PROJECT INFORMATION DOCUMENT (PID)
ADDITIONAL FINANCING

Report No.: PIDA22394

Project Name	Health System Support Project Additional Financing (P153030)
Parent Project Name	CF-Health System Support Project (P119815)
Region	AFRICA
Country	Central African Republic
Sector(s)	Health (91%), Public administration- Health (9%)
Theme(s)	Rural services and infrastructure (25%), Health system performance (25%), Population and reproductive health (20%), Child health (20 %), Other communicable diseases (10%)
Lending Instrument	Investment Project Financing
Project ID	P153030
Parent Project ID	P119815
Borrower(s)	La Ministre de L'Economie du Plan et de la Cooperation
Implementing Agency	Ministry of Health and Population
Environmental Category	B-Partial Assessment
Date PID Prepared/Updated	10-Mar-2015
Date PID Approved/Disclosed	10-Mar-2015
Estimated Date of Appraisal Completion	31-Mar-2015
Estimated Date of Board Approval	26-May-2015
Appraisal Review Decision (from Decision Note)	

I. Project Context

Country Context

The Central African Republic is land-locked, has an estimated population of 4.3 million (2009), and has an average per capita gross domestic product (GDP) of approximately US$350 (2009). Prior to the socio-political crisis, sixty-two percent of the population lived in poverty, and over three-fifths of the population subsisted on less than US$1.25 per day. Prior to the ongoing crisis, CAR had suffered from more than a decade of conflict and political instability. Unsurprisingly, the country's history has had important adverse consequences for economic growth and welfare. CAR was ranked 179th out of 182 countries in the Human Development Index in 2011.

A socio-political crisis erupted in CAR in December 2012, and the country is currently in the initial stages of exiting the crisis. The instability and violence in CAR over the last two years has resulted in the substantial deterioration of the health system. This has led to a situation where the needs for health care in the country far outweigh the available supply. Low immunization coverage, lack of

functional structures and qualified staff, difficulties in accessing health services and lack of monitoring and epidemiological surveillance capabilities are major risk factors for the health of the population. As stability slowly returns to the country, the Government and development partners have begun to reorient health sector interventions away from emergency relief and towards actions that will rebuild the collapsed health system.

Sectoral and institutional Context

Effects of the crisis on the CAR health system: The recent crisis has had a disastrous effect on the country's health system. According to a national health facility survey (Enquête Rapide sur l'Estimation des Besoins de Santé des Populations Affectées par la crise en République Centrafricaine - HeRAMS) that was conducted in October 2014 and covered 815 health structures in the 7 health regions of the country, 28 percent of health facilities were either partially or totally destroyed. There are variations across regions, with only 7 percent of facilities partially or totally destroyed in Health Region (HR) 1, while 46 percent fall into these categories in Health Region 3. At the national level, only 55 percent of health facilities are functional, varying from 24 percent in Health Region 3 to 75 percent in Health Region 2. Only 25 percent of health facilities have an energy source, while only 21 percent have a potable water source.

The level of service delivery, particularly for maternal and child health, varies substantially by region. At the national level, 51 percent of facilities currently offer family planning services, varying from 76 percent in HR4 to 21 percent in HR3. For prenatal care, coverage at the facility level ranges from 85 percent in HR6 to 24 percent in HR3. Trends are similar for other MCH services such as deliveries, post-natal care, and obstetric and neonatal care. The availability of vaccination services remains remarkably low, varying from less than 25 percent in Health Region 3, to over 75 percent in Region 1. According to the HeRAMS, the main causes for the unavailability of services are the lack of qualified personnel and the lack of training, followed by lack of inputs, equipment, and financing.

Rebuilding the health system in the post-crisis period: As the country slowly emerges from the crisis, development partners have begun to implement initiatives that aim to rebuild the health system. All health sector actors are organized with a "Health Cluster" under WHO leadership. The Cluster meets regularly and has been effective in information sharing and coordination of relief efforts between actors. Several of these interventions will finance their support through Results-Based Financing. The Global Fund is using Results-Based Financing to expand support for HIV/ AIDS across the country, alongside institutional support for the health management information system. The European Union is providing substantial support through the BEKOU Fund (a special EU trust fund to support the rebuilding of national systems in the post-crisis phase), under which PBF will be expanded in Regions 3 and 6. In addition, Cordaid will continue to implement PBF in Region 2 through its own support, as they have done since 2009. Currently three Performance Purchasing Agencies for PBF are functioning across the country, one each in Regions 2, 3 and 6. While efforts have been coordinated among partners to provide support to as much of the population as possible, there remain substantial geographic gaps in support. Along with other development partners, through the Additional Financing the HSSP aims to transition from emergency relief towards system strengthening interventions that will not only provide immediate support for the provision of maternal and child health services in areas affected by the crisis (provision of drugs, equipment, staffing and rehabilitation of health structures), but also provide

investments in the sector that lead to long-term improvements in health sector results (through Performance Based Financing).

II. Proposed Development Objectives

A. Current Project Development Objectives – Parent

The revised project development objectives are to: (a) increase utilization and improve the quality of maternal and child health services in targeted rural areas the Recipient's territory; and (b) provide emergency health services to the general population.

III. Project Description

Component Name

Improving utilization and quality of maternal and child services through performance-based financing (Total: US$13.0 million: US$4.0 million IDA Additional Financing and US$9 million HRITF)

Comments (optional)

Under the original project design, the HSSP was supposed to introduce PBF across nine prefectures in Regions 2, 3, 4 and 6 to cover a total population of 2.3 million. Several of these prefectures are either now supported by other partners or are currently inaccessible due to the security situation, while other zones in these regions remain without assistance. At the time of preparing the original project, the country's health system did not face the same needs in pharmaceuticals, equipment, and personnel, as it does in the post-crisis period.

As such, the Additional Financing would provide support to unassisted zones in the original four target regions through a package of interventions that combine PBF alongside the provision of key inputs, drugs, staffing and infrastructure investments.

Component Name

Strengthen the capacity of the Ministry of Health and Population (MoHP) in monitoring and evaluation and the delivery of maternal and child health services (Total: US$1.7 million: US$1.5 million IDA

Comments (optional)

It will support the overall health information system, as well as supporting external verification of PBF-financed services and results of contracted NGOs through health facility and community-based surveys. These verification activities will be conducted by an independent third party. The external evaluation agency (EEA) will be contracted by the Ministry of Health and Population. The EEA's roles will include ex-post fact verification of service volumes and quality delivered by health facilities contracted with the PPA and for which PBF payments have been made. The EEA will also be tasked with building in-country monitoring and evaluation capacity. It will also cover the operating costs of the PIU, including financing goods, consultant services, some training, and operating costs.

Component Name

Provision of emergency health services (Total: US$0.5 million: US$0.5 million IDA Additional Financing and US$0 million HRITF)

Comments (optional)

Component 3 will be used to continue to support the provision of emergency health services to the population affected by the crisis, including IDPs and vulnerable groups (mother and children).

IV. Financing *(in USD Million)*

Total Project Cost:	6.00	Total Bank Financing:	6.00
Financing Gap:	0.00		

For Loans/Credits/Others	**Amount**
BORROWER/RECIPIENT	0.00
International Development Association (IDA)	6.00
Total	6.00

V. Implementation

The implementation arrangements for the Additional Financing will undergo changes from the restructured project and under the Additional Financing will reflect more the institutional arrangements under the original project design. At the Central level, the Ministry of Health and Population will continue to implement the project through project implementation unit and National RBF Technical Unit.

Under the institutional arrangements of the original project, a private Performance Purchasing Agency (PPA) was to implement the PBF approach through contracting with individual health facilities to provide Maternal Child Health (MCH) services to the population in four of the seven regions. Such arrangements could no longer be applied during the emergency period because: (i) health workers were not available in the health facilities; (ii) the private sector PPA would not be able to carry out its activities given the crisis situation in the country; and (iii) the World Bank team was not able to provide implementation support to the Project on the ground. As such, under the restructured project, UN agencies (WHO, UNICEF, UNFPA) were contracted on a sole source basis to provide the emergency services to the population. UN agencies were responsible for implementing component 3 and sub-component 2.3 and might rely on international organizations as they have rapidly expanded emergency relief activities to respond to the scale and severity of the crisis in CAR. The UN agencies have strengthened their presence with additional human resources contracted on a short-term basis to provide emergency services in the health sector. WHO for instance is the agency coordinating the emergency response.

Under the Additional Financing, support would be provided to unassisted zones in the original four target regions (Region 2, 3, 4 and 6) through a package of interventions that combine PBF alongside the provision of key inputs, drugs, staffing and infrastructure investments. Performance Based Contracting (PBC) will be used to establish Performance-based Partnership Agreements (PPA) with NGOs to develop context-appropriate approaches for the implementation of PBF in specific geographic zones. Under this approach, the MoHP will specify a package of health services which the contracted NGO will be responsible for delivering through a combination of PBF and other investments to strengthen health service delivery in a specific geographical location (by region). The performance of the NGO will be judged against progress on specific, measurable indicators that will be evaluated regularly.

In addition, as per the original project design, the MoPH will recruit an External Evaluation Agency (EEA). The EEA's roles will include ex-post fact verification of service volumes and quality delivered by health facilities contracted with the PPA and for which PBF payments have been made. The EEA will also be tasked with building in-country monitoring and evaluation capacity.

VI. Safeguard Policies (including public consultation)

Safeguard Policies Triggered by the Project	Yes	No
Environmental Assessment OP/BP 4.01	×	
Natural Habitats OP/BP 4.04		×
Forests OP/BP 4.36		×
Pest Management OP 4.09		×
Physical Cultural Resources OP/BP 4.11		×
Indigenous Peoples OP/BP 4.10	×	
Involuntary Resettlement OP/BP 4.12		×
Safety of Dams OP/BP 4.37		×
Projects on International Waterways OP/BP 7.50		×
Projects in Disputed Areas OP/BP 7.60		×

Comments (optional)

VII. Contact point

World Bank

Contact: Paul Jacob Robyn
Title: Health Specialist
Tel: 473-1412
Email: probyn@worldbank.org

Borrower/Client/Recipient

Name: La Ministre de L'Economie du Plan et de la Cooperation
Contact: Florence Limbio
Title: Minister
Tel:
Email: cabinet@minplan-rca.org

Implementing Agencies

Name: Ministry of Health and Population
Contact: Dr SAMBA MALIAVO Marguerite
Title: Ministre de la Santé et de la Population
Tel: 0023672300409
Email: ma_samba@Yahoo;fr

VIII. For more information contact:

The InfoShop
The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 458-4500
Fax: (202) 522-1500
Web: http://www.worldbank.org/infoshop