water and sanitation workers supported by the WASH project on community health/Nutrition/WASH activities; use GOLD decentralized planning tools in regions where GOLD is not active and complement etc.
- iv) To ensure macro-convergence, in addition to seek synergies and complementarities with other WB operations at national level, the operation will also seek synergies and support building platforms for multi-sectoral collaboration across key National Ministries, for instance, fostering a national platform for school health/nutrition hygiene activities, or supporting decentralization agencies and planning efforts. The proposed operation will also strengthen national institutional capacity through a focus on implementing results-based management of programs, addressing relevant governance and PFM issues, expanding the rapid results initiative, and strengthening the capacity for Government to drive multi-sectoral action into the long-term.

D. Environmental and Social Overview

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

The project has a national coverage, however, in the first phase (first three years) activities will be rolled out in two regions: Zinder and Maradi with an expected target population coverage of 6.5 million people. The project also intends to offer some support to internally displaced population in Tillaberi, and expand coverage to one or two more regions (Tahoua and Dosso are likely) during the life of the project. In terms of the social and environmental context, most of the project's activities will take place within existing clinics and therefore the footprint of the project will be very small and highly localized, with very little if any impact on soil, forests and biodiversity.

D. 2. Borrower's Institutional Capacity

Generally, in terms of environmental and social risks management, the Borrower has mixed capacity for managing social and environmental risks and impacts. In the health sector, the experience of the Borrower in managing environmental and social risks is rather limited. However, the project will use, similar to the COVID-19 emergency project, the REDISSE project's PIU to manage safeguards. This project will build on the capacity built in the REDISSE and COVID-19 projects, in terms of using the same environmental and social specialists. The main implementing agency will be the Ministry of Health, which also currently manages the two aforementioned projects. The capacity of the PIU to manage one additional project will be assessed, and as necessary, capacity building measures will be included in the environmental and social commitment plan (ESCP). The legal and institutional framework for managing environmental and social risks exist and are adequate, particularly with the "Bureau National des Etudes



Environnementales (BNEE)" providing additional monitoring and enforcement for the project. This additional layer of supervision comes at a cost: BNEE is financially constrained and understaffed. For this reason, as with other projects in Niger, the project will need to extend technical and logistics support to the BNEE.

II. SCREENING OF POTENTIAL ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

The project will build capacity in Niger to improve maternal and infant care, as well as to ensure better service coordination for improved health outcomes. Many of the activities (providing vaccinations, improved pharmacy access, mobile outreach, supplemental feeding and improved nutrition) are linked to providing better medical services and access to clients. The project will also build capacity within the health service sector to respond to these improved services through training and civil works. While these in and of themselves do not lead to a heightened environmental level of risk, there are two issues that result in the substantial rating: a) the project may be operating at a time where Covid-19 cases exist in Niger, which, for civil works, will require Operational Health and Safety Guidelines (OHSGs) responsive to this new threat; b) the increased risk of Covid-19 infection to pregnant and nursing mothers seeking the project's improved, additional health services is a key risk. Niger currently has inadequate COVID-19 testing and isolation procedures, and the project will have to be agile enough to ensure that it can adequately protect its clients over the short and longer term.

Social Risk Rating

Moderate

The project social risk classification is Moderate. As per the description, there is no risk of land acquisition, or of physical or economic displacement. However, there are risks associated with the sensitivity of the health sector to Sexual Exploitation and Abuse and sexual harassment (SEA/SH) issues in reputational terms, as well as in terms of social cohesion and local perceptions. To mitigate these risks, and for the project to be successful given its strong objective of relying on social behavior change, there is a need for strong stakeholders' consultations and engagement, focusing on : (i) diversification of means of engagement and communication; (ii) strong reliance on traditional and socio-cultural leaders (village chiefs, chefs de cantons); and, (iii) use of online platforms, social media, traditional channels of communication, such as local radio. A strong SES/SH action plan needs to be prepared three months after project effectiveness and implemented throughout project duration. Furthermore, in Niger, rural residents in particular face a variety of health care services access barriers including lack of availability of health services and lack of culturally competent care in rural areas. However, the project aims at removing these social barriers to enhance the benefits of local communities and vulnerable groups.

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 project's focus is improved maternal and child care through improved service delivery, the behavioral change of clients and health workers, and capacity building to ensure that clinics can meet service demand. The project also seeks to improve nutrition for mothers and children through increased breast-feeding and supplemental nutrition. The key environmental risks related to this project include: (a) potential Covid-19 infection of pregnant and nursing clients, and of construction workers, accessing health facilities; (b) medical waste management issues from improved clinics; (c) construction risks related to clinic upgrades and repairs.

The project will be at the board approximately a year after another project (the COVID-19 emergency project - P173846) has started implementation. That project aims to assist the government to put in place a medical waste management plan that addresses the challenge of disposing the COVID-19 emergency project's related medical waste. It will also help the Government of Niger refine procedures at hospitals to reduce the Covid-19 infection rate. While it is unlikely that the COVID-19 project would have put in place all these systems by the time this project comes on line, coordination between this project, COVID-19 (P173846), and the existing REDISSE project would be key to managing risks across the health portfolio, because the projects will share and update the same environmental and social risks management instruments, the Environmental and Social Management Framework (ESMF) and the Infection Control Medical Waste Management Plan (ICMWMP). Coordination between all three projects is made easier by the fact that all projects will use: i) the same implementing agency, and ii) the same PIU, including the same social and environmental specialists. Given this, it would be important to ensure there is strong coordination, phasing, and planning across all three projects to ensure that this project does indeed build on the activities of the other projects.

In terms of the construction risks, the Bank recently released interim guidance (covering the use of PPEs, physical distancing, health monitoring, and so on) for the management of workers involved in Bank-financed civil works and other construction during Covid-19. This guidance also outlines the steps necessary to ensure that the bids and contract process adequately outline the Covid-related risks. This, along with the regular OHS guidelines will ensure maximum protection for workers and the community. All civil works will be subjected to screening and ESMPs will be developed as necessary.

On the social side, this project is expected to have positive impacts on vulnerable groups including women and children who are at risk. However, the potential for the exclusion of vulnerable people either by inefficiencies embedded in outreach strategies or by systemic discrimination may exist. Support will require the Borrower to further strengthen its social communication processes and citizen engagement and beneficiary feedback mechanisms to ensure the inclusion and active participation of beneficiaries from vulnerable groups and avoid any kind of discrimination and exclusion that might be present in the current system.

It is envisioned that the project will prepare, by appraisal, (a) a Stakeholder Engagement Plan (SEP); (b) an updated ESMF using the REDISSE 3 ESMF; and, (c) an ESCP.

The ESCP will outline the additional higher level requirements with an associated timeline, to be developed during implementation. This may include: (a) the development of Labor Management Procedures with OHS guidelines, as well as the Grievance Redress Mechanism for workers including a separate GRM for project workers; and, (b) an update of the ICMWMP from the COVID-19 project by project appraisal. The ICMWMP will cover environmental and social infection control measures and procedures for the safe handling, storage, and processing or transport of



COVID-19 materials, including techniques for preventing, minimizing, and controlling the environmental and social impact during the operation of project supported clinics. The relevant parts of the World Health Organization’s COVID-19 Quarantine Guideline and COVID-19 biosafety guidelines will also be incorporated into the ICMWMP.

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

The borrower framework is not being considered

ESS10 Stakeholder Engagement and Information Disclosure

The Borrower, with support from the Bank, will prepare and implement a Stakeholders Engagement Plan (SEP) proportional to the nature and scale of the project activities and associated risks and impacts. The SEP will be disclosed in-country and at the Bank website. The project will consult and invite feedback from various stakeholders, using inclusive, readily accessible strategies and channels suited to the socio-cultural context of Niger and the COVID-19 outbreak. As the main beneficiaries of the project are women, the SEP will primarily address the information needs and interests of women. The PIU will prepare a plan for public communication, one that aims to result in behavior change and which includes community outreach. The SEP will strengthen this plan by engaging traditional leaders, youth groups, women’s groups, Civil Society Organizations, and the media. The engagement process will occur throughout the project’s life, with special attention to the needs of women and children. The Borrower will disclose a documented record of the stakeholders with which it engaged, including a description of the stakeholders consulted and a summary of any feedback received. This communication plan will be prepared three months after project effectiveness.

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

ESS2 is relevant in the project context and relates to: (i) the hiring and management of direct PIU staff; (ii) hiring and management of contracting and consulting services for project activities; and, (iii) hiring and management of community health workers. The PIU will also be supported by civil servants from the Ministry of Health as well as the Ministry of Environment (the aforementioned BNEE) and other technical, government departments. The risk of political interference and favoritism in the hiring of staff, workers, and consultants exists in Niger. Through the SEP and other specific hiring strategies, the project will ensure non-discrimination and equal opportunities to access project-related opportunities (jobs, procurement) by publicly disclosing information and following fair procedures for hiring and remuneration. The project will prepare a Labor Management Procedure (LMP) to manage these risks. In addition, the GRM of the project will address specific issues related to project workers. Actions will be put in place to ensure that all worker related grievances can be recorded and addressed.

ESS3 Resource Efficiency and Pollution Prevention and Management

Public Disclosure



Medical and chemical waste (including the water, reagents, infected materials, and so on) from clinics have a significant negative impact on environment and human health. Waste generated by medical clinics may include liquid and solid contaminated waste, as well as chemicals and other hazardous materials, including instruments used in diagnosis and treatment. Each beneficiary clinic should follow the requirements of the ICMWMP, the WHO COVID-19 guidance documents, and other international best practice. The project will ensure that clinics supported by this project implement the ICMWMP to prevent or minimize adverse impacts. The ICMWMP for this project will include guidance related to the transportation and management of samples and medical goods or expired chemical products. Resources (water, air, and so on) used in medical clinics will follow the standard procedures outlined in the ICMWMP, which will be in line with the U.S Center for Disease Control (CDC) and WHO environmental infection control guidelines for medical facilities.

ESS4 Community Health and Safety

Procedures must be put in place to ensure that stationary clinic or mobile clinic users do not acquire the COVID-19 virus at these centers, which in turn could cause the infection to spread to their family members and communities. For this reason, procedures must be developed to ensure the separation of clinic entrances to include one for patients experiencing COVID-19 symptoms, and another for general patients and procedures. WHO guidelines include spaced seating, adequate Personal Protective Equipment (PPE) for workers and clients, and cleaning and waste removal protocols. In addition, the project will make use of tele-doctoring as much as possible for routine check ups and so on, that is where technologically feasible. The procedures to ensure client safety must be developed to the point of being effective.

Clinic renovations should improve access for disabled patients, as well as for other clients (such as heavily pregnant women) who may need wheelchair access.

Where security personnel are used at clinic sites, proper training will be given to ensure that such personnel are trained on how to interact with the public and to ensure that no undue force is used in any interaction with clients. In addition, due to Covid-19. It is important that such personnel have adequate protection and do not, by their actions, endanger clients by lacking social distancing protocols.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

Not applicable. Project activities are taking place in already existing clinics.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

The project activities will take place in already existing clinics and there will be no new facilities and therefore no new footprint that could impact biodiversity.



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

This ESS is not relevant as there are no known Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities in the project area.

ESS8 Cultural Heritage

Not relevant in this project as there will not be any new construction.

ESS9 Financial Intermediaries

Not relevant in the project context

B.3 Other Relevant Project Risks

N/A

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

III. WORLD BANK ENVIRONMENTAL AND SOCIAL DUE DILIGENCE

A. Is a common approach being considered? No

Financing Partners

N/A

B. Proposed Measures, Actions and Timing (Borrower’s commitments)

Actions to be completed prior to Bank Board Approval:

ESMF by appraisal

Preparation and implementation of SEP and GM by appraisal

Preparation of ESCP by Appraisal, and Finalization of the ESCP by negotiations

ICMWMP (from the Covid-19 project) by appraisal

Possible issues to be addressed in the Borrower Environmental and Social Commitment Plan (ESCP):

OHSG- for contractors- by project effectiveness

Public Disclosure



Procedures to ensure client safety at clinics- by project effectiveness
LMP and GRM by project effectiveness
ESMPs as necessary during implementation
Communication plan three months after project effectiveness
SES/SH three months after project effectiveness

C. Timing

Tentative target date for preparing the Appraisal Stage ESRS

07-Sep-2020

IV. CONTACT POINTS

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Borrower/Client/Recipient

Borrower: Ministère du Plan

Implementing Agency(ies)

Implementing Agency: Ministère de la Santé Publique du Niger

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

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