



**FEDERAL GOVERNMENT OF SOMALIA**

**MINISTRY OF HEALTH**

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**SECOND RECURRENT COST AND REFORM FINANCE (RCRF II)  
ADDITIONAL FINANCING**

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**ENVIRONMENTAL AND SOCIAL MANAGEMENT  
FRAMEWORK (ESMF)**

**EXECUTVE SUMMARY -- ENGLISH**

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## **EXECUTIVE SUMMARY**

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### ***Introduction***

This document presents the Environmental and Social Management Framework (ESMF) for Additional Financing of Recurrent Cost and Reform Finance (RCRF II). The ESMF ensures that the project activities are compliant with the relevant requirements of national policies, regulations and legislations as well as the World Bank Safeguards Policies and Procedures. The objective of this ESMF is to set out the principles, rules, guidelines and procedure to assess the environmental and social impacts and monitoring to ensure that environment and social aspects are duly considered.

This ESMF only applies to those activities that will be financed, either directly or indirectly, by RCRF, and not to any other activities that a supported beneficiary may be otherwise involved in; all language in this ESMF should be interpreted under this light.

### ***Project Development Objective***

The Development Objective of the Additional Financing for the Recurrent Cost and Reform Finance (RCRF II) project (“Project”) is to support the government to provide credible and sustainable payroll and to establish the foundation for efficient budget execution and payment systems for the non-security sectors in the Federal Government of Somalia (FGS) and eligible federal member states (FMS).

The Project consists of four components but the ESMF is focused on activities of Component 3.3 (Health Sector Financing) which includes: provision of essential drugs, supplies and equipment; basic facility rehabilitation; monitoring and reporting of results (service quantity and quality through a quality checklist); and supportive supervision and mentorship. It may also include a targeted support for trained midwives through public facilities. The third-party agency will also help strengthen the supervisory and management capacity of regional health team.

The other components of RCRF II AF do not trigger OP 4.01, they are focused on support of key government functions through recurrent cost financing of the wage civil to support timely payment of civil servant’s salaries over a period of 3 years.

### ***Project Description***

Under RCRF II AF, the project components are organized as follows: Component 1 is dedicated to financing recurrent costs and providing strengthened reform incentives at Federal level; Component 2 is financing the emerging intergovernmental fiscal framework; and Component 3 is financing recurrent costs at FMS level, including education and health service delivery.

### ***Project Beneficiaries***

The project provides predictable financing (salary payments and other recurrent costs for a given period) and strengthens core government controls for expansion of social sectors, especially education and health; it also provides for an injection of high capacity human resources; With less fragmentation in the financial system, qualified civil servants will continue to provide quality outputs and outcomes. Through Capacity Injection more civil servant positions, awarded based on meritocracy, will attract young people with relevant qualifications to work in Somalia.

### ***Project Environmental and Social Baseline***

The specific location of all RCRF II AF related activities is not known at this time, but is expected to be in urban and rural areas of Somalia. Chapter 4 of this report describes the overall baseline condition of Somalia in terms of biophysical environment, as well as the socio-economic context. Existing environmental and socio-economic conditions will, in many cases, provide a basis for predicting impacts of the project components and sub-components. The project activities will be implemented within premises of existing health facilities, which therefore mean that they will not have any direct interactions with indigenous people lands and territories.

### ***Policy, Legal and Institutional Frameworks***

Policy and legislation with respect to the environment is currently evolving in Somalia, in terms of assessing the potential impact of such policies and regulations on the environment, and how they could contribute to environmental conservation and sustainable livelihood improvement.

Article 25 and 43 of the provisional Constitution of the Federal Government of Somalia provides guidelines on environmental and social safeguards that can be observed. However, there are no standing environmental and/or social safeguards in terms of legislated and or drafted regulations.

The country's national health planning cycle is addressed in the national health policy strategy and plan 2013–2016. The strategy is based on the six building blocks of the health system according to the needs. It prioritizes governance and leadership, followed by human resources, services delivery, health financing, pharmaceuticals and medical technology, and health intelligence and information system.

### ***Safeguard Policies and Triggers***

OP 4.01 is applicable due to the potential negative environmental impacts related to Subcomponent 3.3.2 activities, including (i) provision, storage, handling, and disposal of essential drugs, supplies and equipment; (ii) delivery of basic health services; (iii) basic facility rehabilitation and the anticipated increase in medical waste due to improved coverage and quality health services across the country. As these activities are moderate risk, the initial evaluation assigns the project as Category B - Partial Assessment for Environmental Assessment (EA) purposes.

The project is likely to have limited and reversible environmental impacts, that can readily be mitigated. There are no significant and/or irreversible adverse environmental issues anticipated from the activities to be financed under RCRF II AF. The ESMF has therefore been prepared to guide the selection and

implementation of subprojects that will require precautionary measures related to EA (OP/BP 4.01). Further, the project will comply with the World Bank's safeguard policy on Environmental Assessment (OP/BP 4.01), where potential risks and impacts are anticipated. In this case, the project will implement alternative measures to avoid, minimize, mitigate, manage or compensate adverse environmental impacts. Avoidance measures will be prioritized over mitigatory or compensatory measures. Additionally, the project will enhance positive impacts in project selection, location, planning, design, implementation and management.

### ***Potential Environmental and Social Impacts of the Project***

The main environmental issues for the project relate to the handling and disposal of supplies such as medical laboratory substances, and other medical products and waste generated during the provision of health care. It also involves construction waste generated during the rehabilitation of hospitals and health care facilities. Additional risks would include weak labor practices among health workers, or inadequate occupational health and safety (OHS) practices. Other project activities do not pose such or additional risks, since they relate to technical assistance, capacity building and training.

### ***Monitoring and Mitigation Measures***

All potential impacts are expected to be small to moderate, temporary, site-specific, and mostly reversible, and mitigation measures can readily be designed. Therefore, an Environmental and Social Management Framework (ESMF), including guidance for preparation of a Medical Waste Management Plan (MWMP), has been prepared for the AF. It is expected that provisions for ensuring environmental compliance will be integrated into Components 3.3.1 and 3.3.3.

An environmental and social screening process has been proposed under this ESMF to address the aforementioned potential adverse impacts. The ESMF will be applied in such a way as to ensure that potential negative impacts of the project are prevented and/or mitigated appropriately, and positive impacts are enhanced.

While the increase of biomedical waste is an indirect impact of the project activities, it is important to ensure that this Health Risk Waste will be properly handled, collected, transported and eliminated to avoid the spread of infectious diseases. Improper management and disposal of medical waste poses a risk to the environment and human health. Thus, it is important to develop a management plan commensurate with the amounts and risks related to the medical wastes generated by the project.

The ESMF incorporates a Medical Waste Management Plan (MWMP) that will be embedded and linked to the overall Environmental and Social Management Plan (ESMP), waste management plans and training plans. The MWMP's overall objective is to prevent and/or mitigate the negative EHS effects of medical waste. Medical Waste must be managed in a safe manner to prevent the spread of infection and reduce the exposure of health workers, patients and the public to the risks from medical waste. The plan includes advocacy for good practices in medical waste management and is to be used by health, sanitary and cleaning workers who manage medical waste.

Additionally, the World Bank’s implementation support will include environmental safeguards specialists to assist by (a) providing regular implementation support, (b) carrying out reviews of safeguards implementation, and (c) monitoring safeguards implementation, based on periodic progress reports.

### ***ESMF Implementation Arrangements***

The project will be implemented by (i) The Ministry of Health (MoH), Federal Government of Somalia (FGS) in close coordination with the federal member states and regions.

The table below shows roles and responsibilities by different players in implementation of ESMF.

<b>Actor</b>	<b>Tentative Role(s) in potential RCRF health work</b>
Ministry of Finance	<ul style="list-style-type: none"> <li>• Pay recurrent salary and non-salary costs tentatively to the FMoH, FMS, region, and the third-party agency</li> </ul>
Ministry of Health	<ul style="list-style-type: none"> <li>• Manage the third-party agency and Private provider contracts (for FMS not directly managing contracts)</li> <li>• Support the FMS who directly manage contracts with contract management</li> <li>• Provide technical oversight and policy guidance to FMS</li> <li>• Regulate pharmaceuticals and the health sector overall</li> <li>• Coordinate partners and hold them accountable for results</li> <li>• Provide Safeguard focal person to oversee projects safeguards implementation at state level</li> </ul>
Federal Member States	<ul style="list-style-type: none"> <li>• Provide technical oversight and support to regions</li> <li>• In states where state contract management is used manage the third-party agency and Private provider contracts</li> <li>• Provide safeguard focal person to oversee third party agency and report to FGS safeguard focal person</li> </ul>
Regional Health Team	<ul style="list-style-type: none"> <li>• Supervise public providers, private providers, and FHWs</li> </ul>
Third-party agency	<ul style="list-style-type: none"> <li>• Provide hands-on capacity development support to regional health teams working with regions to fill their roles</li> <li>• Manage private provider and FHW payments, maintaining regional engagement</li> <li>• Manage public service delivery if applicable</li> <li>• Manage service and transport vouchers if applicable</li> <li>• Paid based on performance through performance based contracting (PBC)</li> <li>• Must have safeguard capacity within the team to oversee community health workers and report to state level safeguard person.</li> </ul>
Private Providers	<ul style="list-style-type: none"> <li>• Deliver health services with performance-based payments through results based financing (RBF)</li> </ul>
Public Providers	<ul style="list-style-type: none"> <li>• Engaged as needed based on private providers’ service delivery profiles and specific needs, with management through third-party agency</li> </ul>
Female Health Workers	<ul style="list-style-type: none"> <li>• Referrals to facilities, health education, possible delivery of a service package to be defined</li> </ul>
External verifier	<ul style="list-style-type: none"> <li>• Verifies service delivery and third-party agency in a timely manner to facilitate payments</li> <li>• Facilitates internal and external learning for program improvements</li> </ul>

State-level Project Coordination Units (PCUs) will focus on quality and process oversight, financial management, procurement, reporting, contract management, monitoring and evaluation and ensuring social and environmental safeguards compliance. Safeguards arrangement for Component 3 will be implemented at the FGS and FMS levels by the safeguards Focal Point in the MoH and state-level health ministries, respectively. With respect to component 3.3.2, the safeguard Focal Point at the state region level will use the checklist provided in annex 1 to analyze and screen sub projects, as well as to monitor activities implementation with respect to identified risks and corresponding mitigation measures.

A community health worker will be designated to be responsible for managing waste, the roles and responsibilities will be defined and designated in alignment with the overall Environmental and Social Management Plan (ESMP) and the site-specific waste management plan.

### ***Public Consultations and Disclosure***

The World Bank Safeguards Operational Policy /Bank Procedures OP/BP 4.01 Environmental Assessment requires public consultation with affected groups and other stakeholders about the project environmental/social impacts and takes their view into account.

During the project preparation process, discussions were held on July 6<sup>th</sup>, 2018 at the World Bank Nairobi office. Further engagement with other stakeholders through presentation of the draft ESMF were held in Mogadishu July 12<sup>th</sup>, 2018.

Main points arising from the discussion touched on the current situation on waste management system in Somalia, especially the hospitals and private sector and the challenges in public hospitals due to lack of proper incinerators and waste management protocols. The need for harmonized waste management plan was emphasized. Minutes of the consultations are documented in Annex 5. The ESMF report will be disclosed on the FGS Ministry of Health website as well as on the World Bank external website.

### ***Cost Implications of the ESMF***

The ESMF has assessed the implementing agencies capacities and has proposed measures to enhance safeguards capacity to improve environmental and social performance during project implementation; this will include safeguards training for PIU. The budget proposed to enhance safeguard capacity is a total of USD 500,000. The budget will provide for: building capacity of the PIU related to safeguard compliance, incorporating MWMP requirements into application; conducting third party agent review of selected sub-projects; as well as implementing the monitoring & evaluation (M&E) of the ESMF.

### ***Grievance Redress Mechanism***

The Grievance Redress Mechanism (GRM) that PIU will establish and manage to enable beneficiaries to communicate their concerns regarding the Project is provided in Section 9. More specifically, the GRM details the procedures that communities and individuals, who believe they are adversely affected by the Project or a specific subproject, can use to submit their complaints, as well as the procedures to be used by PIU and its implementing partners to systematically register, track, investigate and promptly resolve complaints.