

PROJECT INFORMATION DOCUMENT (PID) APPRAISAL STAGE

Report No.: PIDA17535

Project Name	Nagaland Health Project (P149340)
Region	SOUTH ASIA
Country	India
Sector(s)	Health (55%), Water supply (10%), Sanitation (10%), Other Renewable Energy (15%), General information and communications sector (10%)
Theme(s)	Decentralization (10%), Participation and civic engagement (10%), Indigenous peoples (10%), Health system performance (50%), Nutriti on and food security (20%)
Lending Instrument	Investment Project Financing
Project ID	P149340
Borrower(s)	Republic of India
Implementing Agency	Department of Health and Family Welfare, Government of Nagaland
Environmental Category	B-Partial Assessment
Date PID Prepared/Updated	26-Dec-2014
Date PID Approved/Disclosed	26-Dec-2014
Estimated Date of Appraisal Completion	19-Dec-2014
Estimated Date of Board Approval	16-Mar-2015
Decision	

I. Project Context

Country Context

India has a population of 1.23 billion and its per capita gross domestic product (GDP) is approximately US\$1,350 (INR81,000) (2012-13). The state of Nagaland, situated in the North East region of the country bordering Myanmar, has a population of two million with a per capita gross state domestic product of about US\$1,100 (INR67,000), lower than the national figure. At the same time, Nagaland is somewhat more equitable than India as a whole with regard to wealth distribution. 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

Available estimates for health, nutrition and population (HNP) outcomes in Nagaland are mixed. In 2005-06, estimated under-five mortality (64.7 per 1,000) and child malnutrition (stunting) (38.8%)

were better than national averages, although were by no means at acceptable levels. A 2012-13 estimate of child stunting in Nagaland (39.8%) suggests no improvement since 2005-06. Unfortunately, there are no maternal mortality estimates available for Nagaland. Communicable diseases, including tuberculosis and HIV/AIDS, remain important, while the burden of non-communicable diseases is growing.

At the same time, health service utilization indicators are unambiguously poor. A household survey in 2009 found that utilization levels of many basic health services in the state were less than half national averages. For example, 27.8% of one year old children had received all recommended immunizations in the state, compared to 61.0% nationally. Estimates from the 2012-13 survey in Nagaland indicate that while full immunization coverage increased to 35.1%, other indicators remained similar, or even decreased, relative to 2009. For example, 29.4% of pregnant women received at least three antenatal care sessions in 2009, while in 2012-13 this proportion was 26.5%. Lack of safe drinking water, inadequate sanitation, and frequent outage of power supply in health centers are matter of concern in the state of Nagaland, which undermines the quality of health services delivered, reduces patient demand for services and affect the working conditions of health staff.

II. Proposed Development Objectives

To improve health services and increase their utilization by communities in targeted locations in Nagaland.

III. Project Description

Component Name

Community action for health and nutrition

Comments (optional)

This component is designed to empower communities to oversee, manage and improve HNP services and their utilization. A results-based financing strategy will be used whereby funding will be provided to communities on the basis of progress on defined indicators of improved health and nutrition-related services and practices. In turn, communities will use the grants for activities and investments that are important to them and which have potential impacts on health and nutrition. The component will have a major focus on knowledge and skill building of Village Health Committees and other stakeholders at the community level, including women's groups and Village Councils.

Component Name

Health system development

Comments (optional)

This component will support improvements in the management and delivery of health services, including both targeted and system-wide investments. The project will finance investments to improve conditions for staff and patients in targeted health facilities, with the intention of contributing to improved staff motivation, better quality services and greater demand for services. For example, reliable lighting and functional and clean toilets in health facilities can help reduce barriers to access to health services, in particular for women and girls. The project will invest in off-grid electrical power solutions, improved water supply in targeted health facilities and also support development of key components of the health system such as SCM, ICT, health human resources and M&E.

IV. Financing (in USD Million)

Total Project Cost:	60.00	Total Bank Financing:	48.00
Financing Gap:	0.00		
For Loans/Credits/Others			Amount
BORROWER/RECIPIENT			12.00
International Development Association (IDA)			48.00
Total			60.00

V. Implementation

The project will be implemented by the Nagaland state Department of Health & Family Welfare as well as targeted Village Health Committees, closely coordinated with other programs implemented at the state and local levels, notably the National Health Mission. The state government has created a Project Steering Committee chaired by the Chief Secretary, with overall responsibility for the project. Also created was a Project Executive Committee chaired by the Commissioner and Secretary, Health & Family Welfare, which will provide regular monitoring and approvals necessary for day-to-day implementation of project activities. A Project Management Unit, with a senior officer of the Department of Health as Project Director, has been established to manage implementation of the project. Project Management Unit staff will be either assigned from state government cadres or contracted. A Project Management Agent will be contracted to support procurement, financial management and oversight of civil works, as well as supply technical experts on an as-needed basis.

The Government of Nagaland has developed an Environment and Social Management Plan based on an environment and social assessment undertaken in the state. While no negative environmental impacts are envisaged under the projects, the project will follow well-established approaches to address possible environmental and social impacts.

A Social Assessment has been carried out for the Project, which underlines: (i) unique socio-cultural tradition of Nagaland marked by a majority of indigenous (tribal) people; (ii) legal-institutional system favorable to community participation; (iii) gender and social inclusion needs in the context of patriarchal social order; (iv) varying socio-economic status of tribal groups; and (iv) management of limited involuntary resettlement risks in the context of a unique land tenure system. The Social Assessment shows that the project carries no risk of major adverse social impacts.

An Environmental Assessment was undertaken by independent consultants, including secondary information review, field visits to select Sub-Centers, Primary Health Centers, Community Health Centers and District Hospitals in the state, and stakeholder consultations. While the provision of proper sanitation and water supply will be addressed by the project under Component 2, the Environmental Management Plan addresses the issues of biomedical waste management and health staff awareness of good environmental practices. In addition, community-level activities under Component 1 may include support to improved hygiene conditions and behaviours.

VI. Safeguard Policies (including public consultation)

Safeguard Policies Triggered by the Project	Yes	No
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

Comments (optional)

VII. Contact point

World Bank

Contact: Patrick M. Mullen
 Title: Senior Health Specialist
 Tel: 473-5675
 Email: pmullen@worldbank.org

Borrower/Client/Recipient

Name: Republic of India
 Contact: Mr. Tarun Bajaj
 Title: Joint Secretary
 Tel: 91-11-23092387
 Email: jsmi-dea@nic.in

Implementing Agencies

Name: Department of Health and Family Welfare, Government of Nagaland
 Contact: Mr. Imchen Sentiyanger
 Title: Commissioner and Secretary, Health and Family Welfare
 Tel: 03702270565
 Email: nmhp.wb@gmail.com

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>