

PROJECT INFORMATION DOCUMENT (PID) CONCEPT STAGE

Report No.: PIDC16376

Project Name	NI Comm. and Family Quality Health Care (P152136)
Region	LATIN AMERICA AND CARIBBEAN
Country	Nicaragua
Sector(s)	Health (100%)
Theme(s)	Child health (10%), Health system performance (40%), Injuries and non-communicable diseases (20%), Population and reproductive health (30%)
Lending Instrument	Investment Project Financing
Project ID	P152136
Borrower(s)	Government of Nicaragua, Ministry of Finance and Public Credit (MHCP)
Implementing Agency	Ministry of Health
Environmental Category	B-Partial Assessment
Date PID Prepared/ Updated	29-Dec-2014
Date PID Approved/ Disclosed	29-Dec-2014
Estimated Date of Appraisal Completion	08-Apr-2015
Estimated Date of Board Approval	04-Jun-2015
Concept Review Decision	Track II - The review did authorize the preparation to continue

I. Introduction and Context Country Context

Poverty has declined in Nicaragua in recent years, and Nicaragua is one of the outliers in Latin America and the Caribbean (LAC) on improving shared prosperity. The second half of the last decade brought a notable reduction in poverty and inequality, concentrated mostly in rural areas. In contrast to the period 2001-2005 in which poverty essentially stayed constant at 48 percent, the country saw a significant reduction in the poverty headcount by nearly 6 percentage points (equivalent to roughly 230,000 fewer poor people), reaching a national rate of 42.5 percent in 2009. Meanwhile, extreme poverty fell from 17.2 to 14.6 percent between 2005 and 2009. Poverty remains a largely rural problem. In 2009, more than one in four Nicaraguans living in rural parts of the country were unable to meet their basic food needs compared to nearly 6 out of 100 Nicaraguans living in urban areas. The Gini coefficient decreased from 40.5 percent in 2005 to 37.1 percent in 2009, and was similar in both urban and rural parts of the country. During 2005-09, income for the bottom 40 percent grew at 4.8 percent per year - almost five times as fast as income for the

population as a whole (1.02 percent). This progress surpassed average regional performance for LAC and Central America (4.0 percent and 0.6 percent, respectively). However, Nicaragua continues to face challenges in reducing poverty and increasing shared prosperity, mainly due to the concentration of poverty in remote, rural areas where access to basic services is still constrained by a very limited infrastructure. The country is also vulnerable to natural disasters, extreme climate change and epidemics.

Nicaragua is making progress in achieving MDG targets. Data from the 2012 Demographic and Health Survey shows clear achievements in the reduction of mortality for children under five years of age from 35 to 21 deaths per 1,000 live births (2006-07 to 2011-12) (MDG 4). However, progress in achieving reduction of maternal mortality (MDG 5) is slow. Adolescent pregnancy continues to be a pending issue affecting MDGs. The rate of adolescent pregnancy decreased from 25.9 percent in 2006-07 to 24.4 percent in 2011-12, but continues to be a prominent challenge for the country due to its contribution to maternal mortality and neonatal deaths. Community and Family Health Care Model – MOSAFC has shown promising results in the last five years; however, it is clear that a more aggressive, multi-institutional approach is needed to prevent teen pregnancy and efficiently integrate health care and social services offered to young mothers as described in the Integral Strategic Plan (ENSDIA) prepared by the Government for the period 2012-2017.

Sectoral and Institutional Context

The Nicaraguan Ministry of Health (MoH) is the principal health institution in the country. The MoH is responsible for planning, establishing sector norms and guidelines, managing financial and human resources, and providing overall regulation, coordination, and monitoring of the health system. The MoH has decentralized many services and functions to department-level units known as Local Systems of Integrated Health Care (Sistema Local de Atención Integral de Salud - SILAIS). In addition to managing national-level institutions and policies, the MoH functions through 17 SILAIS that are made up of multiple networks of health care providers and are located in each of Nicaragua's 15 geographical departments and two autonomous regions.

The Government has implemented the MOSAFC model as part of its health care strategy and has embarked on an ambitious and comprehensive program to improve coverage. Since its creation, MOSAFC has sought to change the paradigm of previous health care programs, in which the institutions of the MoH passively expected patients to require medical attention before providing services. Instead, MOSAFC has invited families and communities to work with the MoH to address health issues, emphasizing promotion, prevention, epidemic control, and health protection. The MOSAFC involves the community as a primary partner and seeks to provide health services to the entire population of Nicaragua, but prioritizes access to health services for vulnerable populations including indigenous groups, women, children and the elderly. While health coverage has considerably improved in the last seven years, quality of care remains a challenge.

Relationship to CAS

The proposed Project is consistent with the World Bank Group's Country Partnership Strategy 2013-2017 (Report # 69231-NI) discussed by the Executive Directors on October 3, 2012, which includes a focus on raising welfare by improving access to quality basic services in particular by poor rural households.

II. Proposed Development Objective(s)

Proposed Development Objective(s) (From PCN)

The objectives of the Project are to: (i) strengthen the access and improve the quality of preventive, promotional and curative health care services; (ii) strengthen the National Health Care Institution and expand the basic health care package; and (iii) ensure financial support in case of a Public Health Alert or Public Health Emergency.

Key Results (From PCN)

The proposed Project will benefit an estimated total population of 1,264,469 inhabitants, which are served through 10 SILAIS, representing 53% of the SILAIS at the national level. This represents 44% of the country's municipalities (68 out of 156 municipalities).

The following results are expected by the end of the Project:

- Implementation of the quality assurance plans for the health care delivery in the 68 municipalities participating in the program. The improvement in quality of care will be reflected on the improvement in the health indicators to be selected for the monitoring and evaluation of the project implementation.
- At least 16 hospitals will be certified on the quality assurance process.
- Expanded health care package including oral health and early screening and treatment of cervical cancer.

III. Preliminary Description

Concept Description

Component 1: Strengthen access and improve quality of preventive, promotional and curative health care services among the poor and vulnerable populations in 10 SILAIS. This component will expand coverage from 64 to 68 municipalities and improve the quality of health care with an emphasis on: (a) providing health care to indigenous communities, in particular in the territories of Alto Wangki and Bocay; (b) accrediting quality of care by level of care; and (c) implementing the Model of Family and Community Health (MOSAF). Capitated funding will be used to cover the incremental financial cost attached to the provision of preventive and curative services in the municipalities.

Component 2. Institutional Strengthening of MOH for an integral delivery of health care services and Contingent Financing for a Public Health Alert or Public Health Emergency. This component will be achieved through three subcomponents.

Subcomponent 2.1. Strengthening MOSAF in terms of prevention and promotion with emphasis on Maternal, Adolescent, Child and Reproductive Care. This component aims to support the MoH through: (a) strengthening the health care supply; (b) strengthening comprehensive health care for adolescents and young people in municipalities of prioritized SILAIS, which supports the implementation of the National Strategy for Integral Health and Adolescent Development from 2013 to 2017; c) strengthening the laboratorial capabilities (equipment, training, maintenance) of the health units in selected municipalities; and (d) supporting the increase in the level of training for health and administrative health human resources at the central and local level.

Subcomponent 2.2. Improving the quality oral health services in rural areas of prioritized SILAIS. This subcomponent aims to incorporate dental health into health programs in rural areas as part of the country's primary health care strategy.

Subcomponent 2.3. Contingency Fund for a Public Health Alert or Health Emergency. The objective of this component is to facilitate the use of critical resources in a case of a Public Health

Alert or a Health Emergency in the country. The component would respond to: (a) the preparation for a potential epidemic (e.g. Ebola, seasonal diseases, etc); and (b) an emergency created by a natural disaster.

Component 3. Strengthening of MoH's capacity to implement, supervise and evaluate the implementation of health services.

IV. Safeguard Policies that might apply

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

V. Financing (in USD Million)

Total Project Cost:	30.00	Total Bank Financing:	30.00
Financing Gap:	0.00		
Financing Source			Amount
BORROWER/RECIPIENT			0.00
International Development Association (IDA)			30.00
Total			30.00

VI. Contact point

World Bank

Contact: Amparo Elena Gordillo-Tobar
 Title: Sr Economist (Health)
 Tel: 458-9761
 Email: agordillotobar@worldbank.org

Borrower/Client/Recipient

Name: Government of Nicaragua, Ministry of Finance and Public Credit (MHCP)
 Contact: Sr. Ivan Acosta
 Title: Minister, Ministry of Finance and Public Credit
 Tel:
 Email:

Implementing Agencies

Name: Ministry of Health
Contact: Sonia Castro
Title: Minister of Health
Tel: 505-2289-4700
Email: castros@minsa.gob.ni

VII. 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>