

INTEGRATED SAFEGUARDS DATA SHEET CONCEPT STAGE

Report No.: ISDSC9056

Date ISDS Prepared/Updated: 21-Jul-2014

Date ISDS Approved/Disclosed: 19-Aug-2014

I. BASIC INFORMATION

A. Basic Project Data

Country:	Congo, Democratic Republic of	Project ID:	P147555
Project Name:	Health System Strengthening for Better Maternal and Child Health Results Project (PDSS) (P147555)		
Task Team Leader:	Hadia Nazem Samaha		
Estimated Appraisal Date:	15-Sep-2014	Estimated Board Date:	18-Dec-2014
Managing Unit:	GHNDR	Lending Instrument:	Investment Project Financing
Sector(s):	Health (100%)		
Theme(s):	Population and reproductive health (30%), Child health (25%), Health system performance (25%), Nutrition and food security (10%), Injuries and non-communicable diseases (10%)		
Financing (In USD Million)			
Total Project Cost:	220.00	Total Bank Financing:	200.00
Financing Gap:	0.00		
Financing Source			Amount
BORROWER/RECIPIENT			0.00
International Development Association (IDA)			200.00
Health Results-based Financing			20.00
Total			220.00
Environmental Category:	B - Partial Assessment		
Is this a Repeater project?	No		

B. Project Objectives

The proposed project development objective is to improve utilization and quality of maternal and child health services in targeted areas. The primary focus of the project will be on maternal and child

health with improvements in MCH service delivery achieved through the scale-up and strengthening of Performance-Based Financing (PBF) in the target areas. In addition to improving utilization of and quality of MCH services, PBF will also address the above-mentioned health system challenges through improving human resources for health outcomes (motivation, distribution, etc.), financial accessibility to health services, community engagement, and availability of material and equipment at the point of service delivery.

C. Project Description

The geographical areas where the new project will be implemented will cover 140 Health Zones in 5 provinces (Bandundu, Maniema, Equateur, Katanga and Kasai Oriental). The project will target approximately 24 million people. The provinces have been selected based on criteria such as poor health indicators, lack of access to health services and the ability to build on/expand an ongoing partnership with an international organization. The underlying strategy for this project will be (together with the government and partners) to support entire provinces, when feasible, rather than an unsystematic selection of scattered health zones.

Component 1: Performance-Based Financing (PBF) to improve the quantity and quality of maternal and child health services

Component 1 aims to support the delivery of a basic and a complementary package of priority health services which respond to the burden of disease in DRC. This component will finance PBF payments to health service providers and health administration units (health facilities and hospitals) contracted in the target areas. This component would be supported by IDA and HRITF as well as potentially development partner funding from UNICEF, Global Fund and GAVI. PBF will be financed through separate fund holding arrangements, while the purchasing, verification, community mobilization and coaching will be organized through provincial purchasing agencies (EUPs: Etablissement d'utilité publique).

The institutional framework for implementing PBF will extend the EUP model, which has shown to be an effective and efficient model for successful PBF operations in DRC, leading to not only successful implementation of PBF at lower costs (overhead costs of 15 percent for EUP versus 30 percent for international NGOs), but also strengthening national capacity for service delivery in even the most challenging contexts.

Subcomponent 1.1: Performance payments to health facilities

This subcomponent will provide grants for a package of Maternal and Child Health (MCH) services and technical support for PBF implementation. Public, quasi-public and private health facilities, including health centers and first level referral hospitals, will be targeted in rural and urban areas.

PBF grants financed under this component (based on the selected services to be purchased) will be paid to these health facilities in proportion to, and in payment for, achieved results. Facility payments will be based on (i) the quantity of MCH and other services delivered to the targeted population, and (ii) the technical quality of these services. Facility payments will be made quarterly after service volumes have been verified and quality of technical support and care has been assessed and certified by the EUPs, and ratified through special governing boards at the health zone level. After the quantity and quality of services provided are certified, payment will be released to contracted health facilities via the fund-holding entities.

Subcomponent 1.2: Strengthening capacity for Performance-Based Financing implementation

Subcomponent 1.2 will finance: (i) activities to support PBF implementation and supervision (capacity building, verification and counter verification, IT system, etc.) through the use of EUPs for contract management and verification; (ii) performance frameworks that will be introduced at all levels of the health system to hold provincial health administrative units (DDS – division départementale de santé) accountable for services through incentive mechanisms; (iii) internal performance framework contracts with DDS vis-à-vis their roles in the health system and implementation of PBF; and (iv) performance frameworks with the PBF Technical Unit (CT-PBF), who will coordinate key aspects of the project in close collaboration with the various technical units with the MOPH.

This subcomponent will also finance activities related to verification and counter-verification of the DDS, EUPs and drug regulatory authority/MOPH HMIS/MOPH. An external evaluation agency (Agence de Contre-Vérification Externe - ACVE) will assess the performance of the EUP, DDS, HMIS department/MOPH and the drug regulatory authority/MOPH.

Component 2: Strengthening Governance, Health Financing and Health Policy Capacity Building

This component aims to strengthen health care financing policy and practices in DRC, both to improve equity and efficiency in health financing and to pave the way for Universal Health Coverage. This component will be supported by the Government's own funds, IDA resources and the HRITF trust fund. Key activities will include technical assistance for: (i) improving budget formulation and allocation practices; (ii) developing and implementing of a sound health care financing strategy; (iii) improving regulatory functions for improved health system management at central and provincial levels; and (iv) strengthening the health management information system and monitoring and evaluation tools.

Finally, this component will cover project implementation and general monitoring and evaluation activities.

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

The geographical areas where the new project will be implemented will cover 140 Health Zones in 5 provinces (Bandundu, Maniema, Equateur, Katanga and Kasai Oriental). The project will target approximately 24 million people.

Institutional capacity building at national level is the focus of the project. Particular attention is given to some of the most “foundational” system building blocks in each sector. No civil works will be undertaken and no adverse environmental or social impacts are expected. The project does not require any land acquisition leading to involuntary resettlement and/or restrictions of access to resources and livelihood. The project is expected to have a positive impact for all beneficiaries including vulnerable groups such as children, women and the poor who are the main target beneficiaries of the project.

This project will cover 5 provinces and hence part of the population targeted will include Indigenous Peoples (IPs). The expected impacts are positive as the IPs do not have access to quality care and hence the project will ensure that quality free care is provided to them to ensure a better health outcome. An Indigenous Peoples Health Needs Assessment has been conducted as part of the current PARSS (P088751) project; this will be used as a starting point in developing the Indigenous Peoples Planning Framework (IPPF).

E. Borrowers Institutional Capacity for Safeguard Policies

At national level, the DRC has a legislative and regulatory framework which is conducive to good environmental management. In addition, the DRC has signed a number of international treaties and conventions. However, implementation capacity is weak. Environmental policies and their compliance are governed by the Ministère de l'Environnement, de la Conservation de la Nature et du Tourisme (MECNT) – (Ministry of Environment, Conservation and Tourism). The MECNT has three departments in charge of environmental monitoring and management: i) Le Groupe d'Etudes Environnementales du Congo (GEEC); ii) le Centre National d'Information sur l'Environnement (CNIE); and iii) La Cellule Réglementation et Contentieux Environnementaux (CRCE). The GEEC is responsible for safeguards compliance of all projects in the country, but with emphasis on environmental category A projects. The unit is understaffed and has limited capacity. Despite several donor-funded capacity building initiatives, the unit still largely relies on donor funds to carry out its field supervision duties. At project level, the project recognizes the above institutional framework for safeguards compliance so it will instead rely on the current health project PARSS to update its national health waste management framework as well as begin the process of developing the Indigenous People's Policy Framework (IPPF).

F. Environmental and Social Safeguards Specialists on the Team

Antoine V. Lema (GURDR)

II. SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	The environmental impacts of the project are expected to be minimal. The project will finance the updating of a national level medical waste management plan and all waste management will be governed by national and local laws and procedures.
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 physical cultural resources.
Indigenous Peoples OP/BP 4.10	Yes	The project is a national level program that will involve and affect Indigenous Peoples. An IPPF will be prepared, consulted upon, and disclosed before appraisal.
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

III. SAFEGUARD PREPARATION PLAN

A. Tentative target date for preparing the PAD Stage ISDS: 03-Sep-2014

B. Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing¹ should be specified in the PAD-stage ISDS:

The studies will be launched during pre-appraisal mission in July and are expected to be completed by end of August 2014.

IV. APPROVALS

Task Team Leader:	Name: Hadia Nazem Samaha	
<i>Approved By:</i>		
Regional Safeguards Coordinator:	Name: Alexandra C. Bezeredi (RSA)	Date: 21-Jul-2014
Sector Manager:	Name: Abdo S. Yazbeck (SM)	Date: 19-Aug-2014

¹ Reminder: The Bank's Disclosure Policy requires that safeguard-related documents be disclosed before appraisal (i) at the InfoShop and (ii) in country, at publicly accessible locations and in a form and language that are accessible to potentially affected persons.