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Additional Financing Appraisal Environmental and Social Review Summary

Appraisal Stage

(AF ESRS Appraisal Stage)

Date Prepared/Updated: 11/10/2022 | Report No: ESRSAFA489

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BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Chad	WESTERN AND CENTRAL AFRICA	Republic of Chad	Ministry of 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

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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]

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

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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 Strate gy. 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.

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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]

The project is currently implemented in eight provinces (Batha, Guéra, Logone Oriental, Mandoul, and Tandjilé, Mayo Kebbi Est, Wadi Fira and Ennedi Est) selected based on their maternal and child health indicators. The changes proposed for the AF entail scaling up activities of the project (Health System Performance Strengthening Project (P172504)) to new provinces, reallocate resources to CERC component and adjusting its Results Framework. The project area will be expanded from 8 provinces to 12 provinces out of a total of 23 provinces that the country has. The new provinces added are Salamat, moyen chari, Kanem, and Lac. The 12 provinces cross the country from north to south going from a desertic zone through the Sahel and ending in a Sudan-Guinea zone. Chad is the country most vulnerable in the world to the risks of climate change, ranging from a dry tropical climate in the south to arid conditions in the Sahara desert in the north. Climate change is leading to desertification; the degradation of forests, soil, and natural habitats; a loss of biodiversity; reductions in the level of water tables; and the silting up of oases. Moreover, it is modifying agricultural seasons, disturbing the biological cycles of crops, reducing cereal crop production, and extending the time and space necessary for transhumance, which in turn contributes the degradation of protected areas and wetlands, and to bush fires. The impact of climate-related disasters, such as droughts or floods, is magnified by the fact Chad does not have the resources to combat them. Women are particularly vulnerable in Chad (it ranks 160 out of 162 on the Gender Inequality Index (UNDP 2018)). Gender based violence (GBV) is highly prevalent; it is estimated that 28.6 percent of women nationwide have experienced physical or sexual violence by an intimate partner at some point in their lives (DHS 2015). Conflict, militarization and insecurity in some areas of the country have further exacerbated pre-existing risks of GBV in multiple ways, including widening of levels and severity of gender inequality and different manifestations of GBV, from intimate partner violence to the sexual exploitation of women and girls. Compared to other countries in the region, Chad has a strong national legal framework that criminalizes domestic violence and sexual harassment, although these laws are not enforced, or even

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known to citizens in most areas of the country. There are no laws against marital rape or prohibiting sexual harassment in education or public spaces. As the proposed activities to be funded under the Chad-Additional Financing-Health System Performance Strengthening Project (P180039) are aligned with the original PDO, the PDO remains unchanged. The proposed changes entail: (i) expansion of project area; (ii) revision of the project components amount; (iii) reallocation between disbursement categories; and (iv) revision of the results framework to reflect the scaling up of the project to new provinces. Institutional arrangements will remain the same.

D. 2. Borrower's Institutional Capacity

The Ministry of Public Health and National Solidarity (MPHNS) is the implementing agency for the project. The MPHNS has an established and 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 MHSD. The PIU has experience working on projects financed by the World Bank. 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. During October 2022 the environmental specialist passed away, therefore the Project will recruit new environmental specialist. Also, based on the findings of the EAS/HS risk assessment, a specialist on EAS/HS issues will be recruited as required. And based on the new Security risk assessment for the extension area a safety specialist (consultant) will be recruited as required.

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 safeguards specialist of the Project participated to a face-to-face training on Environmental and Social Framework (ESF) provided by the Bank covering the 10 Environmental and Social Standard (ESS) and the Instruments needed to manage Environmental and Social measures (Environmental and Social Commitment Plan ESCP, Environmental and Social Management Framework ESMF, Grievance Mechanism GM, Labor Management Plan LMP).

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 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 prepared an Environmental & Social Management Framework (ESMF) disclosed March 19, 2021 in-country and March 23, 2021 on Bank's website, updated Medical Waste Management Plan (WMP) disclosed xxx in-country and xxx on Bank's website, Labor Management Procedures (LMP) Stakeholder Engagement Plan (SEP)

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disclosed xxx in-country and xxx on Bank's website, disclosed xxx in-country and xxx on Bank's website, and Environmental and Social Commitment Plan (ESCP) disclosed xxx. In view of the geographical extension of the Project, the ESCP and ESMF will be revised and, if necessary, new instruments including a Safety Management Plan will be prepared.

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. Based on this, key environmental risks and impacts are related to: (i) the potential increase of health care waste; (ii) occupational health and safety of health care workers; and (iii) community health and safety related to the operation of health care facilities. Potential impacts and risks are expected to be site-specific, reversible, and managed through established and proven mitigation measures. 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. However, based on the results of the ongoing risk reassessments and the review of safeguard instruments, the environmental risk rating may be reviewed.

Social Risk Rating 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. While insecurity is likely to influence the flow of implementation, no large-scale works will be financed that would further increase this risk nor are significant changes in healthcare policy anticipated. In addition, the presence of workers alongside community members could lead to work-related social problems, including the risk of sexual violence exploitation and abuse or harassment (SEA/SH). The Borrower has the experience and capacity to manage some of the social risks identified in the ESF, although efforts will be needed to help build the Borrower's capacity through the broader social and environmental mission of the ESF. The project team will include a social specialist who will ensure that the recommended social measures are implemented

Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) Risk Rating Moderate

As part of the social assessment for this additional financing, the project will identify, the specific risks of SEA/SH linked to project activities, such as women from vulnerable populations being seen by male healthcare workers with limited supervision and increasing risks for SEA, and have them reflected in key safeguard instruments, contractual obligations and other key documents, such as Codes of Conduct regulating project implementation. The ESMF will

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include a mapping of SEA/SH services in areas of implementation and will develop response protocols for the timely, safe and ethical referral of all survivors that report SEA/SH incidents, to the project's Grievance Mechanism (GM). The Borrower will develop a budgeted SEA/SH Action Plan to be annexed to the ESMF that will outline the project's prevention strategies, response protocol and accountability mechanisms.

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. Once operational, measures will need to be in place to manage the identified risks. Impacts are expected to be adequately managed during AF implementation in accordance with the Environmental and Social Management Framework (ESMF) which is under review. The ESMF provides clear guidance regarding the treatment of medical waste, guidelines for community engagement and the preparation of subproject ESMPs that will clearly define mitigation and management measures during all phases of the project including roles and responsibilities, schedule, costs and implementation procedures. The ESMF also incorporates international protocols for 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) is prepared and disclosed before appraisal.
The following ESSs are considered currently relevant for the Project: ESS 1: Assessment and Management of Environmental and Social Risks and Impacts; ESS 10: Stakeholder Engagement and Information Disclosure; ESS 2: Labor and Working Conditions; ESS 3: Resource Efficiency and Pollution Prevention and Management; ESS 4: Community Health and Safety.

ESS10 Stakeholder Engagement and Information Disclosure

The project's main stakeholders include health care workers, 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 project has prepared a stakeholder engagement plan (SEP) that will be disclosed prior to negotiations. It contains further details on direct and indirect beneficiaries and other stakeholders, as well as guidance on COVID-19 adaptations,
such as social/physical distancing.

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The SEP will be updated as and when necessary, throughout the project lifecycle. In rural areas, consultations will take place in compliance with government-imposed barriers, including the wearing of masks, but will be preceded by sensitization on COVID-19.
An accessible and functional grievance mechanism will be established to receive complaints and feedback from all stakeholders and beneficiaries in a transparent and timely manner. A specific GM to receive complaints and concerns from workers will also be outlined in the the LMP. Specific protocols—including intake forms that ensure confidentiality, a SEA/SH focal point to treat SEA/SH complaints, processes that ensure immediate referral of survivors, information sharing protocols that ensure confidentiality—will be developed to manage SEA/SH grievances. To ensure that any survivors reporting incidents are referred to the project GM, the project will also ensure that Community Health Workers are aware of how to report project-related instances of SEA/SH so that they can in turn ensure the community is aware of this and any survivors that come to their attention can be referred. Awareness-raising activities on project-related risks of SEA/SH and mitigation strategies will be included in the SEP and will target communities and project workers, while contractual obligations in terms of SEA/SH mitigation will be enforced through the integration of specific provisions on Codes of Conduct addressing SEA/SH and the training of all workers considered to be project staff, as outlined in the project's labor management plan.

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. Construction material required for limited repair and refurbishment work will be sourced from local legal business entities with up-to-date permits, and no primary supplier will be required.
An LMP has been prepared prior to appraisal by the parent project to provide details regarding the working conditions and terms of employment for all project-related workers. It includes requirements for: terms and conditions of employment; nondiscrimination and equal opportunity; workers organizations; child labor; forced labor; an accessible workers' grievance mechanism; 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. The LMP specifies that the use of forced or child labor, and any hazardous work situation, including the handling and transportation of bio-medical waste, is prohibited for any person under the age of 18. It includes measures to ensure equal opportunity, address SEA/SH risks, allow workers' associations and include OHS measures. Finally, the LMP sets out the functioning of the GM for labor-related issues. Standard contracts for the limited civil works will be required to include key requirements from the LMP, including Codes of Conduct, labor procedures and occupational health and safety measures.

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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.

ESS4 Community Health and Safety

ESS4 is relevant. The main risks are related to community health and safety due to increased risk of exposure and contact with disease during testing at healthcare facilities, laboratory accidents and/or emergencies caused by human (fire, explosions and spills of hazardous materials) or natural (floods, landslides and cyclones) events, dust, noise, vibration and waste from refurbishing works. 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. The incorrect disposal of medical wastes can also enter in to contact with communities indirectly through fumes from incinerations or percolation of rainwater through the waste or groundwater contamination. 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, the PCU has prepared an ESMF to provide 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.

While the project will be implemented in several areas that are facing very high insecurity, a new security risk assessment will be conducted and if needed a Security Management Plan will be prepared and disclosed before the start of activities in extended area specially The Lac region.

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

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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. However, chance find procedures are included in the ESMF on a precautionary basis. 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

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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

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Borrower/Client/Recipient

Borrower: Republic of Chad

Implementing Agency(ies)

Implementing Agency: Ministry of 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 10-Nov-2022 at 03:04:25 GMT-05:00
Safeguards Advisor ESSA	null on

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