

**INTEGRATED SAFEGUARDS DATA SHEET
APPRAISAL STAGE**

Report No.: ISDSA1069

Date ISDS Prepared/Updated: 23-Oct-2014

Date ISDS Approved/Disclosed: 03-Nov-2014

I. BASIC INFORMATION

1. Basic Project Data

Country:	Cote d'Ivoire	Project ID:	P147740
Project Name:	Health Systems Strengthening and Ebola Preparedness Project (P147740)		
Task Team Leader:	Dominic S. Haazen		
Estimated Appraisal Date:	17-Oct-2014	Estimated Board Date:	25-Nov-2014
Managing Unit:	GHNDR	Lending Instrument:	Investment Project Financing
Sector(s):	Health (100%)		
Theme(s):	Health system performance (30%), Population and reproductive health (25%), Child health (25%), Nutrition and food security (20%)		
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:	77.00	Total Bank Financing:	70.00
Financing Gap:	0.00		
Financing Source			Amount
BORROWER/RECIPIENT			7.00
International Development Association (IDA)			35.00
IDA Grant			35.00
Total			77.00
Environmental Category:	B - Partial Assessment		
Is this a Repeater project?	No		

2. Project Development Objective(s)

To strengthen the health system and improve the utilization and quality of health and nutrition services in selected regions.

3. Project Description

The project will support key interventions to address gaps in the efforts by the RCI to reduce barriers to improving access to health services. The proposed amount of the project is \$75 million, including \$70 million in IDA, and \$5 million in counterpart funding for RBF.

It is proposed that the project would have 2 components, as follows:

a) **Results-based Financing: (\$36.5 million)** This component aims to increase the volume and quality of health services, with a specific focus on maternal and child health and nutrition interventions, through PBF in selected regions. Specifically, performance-based incentives will be used to support: (a) increased utilization of targeted services related largely to MNCH; (b) improved clinical practice and health worker motivation (both intrinsic and extrinsic); (c) structural improvements (e.g. availability of drugs and commodities, and health facility rehabilitation); and (d) improved management capacity, governance, monitoring and record keeping at health facilities. Performance payments can be used for: (i) health facility operational and capital costs (e.g. including maintenance and repair, drugs and consumables, outreach activities (e.g. for transport and performance payments to community workers to stimulate demand); and, (ii) financial and non-financial incentives for health workers according to defined criteria. Performance based incentives will be additional to existing financing at target facilities.;

b) **Strengthening the Health System for Improved Performance: (\$38.5 million)** would finance areas which are critical to the effective operation of the health system generally, and RBF in particular; in the following 6 subcomponents:

(i) **Improved Health Insurance Coverage (CMU):** These activities will include a number of technical assistance (TA) and related activities to support the implementation of the CMU scheme. Specific activities will include: (a) developing criteria for identifying indigents (developing a “common targeting mechanism” together with Social Protection), and testing this mechanism for a specific period of time and for a large with limited number of people to work out any operational issues related to the functioning of this mechanism within the CMU environment; (b) assisting with the development of a costing study to ensure that the tariffs used for reimbursing services under CMU fairly cover the costs of providing those services; (c) supporting analysis of the sustainability of CMU and the PBF approach, including appropriate modelling and fiscal space analysis; (d) supporting information systems linkages necessary for CMU (included under sub-component (iii) below), and (e) engaging long-term technical assistance to support the ongoing development and operation of the CMU scheme. The TA for the fiscal space analysis, will address the overall sustainability of various health financing approaches within Cote d’Ivoire, including both RBF and TFHCI, as well as CMU;

(ii) **Essential Infrastructure and Rehabilitation:** Both the RCI (through the PPU) and other financiers (such as the Bank’s Emergency Infrastructure Project) have supported the rehabilitation of health facilities, but neither is replacing essential medical equipment. At the specific request of the Minister of Health, this component will support two key activities: (a) rehabilitation of selected health facilities; and, (b) the bulk purchase of essential equipment to supply newly rehabilitated facilities with the inputs they need to provide high quality care. This sub-component will also include ongoing monitoring throughout the project with respect to both the availability and use of this equipment;

(iii) **Health Management Information Systems (HMIS):** The lack of an HMIS to support ongoing

health service delivery is a gap that is not fully addressed by other development partners. A robust and functional HMIS is an essential element of both PBF and CMU. Given the involvement of other DPs in this area, the Bank's support will focus on the development of facility-based information systems that will have appropriate linkages with CMU and begin the development of electronic patient records; as well as the training and development of a cadre of staff who are able to both utilize and further develop these information systems.

(iv) Supporting Improvements in Health System Management: These activities will take place at both the facility and supervisory levels (district and region) in order to improve the overall level of health system management, as well as to ensure that there is adequate capacity to manage PBF and CMU interventions. This sub-component would include support to hospital reform, and will be developed in consultation with the other DPs engaged in this area (WHO, UNICEF, USG), as well as the development of a strategy for community health (as noted above, RCI currently does not have CHWs), and other TA to support health system strengthening, including other assistance for HRH not currently covered through the AFD program;

(v) Ebola Preparedness: Based on the approaches developed in the emergency responses in Liberia, Sierra Leone and Guinea, this sub-component will rapidly provide essential equipment, supplies, drugs and vehicles that are essential in ensuring that the country is prepared for an EVD outbreak in Cote d'Ivoire. These expenses would be pre-financed by UNICEF, and be eligible for retro-active financing. It is expected that the equipment and supplies procured under the project will contribute to the overall level of emergency response preparedness in Cote d'Ivoire, and be useful for communicable disease outbreaks other than EVD.

(vi) Project Management: In accordance with the normal approach in Cote d'Ivoire, the project will support the financing of a Project Implementation Unit (PIU) to manage the overall project. Project financing will support overall project management and fiduciary staff only, while technical staff will primarily be provided by the MSLS. In view of the newness of both PBF and CMU in the country, additional technical assistance may be provided, but they will be included under the relevant component budgets

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

Initially, the RBF component of the project is proposed to take place in 2 regions of the country, one close to Abidjan and one about an hour's drive away. There will be 2 districts in each of these regions. These locations will be confirmed during project appraisal. Based on the speed of the initial RBF roll-out and available resources, there will be further scale-up to other parts of the country. Those locations are not known at the moment. The equipment and rehabilitation sub-components will likely cover more than just the RBF target districts, although these locations are currently under discussion. Other sub-components will be national in scope.

5. Environmental and Social Safeguards Specialists

Abdoulaye Gadiere (GENDR)

6. Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/ BP 4.01	Yes	The proposed Environmental Assessment (EA) Category is proposed as "B", since as the project activities may lead to an increase in Health Care

		<p>Waste (HCW), and there will be some rehabilitation (although no new construction. The indirect potential negative environmental and social impacts of the project are linked to the handling and disposal of medical and health waste (such as placentas, syringes, and material used for delivery of pregnant women) in health facilities covered by the project area. HCW, together with rehabilitation/expansion of basic health infrastructure are expected to be site-specific, small to moderate, easily mitigated, and should have no localized adverse environmental impacts. Since Cote d'Ivoire is classified as a fragile state, per OP10.00 para. 12, the completion of the safeguards instruments will be deferred to project implementation. An Environmental and Social Screening Assessment Framework (ESSAF) has been prepared and included as an Annex in the PAD. It provides guidance on screening and applying the Bank's safeguards policies, including codes of practice to be applied during the project implementation. The national Health Care Waste Management Plan will be updated during project implementation to include the WHO protocols on Ebola. Environmental and Social Management Plan(s) will be prepared as and when necessary during project implementation to address the environmental and social impacts of the rehabilitation works. All safeguards documents will be consulted upon and disclosed in-country and at the InfoShop.</p>
Natural Habitats OP/BP 4.04	No	The project does not affect or involve natural habitats.
Forests OP/BP 4.36	No	The project does not affect or 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 affect or involve physical cultural resources. A "chance finds" procedure will be included in any ESMP(s).
Indigenous Peoples OP/BP 4.10	No	There are no Indigenous Peoples in the project area.
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

<p>1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:</p>
<p>No large scale, significant or irreversible impacts. The only safeguard issue is environmental, since as the project activities may lead to an increase in Health Care Waste (HCW), and there will be some rehabilitation (although no new construction).</p>
<p>2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:</p>
<p>The indirect potential negative environmental and social impacts of the project are linked to the handling and disposal of medical and health waste (such as placentas, syringes, and material used for delivery of pregnant women) in health facilities covered by the project area. HCW, together with rehabilitation/expansion of basic health infrastructure are expected to be site-specific, small to moderate, easily mitigated, and should have no localized adverse environmental impacts.</p>
<p>3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.</p>
<p>None.</p>
<p>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.</p>
<p>The national HCWMP will be updated and Environmental and Social Management Plan(s) (ESMP (s)) will be prepared during implementation as and when necessary. The borrower has successfully implemented a number of World Bank financed projects over the years and is well aware of the Bank's safeguards requirements.</p>
<p>5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.</p>
<p>A consultation will be held once the HCWMP is updated and any ESMP(s) are prepared. These documents will be shared with the press and key stakeholders such as NGOs and associations and will also be posted on the MOH website.</p>

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other	
Date of receipt by the Bank	27-Feb-2015
Date of submission to InfoShop	27-Feb-2015
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	

"In country" Disclosure	
Cote d'Ivoire	27-Feb-2015
<i>Comments:</i> Will be disclosed once completed. Anticipated date is provided.	
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 type="checkbox"/>] No [<input checked="" 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 type="checkbox"/>] No [<input checked="" 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 type="checkbox"/>] No [<input checked="" 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:	Name: Dominic S. Haazen	
Approved By		
Regional Safeguards Advisor:	Name: Alexandra C. Bezeredi (RSA)	Date: 23-Oct-2014
Practice Manager/Manager:	Name: Trina S. Haque (PMGR)	Date: 03-Nov-2014