Project Information Document (PID)

Concept Stage | Date Prepared/Updated: 16-Nov-2022 | Report No: PIDC34567

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Parent Project ID (if any)	Project Name
Mauritania	P179558		Health System Support Project (P179558)
Region	**Estimated Appraisal Date**	**Estimated Board Date**	**Practice Area (Lead)**
WESTERN AND CENTRAL AFRICA	Sep 18, 2023	Nov 15, 2023	Health, Nutrition & Population
Financing Instrument	**Borrower(s)**	**Implementing Agency**	
Investment Project Financing	Islamic Republic of Mauritania	Ministry of Health	

Proposed Development Objective(s)

Project Development Objective (PDO) is to increase the quality and use of health services with a particular focus on maternal, child and adolescent health and nutrition.

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	70.00
Total Financing	70.00
of which IBRD/IDA	55.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	55.00
IDA Credit	40.00
IDA Grant	15.00

Non-World Bank Group Financing

Trust Funds	15.00
Global Financing Facility	15.00

Environmental and Social Risk Classification	Concept Review Decision
Moderate	Track II-The review did authorize the preparation to continue

Other Decision (as needed)

B. Introduction and Context

Country Context

1. **A child born in Mauritania today is estimated to be only 38 percent as productive when he grows up as he could be if he enjoyed full education and full health.** This score is lower than the average for Sub-Saharan Africa (SSA) and for lower middle-income countries. The country has a long way to optimize potentials of its human capital. Mauritania is facing multi-layered challenges, including multiple disease outbreaks, climate change, food insecurity, rapid urbanization, and humanitarian issues at its borders with Mali. Amidst these development challenges, the COVID-19 hit the most vulnerable the hardest. The crisis resulted in increasing the poverty rate from 31.8 percent in 2019 to 33.6 percent in 2021, reversing almost all the gains made in poverty reduction since 2014.

Sectoral and Institutional Context

2. **Progress on reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) outcomes in Mauritania still lags the health-related Sustainable Development Goals (SDGs), despite increasing health expenditures per capita from US$47.59 in 2016 to US$57.88 in 2019.** Mauritania's maternal mortality ratio, at 424 deaths for every 100,000 live births, is higher than the average for lower middle-income countries. The neonatal mortality rate remains high, at 22 per 1,000 live births, and accounts for 44 percent of all under-five deaths. More than one in five children are stunted and are at risk of life-long cognitive and physical limitations. Most maternal and newborn mortalities in Mauritania are attributable to preventable and treatable complications due to the poor quality of care during the antenatal, perinatal, and postpartum periods and lack of women and girls' decision-making power over their own health. Mauritania is still in the pre-demographic dividend stage with its fertility rate of 5.2 children per woman. Lack of sexual and reproductive health information and age-friendly health services hampers health outcomes, especially amongst adolescents. Furthermore, non-communicable diseases (NCDs) are on the rise.

3. **The underlying causes of poor health outcomes in Mauritania are inadequate physical access to care, insufficient and inequitably distributed health workers, and the low quality of health care.** It is only 15 percent of the total population who has access to essential health services within 5km radius of their nearest health facility. The country has significant shortages of health workers with only 16 health professionals per 10,000 inhabitants—far short of World Health Organisation (WHO)'s threshold of 23 per 10,000 inhabitants. Geographical distribution of health workers is uneven, with a concentration in the capital, Nouakchott. In terms of quality, health facilities have low readiness levels to deliver quality health services. People-centered health care delivery is generally absent and the provision of socio-culturally sensitive care, especially for adolescents, is an area that needs improvement. The poor

quality of health care in Mauritania is also attributable to the limited use of clinical guidelines and protocols by health workers, and infrequent review of the causes of deaths.

4. **The ongoing World Bank-supported Health System Support Project (INAYA: P156165) and the strong commitments of the Government bring positive impact on the health system despite the pandemic.** In response to these limitations of physical access to care, the MoH provides higher subsidies to health facilities in remote areas and individuals who are identified as extreme poor by the social register through the *Tekavoul* Program (an inclusive social protection program). The MoH plans to scale up the RBF program to nationwide as an integral part of Mauritania's health financing policy. The scaling up of the RBF program under the proposed program aims to mobilize more government resources and clearly set out in the program-based budgeting (PBB) that the Ministry of Economic Affairs will implement in the health sector on a pilot basis from 2023. At the same time, the MoH aims to reinforce the functions of health facility management committees, community health workers (CHWs), community agents, and community-based organizations (CBOs) to provide home visits, social and behavioral change communication (SBCC), and other forms of community outreach in the rural areas. The proposed program will be co-financing with the Global Financing Facility for Women, Children and Adolescents (GFF) to re-establish an effective health sector coordination mechanism for better alignment with other development partners (DPs) towards achieving Universal Health Coverage (UHC).

Relationship to CPF

5. **The proposed program is consistent with the Country Partnership Framework (FY18–FY23) for Mauritania (Report No. 125012-MR, June 13, 2018).** In particular, the Project contributes to Priority Policy Area Two on Build Human Capital for Inclusive Growth and Objective 2.4 with an aim to Improve Access to Maternal and Child Health Care. The Project is designed to increase the self-reliance of refugees and other vulnerable population, and to enhance resilience of the target population through the decentralized financing and service delivery of health and nutrition services. The program is also aligned with the National Strategy for Accelerated Growth and Shared Prosperity 2016-2030 (*Stratégie Nationale de Croissance Accelerée et de Prosperité Partagée: SCAPP*) and other national policies and plans in the health sector in Mauritania such as the National Health Policy – Vision 2030, the National Health Strategic Plan 2021–2030 and the RMNCAH-N Investment Case.

C. Proposed Development Objective(s)

6. Project Development Objective (PDO) is to increase the quality and use of health services with a particular focus on maternal, child and adolescent health and nutrition.

Key Results (From PCN)

7. **The Project Development Objective (PDO) Level Indicators are:**
   (i) Deliveries attended by skilled health personnel (Number)
   (ii) Children immunized (Number)
   (iii) Health Facility Quality Index
   (iv) Contraceptive prevalence rate
   (v) Children who have received curative services suffering from pneumonia, uncomplicated malaria and diarrhea (Number)
   (vi) Children under two years of age receiving essential community nutrition in targeted areas (Percentage)

D. Concept Description

8. **The proposed operation in Phase 1 comprises four components that aim to improve the utilization of quality RMNCAH-N services in the selected regions**.

Component 1: Improving Delivery and utilization of RMNCAH-N services (US$53.00 million equivalent).

9. Component 1 finances public health facilities (health posts, centers, and hospitals) based on performance in the areas of reproductive, maternal, neonatal, infant, child and adolescent, health and nutrition services. Furthermore, surveys will be undertaken by local health committees to assess the perceived quality of health care and satisfaction among end users. Component 1 will also support activities on the demand-side to promote and facilitate access to health services, especially for the poorest. The Project will provide additional cash transfer to the poorest families with conditions linked to their use of the pre-identified health and nutrition services. The Project will make use of the existing Tekavoul Program to inform the project conditionality, monitor households' adherence during the Tekavoul sessions, and finance the Tekavoul database and applications for their use. The Project will also support operationalizing the community health approach. Local health committees and CBOs are responsible for explaining to their communities their rights, obligations and helping particularly vulnerable groups to access health services.

Component 2: Health system strengthening (US$12.00 million equivalent)

10. The Project, in collaboration with WHO and other DPs, will support the government to prepare for and implement the UHC policy. Along with continuous quality improvement oversight through technical assistance (TA), the Project will support the following activities: the health financing assessment framework, feasibility and actuarial studies, costed benefits package, workshops, the UHC strategy, roadmap and action plans, and preparation of laws and their related decrees. The Project will also support improved Health Management Information System (HMIS), decentralized monitoring, and surveys. These surveys will assess baseline levels and progress on behaviors and practices as well as on coverage levels of key health and nutrition services.

Component 3: Project management (US$5.00 million equivalent)

11. Project proceeds will finance operating costs and some equipment of the RBF Technical Unit and salaries of international and national consultants who will be hired by this unit. The Project will also support operating costs of the regional verification committee as well as the project coordination. The Financial Affairs Directorate (*Direction des Affaires Administratives et Financières*: DAF) will receive financial and technical support, including appropriate staffing to ensure the compliance with World Bank Group fiduciary requirements. Financing will also cover comprehensive TA, including international experts.

Component 4: Contingent Emergency Response Component (CERC) (US$0.00)

12. This component is included in accordance with paragraphs 12 and 13 of the World Bank's policy on investment project financing (IPF). There is a moderate to high probability that during the life of the Project, the country could experience an epidemic or outbreak of public health importance or any other emergency with the potential to cause adverse economic and/or social impacts. If this happens, the Government could make a request to the World Bank to support mitigation, response, and recovery activities in the areas affected by the emergency. This component provides for the Government to request rapid reallocation of project funds to respond promptly and effectively to such an emergency or crisis.

Legal Operational Policies	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

Summary of Screening of Environmental and Social Risks and Impacts

Environmental and Social Risk Classification (ESRC) is rated Moderate.

13. **The environmental risk is rated moderate under the World Bank Environmental and Social Framework (ESF).** No civil works are planned at this stage. Main environment related risks will be linked to the management of the increase in biomedical waste as a result of the increase in the use of health services; and occupational health and safety (OHS) related to working conditions in health centers and hospitals. The Environmental and Social Management Framework (ESMF) prepared for the INAYA Project will be updated in line with the World Bank's ESF during project preparation.

14. **The social risk is rated moderate based on the performance of implementation of the safeguard measures of the INAYA Project and based on social risks that could arise during the project implementation.** These risks include: (i) a potential social risk related to marginalized, vulnerable or remote social groups being unable to access health screening services; (ii) the exclusion and discrimination of certain categories of people, such as vulnerable refugees, from access to basic social services as health; (iii) labor conditions; and (iv) risks of Sexual Exploitation and Abuse/Sexual harassment (SEA/SH), including gender-based violence (GBV), related to the distribution of cash within households. While these issues could occur, they are not expected to happen on a large scale, nor are they expected to be significant because of the design of the project. The risk rating will be re-assessed at Appraisal stage based on additional information obtained and changes will be made if required.

15. An initial assessment of the project's potential risks for sexual exploitation and abuse/sexual harassment (SEA/SH) using the World Bank's SEA/SH Screening Tool determined the potential risk as moderate. The identified specific SEA/SH risks are as follows: risks of SEA/SH, including GBV, related to the distribution of cash within households.

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APPROVAL

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