

INTEGRATED SAFEGUARDS DATA SHEET ADDITIONAL FINANCING

Report No.: ISDSA12371

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I. BASIC INFORMATION

1. Basic Project Data

Country:	Central African Republic	Project ID:	P153030
		Parent Project ID:	P119815
Project Name:	Health System Support Project Additional Financing (P153030)		
Parent Project Name:	CF-Health System Support Project (P119815)		
Task Team Leader(s):	Paul Jacob Robyn		
Estimated Appraisal Date:	26-Mar-2015	Estimated Board Date:	26-May-2015
Managing Unit:	GHNDR	Lending Instrument:	Investment Project Financing
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%)		
Is this project processed under OP 8.50 (Emergency Recovery) or OP 8.00 (Rapid Response to Crises and Emergencies)?			No
Financing (In USD Million)			
Total Project Cost:	6.00	Total Bank Financing:	6.00
Financing Gap:	0.00		
Financing Source			Amount
BORROWER/RECIPIENT			0.00
International Development Association (IDA)			6.00
Total			6.00
Environmental Category:	B - Partial Assessment		
Is this a Repeater project?	No		

2. Project Development Objective(s)

A. Original Project Development Objectives – Parent

The development objective of this proposed operation is to increase utilization and improve the quality of maternal and child health services in targeted rural areas of Central African Republic.

B. 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.

C. Proposed Project Development Objectives – Additional Financing (AF)

3. Project Description

The original project has two main components:

Component 1: Improving use and quality of maternal and child services through results based financing at different levels. This component finances the purchasing of key Maternal and Child Health (MCH) and Reproductive Health services from rural public, Faith-based Organizations (FBO) and NGO facilities by a Performance Purchasing Agency (PPA).

Component 2. Strengthen monitoring and evaluation capacity to enable the health information system to generate up to date, reliable data to measure performance for RBF. The component was intended to support health facility and population-based household surveys to be conducted by an independent third party, i.e., the External Evaluation Agency (EEA).

Due to the current crisis situation, budget initially allocated for Components 1 and 2 will be largely transferred to the two following new subcomponent and component that will be added under the restructured project.

Sub-component 2.3:

The new sub-component's objective is to strengthen the capacity of the MoH to support the delivery of MCH services by assisting the ministry in ensuring basic functions such as monitoring, surveillance of epidemic cases, training its staff, evaluation /assessment of the evolving needs of the population, organization of the supervision of health services, and in equipping key MoH services with computers, printers, basic office supplies, etc. since the ministry was vandalized.

Component 3:

The objective of this new component is to provide emergency health services to the population affected by the crisis, including IDPs and vulnerable groups (mother and children) and ensure that health professionals are available in health facilities so these facilities can operate during the emergency period. The component will support: (a) the delivery of a basic emergency health package that will be defined jointly with the UN agencies to be contracted out; (b) the provision of technical assistance (TA) in setting up mobile clinics as needed, managing the logistics of drugs, managing medical supplies, training staff on the emerging needs of the population and care in emergency situations, organizing medical and health information, etc.; (c) the payment of bonuses to health workers to improve the quality of services by: (i) rewarding them to go back to their duty station or wherever the displaced populations are; and (ii) maintaining them at their duty station or wherever

the populations are to provide the minimum services of medical emergency. The scope of engagement of each of the UN agencies will be further fine-tuned in terms of the technical and/or supplies services and TA in the contracts that will be developed.

In addition, the bonuses for health facility workers, estimated at US\$1 million, will be provided through HRIFT funds. The proposed support is in line with the HRIFT objectives.

Additional Financing and Related Project Description:

The Additional Financing of the Central African Republic Health System Support Project will support (i) scaling-up of Performance Based Contracting and Performance Based Financing for the strengthening of health system delivery in areas affected by the crisis; (ii) strengthening monitoring and evaluation capacity and support project implementation unit; and (iii) support the provision of emergency health services.

Component 1: Improving utilization and quality of maternal and child services through performance-based financing

- Performance Based Contracting for strengthening health service delivery
- Provision of key inputs, drugs, staffing and infrastructure investments
- Performance Based Financing for improvements in utilization, quality and supervision of care

Component 2: Strengthen the capacity of the Ministry of Health and Population (MoHP) in monitoring and evaluation and the delivery of maternal and child health services

- Capacity building
- Strengthen M&E through the creation of an External Evaluation Agency and reinforce health management information system Reinforce health management information system
- Coordination and program management at all levels
- Performance contracts at central level of Ministry of Health

Component 3: Provision of emergency health services

- Provision of emergency health services to IDPs and vulnerable groups

The Project Design is as follows:

Component 1: 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): 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. As previously done in similar contexts such as Afghanistan in the early 2000s, 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. PBC will be used as a transitional strategy in the post-crisis phase to orient the health system towards a financing approach that is results-based, while taking into consideration that substantial investments will need to be combined with PBF to address the current challenges. In time and as needs change, the strategy may be revised so that financing will be purely based on performance.

While the original project budgeted support through PBF at approximately US\$2-3 per capita per year, it is expected that due to the current needs of the health system, additional resources will be needed to be effective in the post-crisis context. As such, the new intervention will provide support at US\$5-7 per capita per year for 2.5 years of implementation. The scope of interventions applied to improve service delivery outcomes will be broadened to not only include PBF (as per the original project design) but also investments in equipment, materials, and recruitment and training of human resources. Due to the increased per capita investment and reduction in available resources for Component 1, the new target population will be approximately 1.3 million inhabitants, a reduction from the original target population of 2.5 million inhabitants.

Table 1: Targeted districts and population, 2015

Health Region	Health District	Sub--Prefecture	Number of health facilities	Population 2014
Region 2	BABOUA	Abba	7	
	Baboua		15	95,223
	BERBERATI	Berbérati	22	171,868
	BOUAR	Bouar	22	198,537
	Baoro	6		
	NOLA	Nola	25	127,069
	Bambi o	5		
	Bayanga	7		
Sub-total		109		592,697
Region 3	BOZOU	Bossemptele	5	90,663
	Bozoum	20		
	PAOUA	Paoua	28	200,470
Sub-total		53		291,113
Region 4	SIBUT/KEMO	Sibut	4	148,875
	Dékoa	5		
	Mala	1		
	Ndjoukou	5		
Sub-total		15		148,875
Region 6	ALINDAO	Alindao	16	115,549
	Mingala	9		
	MOBAYE	Mobaye	6	121,728
	Zangba	5		
	KEMBE	Kembé	6	78,439
		Satéma 2		
Sub-total		44		315, 716
TOTAL	221	1,348,421		

Component 2: 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 Additional Financing and US\$0.2 million HRITF): Prior to the crisis, the health sector's health management information system was very fragmented, and the data generated remained unreliable. The crisis has crippled the routine monitoring system even further. The main causes of the current weaknesses are a lack of health personnel trained in routine reporting, and a lack of equipment to make the national system work. Component 2 will therefore support the overall health information system in the country, 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. Component 2 will also cover the operating costs of the PIU, including financing goods, consultant services, some training, and other operating costs.

Component 3: Provision of emergency health services (Total: US\$0.5 million: US\$0.5 million IDA Additional Financing and US\$0 million HRITF): 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).

4. Project location and salient physical characteristics relevant to the safeguard analysis (if known)

The project is being implemented in targeted rural areas of the Recipient's Territory, namely unassisted zones in Regions 2, 3, 4 and 6 as specified in table 1. The target population will be approximately 1.3 million inhabitants. The Additional Financing will be implemented in the areas where Indigenous People (IPs) are located. Even though the project is not expected to have adverse impacts on IPs, it is important to ensure that IPs will share project benefits.

5. Environmental and Social Safeguards Specialists

Emeran Serge M. Menang Evouna (GENDR)

Lucienne M. M'Baipor (GSURR)

6. Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	New activities implemented would not modify the safeguard arrangements of the original Project, which had triggered the Environmental Assessment policy OP4.01 due to the potential for increased medical waste and is being mitigated by a nationally validated Health Care Waste Management Plan (HCWMP). As the project will continue in the same locations, the HCWMP prepared under the original project and disclosed in 2011 remains relevant for the AF.
Natural Habitats OP/BP 4.04	No	The project will not affect natural habitats.
Forests OP/BP 4.36	No	The project does not involve forests or forestry.
Pest Management OP 4.09	No	The project does not involve pest management.

Physical Cultural Resources OP/BP 4.11	No	The project does not involve pest management.
Indigenous Peoples OP/ BP 4.10	Yes	New activities implemented would not modify the safeguard arrangement of the original Project, which had triggered the Indigenous Peoples 4.10. An Indigenous Peoples Planning Framework was developed under the original project and will be utilized for this Additional Financing.
Involuntary Resettlement OP/BP 4.12	No	The project does not involve land acquisition leading to involuntary resettlement and/or restrictions of access to resources and livelihoods.
Safety of Dams OP/BP 4.37	No	The project does not involve dams.
Projects on International Waterways OP/BP 7.50	No	N/A
Projects in Disputed Areas OP/BP 7.60	No	N/A

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:
New activities implemented would not modify the safeguard arrangements of the original Project, which had triggered the Environmental Assessment policy OP4.01 due to the potential for increased medical waste and is being mitigated by the existing nationally validated Health Care Waste Management Plan (HCWMP) which has been disclosed in-country and at the Info Shop. The proposed changes are not expected to have any significant or irreversible environmental or social impacts. The project activities are not expected to have large scale or significant impacts. The project category will remain B as it was the case for the original project.
2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:
N/A
3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.
N/A
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.
The project will not support civil works. Nevertheless, the project will result in an increase in the use of medical material which will accordingly increase medical wastes. The project design incorporates the safe and responsible handling and disposal of medical waste through several measures. The main safeguard instrument under this policy will be the Medical Waste Management Plan (MWMP) prepared by the Government. This plan is being implemented by the MoHP since original project was approved in 2012. In addition, under PBF, health centers will report on

hazardous medical material waste management since that action will be included as an indicator to be evaluated and purchased in PBF. In fact, the quantified quality checklist used by PBF to pay for performance on the quality measure, measures this element. The weighting for this aspect will be increased, and the adherence to the guidelines will be checked, and paid for, quarterly.

To better address the need to ensure that indigenous pygmy communities share in project benefits, an Indigenous Peoples Planning Framework (IPPF) was prepared and disclosed prior to appraisal in 2012. While the AF will not be implemented in areas with Indigenous Peoples, this framework will be used for the project in case it is eventually implemented in areas where IPs are present.

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

The main stakeholders identified are the following:

- Local communities in the targeted areas including IPs;
- Local authorities and traditional rulers;
- The mayors;
- Sectoral ministries (ministry of Environment, the ministry of Health and Population;
- NGOs that will be contracting.

The ministry of Health and Population and the Performance Agencies will ensure the environmental and social safeguard compliance during the project implementation.

The World Bank safeguards team will also provide training session on WB s safeguards policies and the PIU staff will benefit from specific training on medical waste management techniques.

Moreover, the quantity and quantified quality checklist used by PBF, to pay for performance, will precisely measure both the proportion of indigenous people served by health facilities and the management of medical waste. The weighting for those two indicators will be increased, and the adherence to the Indigenous Peoples Plan and guidelines for waste management will be checked, and paid for, quarterly. This is the comparative advantage of PBF in solving such traditionally intangible problems. The quarterly reports of the performances agencies will reflect the safeguards implementation actions.

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other	
Date of receipt by the Bank	27-Sep-2011
Date of submission to InfoShop	22-Sep-2011
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	////
"In country" Disclosure	
Central African Republic	27-Sep-2011
<i>Comments:</i>	
Indigenous Peoples Development Plan/Framework	
Date of receipt by the Bank	05-Mar-2011
Date of submission to InfoShop	08-Mar-2011
"In country" Disclosure	
Central African Republic	12-Mar-2012
<i>Comments:</i>	
If the project triggers the Pest Management and/or Physical Cultural Resources 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

OP/BP/GP 4.01 - Environment Assessment			
Does the project require a stand-alone EA (including EMP) report?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
If yes, then did the Regional Environment Unit or Practice Manager (PM) review and approve the EA report?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
Are the cost and the accountabilities for the EMP incorporated in the credit/loan?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
OP/BP 4.10 - Indigenous Peoples			
Has a separate Indigenous Peoples Plan/Planning Framework (as appropriate) been prepared in consultation with affected Indigenous Peoples?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
If yes, then did the Regional unit responsible for safeguards or Practice Manager review the plan?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
If the whole project is designed to benefit IP, has the design been reviewed and approved by the Regional Social Development Unit or Practice Manager?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
The World Bank Policy on Disclosure of Information			
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
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 [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
All Safeguard Policies			
Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
Have costs related to safeguard policy measures been included in the project cost?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]

III. APPROVALS

Task Team Leader(s):	Name: Paul Jacob Robyn
<i>Approved By</i>	

Safeguards Advisor:	Name:	Date:
Practice Manager/ Manager:	Name:	Date: