INTEGRATED SAFEGUARDS DATA SHEET
APPRAISAL STAGE

Report No.: ISDSA13038

Date ISDS Prepared/Updated: 09-Apr-2015

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I. BASIC INFORMATION

1. Basic Project Data

Country:	Guinea	**Project ID:**	P147758
Project Name:	GN PRIMARY HEALTH SERVICES IMPROVEMENT PROJECT (P147758)		
Task Team Leader(s):	Ibrahim Magazi,Christopher H. Herbst		
Estimated Appraisal Date:	06-Apr-2015	**Estimated Board Date:**	28-May-2015
Managing Unit:	GHNDR	**Lending Instrument:**	Investment Project Financing
Sector(s):	Health (100%)		
Theme(s):	Child health (20%), Other communicable diseases (20%), Health system performance (20%), Nutrition and food security (20%), Malaria (20%)		
Is this project processed under OP 8.50 (Emergency Recovery) or OP 8.00 (Rapid Response to Crises and Emergencies)?	Yes		
Financing (In USD Million)			
Total Project Cost:	15.00	Total Bank Financing:	15.00
Financing Gap:	0.00		

Financing Source	**Amount**
BORROWER/RECIPIENT	0.00
International Development Association (IDA)	15.00
Total	15.00

Environmental Category:	B - Partial Assessment
Is this a Repeater project?	No

2. Project Development Objective(s)

The development objective of the proposed project is to: Improve the utilization of maternal, child health and nutrition services at the primary level of care in target regions. This will be achieved by supporting the government a) strengthen supply, b) strengthen demand, and c) strengthen supervision and management capacity, for maternal and child health services in the poorest regions of Guinea.

The project target regions are two of the poorest in Guinea, Faranah and Labe, which were selected based on a number of criteria detailed in section A of Annex 2. Both regions cover a total of nine out of 34 districts in Guinea: The Labe Region encompasses five districts (Mali, Koubia, Tougue, Lelouma, Labe) and the Faranah region encompasses four districts (Faranah, Dinguiraye, Dabola, Kissidougou).

3. Project Description

Component 1: Strengthen the availability of commodities and trained human resources for the delivery of MCHN services at health center and health post level (US$6.0 million)

Funding under the component will focus on 1) improving the availability of MNCH commodities and supplies required to implement neglected maternal and child health programs of the Ministry (sub-component 1.1), and 2) enhancing the numbers and competencies of health workers that are available for service delivery in rural areas (sub-component 1.2). Annex 2 provides more detail on each sub-component.

Sub-component 1.1: Strengthen the availability of maternal and child health commodities and supplies at primary health level (US$2.0 million). Already before Ebola, stock outs of essential medicines were a major constraint to service delivery, particularly at smaller facilities. With the Ebola crisis, health facilities are experiencing shortages as never before, as most donor as well as government funding is used for Ebola services, demand for services is low because of lack of trust, and income generating opportunity to replenish stock is affected accordingly. The sub-component will aim at improving the availability of medicines, essential supplies and equipment to support maternal and child health at the health post and health center level. Support will be provided to (i) initially replenish the stocks of medicines and supplies for health facilities in the targeted areas, (ii) restore a functional revolving drug fund within the health facilities, (iii) cover any financial gap to procure medicines the subsequent years, (iv) support the training of facility managers in drug management. The sub-component will rely mainly on the national central medical store for procurement and distribution of essential generic medicines (and the provision of basic facility training on drug management to health facilities) and on development partners (MSH, Global Fund, UNICEF, UNFPA) which will provide key commodities and supplies for immunization, family planning, treatment of malaria. The sub-component will draw on a mix of cost-consciousness, agility and smart investments to achieve the expected outcome.

Sub-component 1.2: Expand the number and competencies of health workers to deliver enhanced, high impact maternal and child health services at the primary level (US$4.0million). Whereas nurses, midwives and doctors largely staff higher level facilities in urban areas, the rural poor mainly rely on nursing assistants (agent technique de santé - ATS) to deliver maternal and child services. ATSs are trained (over a period of three years) in primary health care provision in decentralized community schools (including one in Faranah and one in Labe), for specific deployment at the community and primary level (not the case with nurses and midwives). Ebola has reduced the number working on MNCH however, and those that remain and any new recruits could benefit from continuous training and supervision to maximize their service delivery potential (particularly in maternal health – insufficiently addressed in their pre-service education). Whilst long term strategies should address the need to deploy more nurses and midwives to the health center level (which will require comprehensive training, fiscal and management reform), investments under this sub-component will address immediate need for HRH in target areas, mainly by a) Recruiting unemployed ATSs for deployment at the health center and health post level (- as consultants, with the expectation that they will be full absorbed by the government and into the civil service upon project end) , b) providing

training and continuous mentoring to ATSs and other health workers that are present, by means of a district level training model (See Annex for detailed description).

Component 2: Strengthen community level demand and extend services for MNCH services for mothers and children (US$4.0million)

The PER (2014) identified that aside from critical supply side constraints, utilization of MCHN services is also affected by demand side constraints, partly because of the inability of the poor to pay for services and insufficient knowledge on prevention and care seeking by the poor. This component seeks to build on the government's efforts to 1) exempt indigent populations from costs they cannot afford for health care), and 2) engage community health workers in generating demand and service delivery uptake on maternal and child health.

Sub-Component 2.1: Strengthen financial access to essential health services for indigent populations (US$2.0million). The project will introduce mechanisms to improve financial access to essential health services at the community and health facility level among poor and vulnerable households (the poorest 10% of pregnant women and children in the target regions). The mechanism that will be used to identify the poor will follow a rigorous and verifiable approach which will cover health care for indigents provided at health facility levels. The project will introduce fee-waivers for certain essential services for the systematically identified vulnerable households. In order to fill the financial gap caused by this loss in facility revenue through the absence of direct payments, facilities will be reimbursed for services provided free to the indigent. The support provided under this project to the selection and verification of indigents, and the provision of free health services and reimbursement to health facilities, is detailed in the Annex.

Sub-Component 2.2: Institutionalize the training and deployment of community health workers to generate demand and deliver basic services in maternal and child health (US$2.0million). This would involve the continued engagement of community health workers, including those mobilized during the Ebola response effort, in demand generation activities alongside basic service delivery functions . The project would support the development and institutionalization of standardized maternal and child health training programs for community health workers, drawing on new training capacity developed for the District Health team (discussed under component 1.2 in Annex) to deliver the new short programs for community health workers as guided by WHO standards on task shifting. This would allow the government to move away from the sporadic, non-standardized and vertical training programs currently provided by different NGOs and institutionalize the horizontal training in MNCH promotion (in addition to delivering some primary care tasks). The component will fund costs linked to the training of trainers, and training of CHWs. The project will also consider funding incentives (monetary and non-monetary) for the recruitment and supervision of community workers at the decentralized level as needed (with a basic mechanism to link payment to tasks or results achieved), and technical assistance to support the development of strategies for their career progression and eventual integration into the formal health system and payroll.

Component 3: Strengthen the capacity of the government to supervise, plan, implement and monitor activities at district level and below (US$5.0million)

This component would ensure that the above inputs translate into actual services delivered, largely by 1) Strengthen supportive supervision at district level and below, 2) support evidence generation to inform post Ebola health systems strengthening 3) strengthen capacity for project management and implementation. All interventions will ensure that inputs and concepts are adequately translated into

services.

Sub-Component 3.1: Strengthen capacity to carry out district level supportive supervision of health centers and posts and in target regions (US$1.5million). Support will be provided to district health Directorates to strengthen their supportive supervision and monitoring of district hospitals, health centers and health posts (within a broader mandate of responsibility). Supervision visits to the health facilities within their districts will be incentivized and performed by the District Health Directorates to improve the performance of personnel in the health centers, and quality of services, under their authority. The districts will rely on supportive supervision methods (see Annex for description) but may also use quality checklists for supervision and mentorship, with payment linked to the completion of carrying out supervisory visits. Funding will include development of the supportive supervision strategies, training of district health team, and key incentives. District Health committees will also be provided all-terrain vehicles to carry out their supervision, although these will be allocated largely from those provided during the Ebola response.

Sub-Component 3.2: Support evidence generation to inform post Ebola health systems strengthening (US$1.0million). This sub-component will support Guinea's efforts to better plan health systems strengthening activities in the medium to longer term by providing technical assistance to carry out a Results Based Financing experiment in one districts and provide funding for other evidence-based analytical studies in health and nutrition, including health financing, planning and budgeting, human resources for health, and drugs and medical supplies. The overall focus of these studies will be to determine the status of the health system in light of the Ebola crisis, and produce evidence to inform the development of policies, medium and long term strategic plans, and annual plans and budgets.

Sub-Component 3.3. Strengthen capacity for project implementation and monitoring at all levels.(US $2.5million) This sub-component seeks to strengthen project implementation capacity of MOH at all levels, to address technical gaps and building capacity for the development of the various interventions proposed, the day-to-day administration of project activities (monitoring resource use, procurement processing activities, administering withdrawal and disbursement procedures, consolidating the financial management aspects of project implementation, project reporting; as well as coordinating all relevant sector ministries, Government departments, health professional training institutions and associations, civil society organizations and the private sector); and (ii) strengthening the M&E/HMIS capacity and functioning to obtain quality primary level MNCH and nutrition information at district/regional level in the two target regions, as well as at central level. In addition to capacity building, the sub-component will also support incremental operating costs for entities involved in project implementation (the project will hire consultants to staff the PIU). .

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

The project consists of typical capacity strengthening and technical assistance activities. No civil works of physical investment is planned that would induce safeguard concerns. The project geographic scope over the whole country.

5. Environmental and Social Safeguards Specialists

Maman-Sani Issa (GENDR)

6. Safeguard Policies	Triggered?	Explanation (Optional)
Environmental	Yes	The project will not support any investment (including

Assessment OP/BP 4.01		civil works) that is likely to harm natural environment. The project is classified as Environmental Category B because of the support to safe collection, storage and disposal of medical waste generated under Component. The recently adopted Guinea Medical Waste Management Plan will be reviewed and use as part the project environmental management tool.
Natural Habitats OP/BP 4.04	No	The project activities would not result in any conversion or degradation of critical natural habitats. Further, there will be no biodiversity loss through conversion of natural habitats.
Forests OP/BP 4.36	No	The project will not finance activities related to forest exploitation, harvesting, direct or indirect forest degradation, and increase access to forest.
Pest Management OP 4.09	No	The project will not finance acquisition transport, distribution, storage or use of pesticides or similar chemicals that could threaten environmental and human health.
Physical Cultural Resources OP/BP 4.11	No	The project will not finance civil work or any such activity would threat physical cultural resources.
Indigenous Peoples OP/ BP 4.10	No	There are no indigenous people in the project intervention areas.
Involuntary Resettlement OP/BP 4.12	No	The project will not finance activity that induce acquisition of land, loss of economic opportunity or restriction to land.
Safety of Dams OP/BP 4.37	No	The project will not finance dam works or activities associated to existing dam.
Projects on International Waterways OP/BP 7.50	No	The project will not finance activities that will interfere with international watercourses; either in terms of water withdraw or discharge of pollutants.
Projects in Disputed Areas OP/BP 7.60	No	The project intervention areas are not under dispute.

II. Key Safeguard Policy Issues and Their Management

A. Summary of Key Safeguard Issues

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:
The project will mostly fund consulting, communication costs, training services, as well as fund drugs, medical supplies, and some equipment. However, as activities are expected to increase the use of health services, this would result in an indirect increased the generation of biomedical waste. Then project has been categorized B with only OP 4.01 on Environmental Assessment because the project will not support any investment (including civil works) that would threat either physical or socio-economic environment. Therefore, the National Medical Waste Management Plan (NMWMP), which is currently being updated, will serve as the project only safeguard tool. It disclosed both in-country and the bank Infoshop not later than a month after the Board approval,

because the project is being processed under the provisions of OP 10.00 para 11 and 12 a.
2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:
N/A
3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.
N/A
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.
Specific actions have been identified through the draft National Medical Waste Management Plan to set up the efficiency of the existing medical waste system. In essence the project will support: (i) training and sensitization of the health sector staff on MW management; (ii) equipment including personal protective gear, safety boxes, etc., and (iii) construction of disposal facilities (safe collection point, incinerator). The National Directorate of Public Hygiene (NDPH) appeared to be adequately staff from national to local level but is facing financial constraint to carry on its mandate before the stakeholders (public and private health care centers, national authority, etc.). Furthermore, apart from the general provisions of the Environmental and Public Health codes, there are no specific regulations and standards related to medical waste management. In the same, the environment sector is also very weak and almost not decentralized to ensure the enforcement of national legislation on waste management. It is worth noting that the NDPH is participating in the coordination of the ongoing Ebola Emergency Response Project (a Bank funded operation) which will also contribute to strengthen the system.
5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.
The stakeholders that are participating in the updating of the NMWMP are the waste producers (public and private health care centers, local authorities, NGOs, ministry of environment. There will be consulted at any stage of the project implementation when necessary to value their experience and contributions before implementing any relevant action on the ground.

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other	
Date of receipt by the Bank	31-Jul-2015
Date of submission to InfoShop	01-Aug-2015
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	00000000
"In country" Disclosure	
Guinea	30-Jun-2015
Comments:	
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 [ ] No [×] NA [ ]
The World Bank Policy on Disclosure of Information	
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes [ ] No [×] NA [ ]
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 [ ] No [×] NA [ ]
All Safeguard Policies	
Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	Yes [×] No [ ] NA [ ]
Have costs related to safeguard policy measures been included in the project cost?	Yes [×] No [ ] NA [ ]
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes [×] No [ ] NA [ ]
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	Yes [×] No [ ] NA [ ]

III. APPROVALS

Task Team Leader(s):	Name: Ibrahim Magazi,Christopher H. Herbst	
Approved By		
Practice Manager/ Manager:	Name: Trina S. Haque (PMGR)	Date: 09-Apr-2015