

PROJECT INFORMATION DOCUMENT (PID) CONCEPT STAGE

Report No.: PIDC5125

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| Project Name | Nagaland Health Project (P149340) |
| Region | SOUTH ASIA |
| Country | India |
| Sector(s) | Health (60%), Water supply (10%), Sanitation (10%), Other Renewable Energy (10%), General information and communications sector (10%) |
| Theme(s) | Health system performance (90%), Decentralization (10%) |
| Lending Instrument | Investment Project Financing |
| Project ID | P149340 |
| Borrower(s) | Department of Economic Affairs |
| Implementing Agency | Department of Health and Family Welfare, Government of Nagaland |
| Environmental Category | B-Partial Assessment |
| Date PID Prepared/ Updated | 18-Jul-2014 |
| Date PID Approved/ Disclosed | 20-Aug-2014 |
| Estimated Date of Appraisal Completion | 01-Dec-2014 |
| Estimated Date of Board Approval | 16-Mar-2015 |
| Concept Review Decision | Track II - The review did authorize the preparation to continue |

I. Introduction and Context

Country Context

The state of Nagaland, situated in the North East region of India bordering Myanmar, has a population of two million with a per capita gross state domestic product of about US\$ 1,100 (2012-13), with 19% of the population are estimated to be below the official poverty line (2011-12). The state's topography is hilly with very poor roads and limited connectivity with other parts of India. Tribal communities make up almost 90% of Nagaland's population, while over 70% of the state's population lives in rural areas.

Sectoral and Institutional Context

While health and nutrition outcome indicators are mixed, health service utilization indicators are poor in Nagaland compared to national averages. For example, in 2009, a household survey found that coverage of all basic vaccinations was only 27.8% in Nagaland, compared to the national average of 61.0%. The population relies more on government health services than in other parts of

India, and these face a number of challenges, particularly in rural areas. There are shortages of skilled health workers in rural areas as well as problems with absenteeism, drug supply to peripheral health facilities is unreliable, and management systems require development. Conditions for health staff and patients in rural health facilities are often poor due to unreliable power supply and inadequate water and sanitation.

The state Department of Health and Family Welfare is responsible for the health sector, with support from the National Health Mission. Nagaland has decentralized responsibility and resources for governance and management of local health services to approximately 1,300 Village Health Committees.

Relationship to CAS

The World Bank's Country Partnership Strategy (CPS) for India (2013-17) (Report No. 76176-IN) aims to contribute to the World Bank's global objectives of ending extreme poverty by 2030 and boosting shared prosperity. Overall, the proposed project will contribute to the CPS by improving the supply and utilization of health services, leading to better health, nutrition and population (HNP) outcomes among the population of Nagaland. The CPS also includes a focus on low-income and "Special Category" states, the latter including Nagaland.

II. Proposed Development Objective(s)

Proposed Development Objective(s) (From PCN)

The project development objective (PDO) is to improve health services and increase their utilization by communities in targeted locations in Nagaland.

Key Results (From PCN)

Initial formulations of indicators reflecting the PDO are as follows:

- Increase in utilization of basic health services, such as immunization, antenatal care and outpatient consultations (disaggregated by gender). This is intended to reflect the results of the range of activities in different areas supported by the project.
- Improvement in HNP-related behaviors by targeted communities (i.e. hygiene, breastfeeding and weaning practices, care and nutrition of pregnant mothers). This is an indicator of the results of project support to community-level activities, which will include mobilization to improve health, nutrition and hygiene-related behaviors.
- Increase in availability at targeted health facilities of reliable electricity, safe water supply and adequate sanitation. This is intended to reflect results of investments to improve conditions in health facilities.
- Planned human resource and supply chain management are functional. This is intended to reflect results of project support to development of key components of the government health system.

In order to maximize impact, the various project interventions will be coordinated and focused on specific targeted health facilities and the communities they serve – locations where health services are already functional as a basis for improvement. Baseline estimates for project indicators will be derived from the government's reporting system and available household survey estimates. If possible, a household survey of targeted communities may be done during project preparation. If

not, such a survey will be done at the beginning of project implementation, while mid-term and end-project surveys will be done subsequently. Ongoing monitoring of project-supported activities and outputs will be done through routine monitoring and reporting systems – that will be subject to improvement under planned investments in information and communications technology (ICT) systems.

III. Preliminary Description

Concept Description

Component 1. Community-level capacity development and investments. This component will encompass support to community engagement and management of health services, as well community-level interventions in several sectors with an impact on HNP services and outcomes. The component will support capacity-building of Village Health Committees as well as provide results-based financial resources for the community to make investments to improve HNP services and in areas with the potential to affect HNP outcomes.

Component 2. Improvements in health facility power supply, water supply and sanitation. This component will finance investments in off-grid electricity supply, water supply and sanitation in targeted health facilities.

Component 3. Health system development. This component will support development of key components of the health system that will improve the management and effectiveness of government health services in Nagaland. This will include development of the health supply chain management system and of information and communication technology systems to improve health service management and quality. The project will also work to address health human resource constraints, making investments in training as well as supporting implementation of a health human resource strategy that is currently being developed. Improvements in medical waste management will be supported.

In order to maximize impact, the various project interventions will be coordinated and focused on specific targeted health facilities and the communities they serve – locations where health services are already functional as a basis for improvement.

The World Bank's safeguards policies relating environmental assessment and indigenous peoples will apply to the project and safeguards risks will be addressed through mitigation plans. The project will support improvements in medical waste management as well as consultation, capacity-building and investments at the community level.

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 | | |

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|--|--|---|--|
| 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: | 60.00 | Total Bank Financing: | 48.00 |
| Financing Gap: | 0.00 | | |
| Financing Source | | | Amount |
| BORROWER/RECIPIENT | | | 12.00 |
| International Development Association (IDA) | | | 48.00 |
| Total | | | 60.00 |

VI. Contact point

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