

**PROJECT INFORMATION DOCUMENT (PID)
IDENTIFICATION/CONCEPT STAGE**

Report No.: PIDC95624

Project Name	Building Civil Society Capacity to Engage in State Reform Programs
Region	AFRICA
Country	Guinea
Lending Instrument	IPF
Project ID	P162171
Borrower Name	Search for Common Ground (SFCG)
Implementing Agency	Search for Common Ground (SFCG)
Environment Category	C - Not Required
Date PID Prepared	30-Nov-2016
Estimated Date of Approval	15-Dec-2016
Initiation Note Review Decision	The review did authorize the preparation to continue

I. Introduction and Context

Country Context

Guinea is a low-income country that has vast natural wealth and a great potential for hydroelectric power and agriculture-led poverty reduction. However, despite its democratic transition of 2010 and the introduction of numerous public sector reforms that contributed to reaching the completion point of the Heavily Indebted Poor Countries Initiative, Guinea remains one of the poorest countries in the world. Government reforms and policies have not been successful at promoting broad-based and sustained development across the country. As a result, poverty rates have increased from 40.3% to 55.2% between 1995 and 2012, disproportionately affecting rural populations.

The Ebola Virus Disease (EBV) crisis, which broke out in early 2014 and lasted until February 2015, has had a profound negative impact on social and economic development. More than 3,000 people are reported to have died of the disease across the country. Public service delivery, which showed significant constraints before the crisis, was further weakened and stretched beyond capacity by the rapid spread of EBV. The government's inability to rapidly contain the EBV outbreak resulted in a decline in public confidence and a deterioration of living standards, particularly in the worst affected regions (Basse Guinee, Guinee Forestiere and Guinee Maritime).

Domestic economic activity has significantly slowed down. There has been a fall in agricultural production, trade with regional neighbors, investments in natural resource exploration and development, tourism revenues, and commerce and services. At the same time, a weak global economic outlook and tumbling commodity prices have put additional pressure on the Guinean economy. The combination of all these factors has contributed to a downward revision of the country's gross domestic product (GDP) growth projections from 4.3% to 0% for 2015.

Sectoral and Institutional Context

Already prior to the onset of EBV, basic public services in Guinea suffered from significant capacity and funding gaps. Guinea consistently ranked among the lowest performers in the United Nations Development Program (UNDP) Human Development Index (HDI), particularly on health and education outcomes. School enrollments rates as measured in 2011 indicated that around 60% of children between the ages of 8 to 14 were out of school. Funding allocated to the health sector in 2012 was estimated at 2.7% of the national budget, well below the health-financing target of 15% set by the Abuja declaration.

Institutional constraints and challenges in the supply and demand of public services have contributed to the spread and slow containment of EBV. On the supply side, health and education workers were insufficiently trained and supervised, particularly outside of Conakry, resulting in high absenteeism rates and low productivity. Guinea has one of the lowest rates of physicians per 1000 inhabitants in the region, which is likely to have deteriorated due to the high number of fatalities among local health staff during the crisis. Health infrastructure and facilities were poorly equipped and prepared to respond to large-scale emergencies, like the one presented by the EBV crisis. These factors, combined with limited and unpredictable funding and weak control mechanisms in social sectors, have significantly eroded the effectiveness of the government response to the EBV outbreak. Furthermore, the presence of significant capacity constraints at all levels of government has resulted in inefficiencies and bottlenecks throughout the process of planning, coordinating, executing, and monitoring the government response at both central and local levels.

On the demand side, citizens face multiple constraints to accessing services, ranging from high service fees, distance, and cultural and social barriers. There is also a widespread reluctance among the general public to seek health services due to fear of contamination, misperception of the disease, and lack of trust in service providers, resulting in drop of reproductive health services and prenatal visits.

Against this background, the government has drafted a Post-Ebola Priority Action Plan (PAPP) to address the immediate citizen needs in the aftermath of the crisis and to build the required pillars to boost and sustain an economic recovery and growth in the medium term. Representatives from the private sector, civil society, and the National Assembly were invited to participate in the preparation of the PAPP in order to better identify the key challenges and opportunities, and work together to strengthen capabilities and promote resilience. The PAPP is estimated to cost US\$ 2.89 billion for the period 2015-2017.

The PAPP encompasses four pillars to guide the recovery efforts and to ensure a broad based response to the crisis. The first pillar consists of social sector support aimed at improving and expanding key social services to better address citizens' needs after the crisis. It emphasizes the need to strengthen health systems at all levels, build the resilience of the education sector, and improve targeting to families affected by the EBV. The second pillar economic recovery focuses on jump starting economic activity and productivity in key sectors. The third is the infrastructure investments pillar, which focuses on rehabilitating roads, expanding access to water and sanitation services, building ports and airports, and expanding ICT and radio coverage to support economic growth and productivity. The fourth is the governance support pillar, under which the PAPP aims to

build the necessary government capacity to implement public sector reforms, improve service delivery, and effectively manage the post-Ebola recovery.

Relationship to CAS/CPS/CPF

The proposed project is consistent with the World Bank Group's Country Partnership Strategy (FY14- FY17) for Guinea, as its focus is on improving development outcomes in the education, health, and social protection sectors. Project activities will also complement the implementation of the World Bank's Ebola Recovery and Reconstruction Trust Fund (ERRTF) by generating information that will help to monitor service delivery at the local level, strengthening government capacity to implement the post-Ebola recovery, and enhancing transparency and accountability in the use of recovery funds. With close to US\$ 260 million mobilized, the World Bank is one of the main donors supporting the post-Ebola recovery efforts in Guinea.

II. Project Development Objective(s)

Proposed Development Objective(s)

The overall project objective is to enhance transparency in the use of post-Ebola recovery funds in targeted districts.

Key Results

The key result indicator for this project is:

-Increased number of actions enacted by the Reform and Modernization Program (PREMA) and Government agencies that leverage information generated by the project to improve the implementation of the post-Ebola recovery.

III. Preliminary Description

Concept Description

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	
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:	0.8	Total Bank Financing:	0
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Financing Gap:	0	
Financing Source		Amount
Global Partnership for Social Accountability		0.8

VI. Contact point

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