Project Information Document (PID)

Concept Stage | Date Prepared/Updated: 06-Jun-2024 | Report No: PIDDC00739

BASIC INFORMATION

A. Basic Project Data

Project Beneficiary(ies)	Operation ID	Operation Name	
Guinea	P506072	Guinea Enhancing Health System Transformation (GUEST) Project	
Region	Estimated Appraisal Date	Estimated Approval Date	Practice Area (Lead)
WESTERN AND CENTRAL AFRICA	20-May-2024	18-Jul-2024	Health, Nutrition & Population
Financing Instrument	Borrower(s)	Implementing Agency	
Investment Project Financing (IPF)	Ministry of Budget, Ministry of Economy and Finance	Ministry of Health and Public Hygiene	

Proposed Development Objective(s)

To improve the quality and utilization of reproductive, maternal, neonatal, child, and adolescent health and nutrition services and to strengthen the climate resilience of the health system in selected regions.

PROJECT FINANCING DATA (US$, Millions)

Maximizing Finance for Development

Is this an MFD-Enabling Project (MFD-EP)?	No
Is this project Private Capital Enabling (PCE)?	No

SUMMARY

Total Operation Cost	**95.00**
Total Financing	**95.00**
of which IBRD/IDA	**85.00**
Financing Gap	**0.00**

DETAILS

World Bank Group Financing

International Development Association (IDA)	85.00
IDA Credit	85.00

Non-World Bank Group Financing	
Trust Funds	10.00
Global Financing Facility	10.00

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

Other Decision (as needed)

B. Introduction and Context

Country Context

1. **Guinea has abundant natural resources and a strategically advantageous geographic location**. With a population of 14 million, the country possesses approximately one-third of the world's known bauxite reserves (7 to 8 billion tons), the largest untapped iron ore deposits worldwide (3.2 billion tons), and significant reserves of gold (estimated at 700 tons), diamonds (ranging from 30 to 40 million carats), and various other minerals. Its coastal access grants it a strategic position for business development.1,2 Additionally, ample rainfall creates excellent Agro-climatic conditions for cultivating a diverse range of agricultural products.

2. **Despite the robust growth driven by the mining sector, poverty levels in Guinea remain high**. Between 2012 and 2022, the country achieved an average growth rate of 5.8 percent, significantly surpassing the Sub-Saharan African (SSA) average of 2.8 percent.1 The mining sector witnessed rapid expansion in recent years, with a growth rate of 35 percent in 2020.2 Nevertheless, the poverty rate declined slowly from 55 percent in 2012 to 44 percent in 2019,3,4 while extreme poverty remained high at 13 percent in 2019.4 Shared prosperity, measured as the annualized consumption growth of the population in the bottom 40 percent, was negative from 2014 to 2018, indicating that economic growth did not benefit the poor.2 Major challenges that hindered poverty reduction and shared prosperity include political instability, insecurity, governance challenges, inadequate infrastructure and services for poor households, low agricultural productivity, and demographic challenges.

3. **Guinea's economic growth is expected to be impacted by its high vulnerability to climate change**. The country faces increasing frequency and severity of droughts, floods, and extreme heat. The Notre Dame Global Adaptation Index ranks Guinea 157th out of 185 countries in terms of adaptive capacity for climate shocks, demonstrating low resilience and high vulnerability to climate risks. Rainfall varies considerably across the country, with the highest annual rainfall in the north and along the coast, gradually decreasing towards the south and inland.5 Coastal and southern regions are prone to floods and have a monsoon climate with rainfall exceeding 100 mm per month, a shorter dry season, and a narrower temperature range than the interior. Like the Sahelian climate, Northern or Upper Guinea is characterized by higher temperatures and greater temperature ranges, a shorter rainy season, and a longer dry season (December–May). With 97 percent of cultivation being rainfed, climate

change has significantly impacted crop yields and the agriculture sector. Agriculture, along with natural resources such as mining and hydropower, as well as the manufacturing and services sectors, are key economic sectors for Guinea. Approximately 57 percent of rural households rely on agriculture for subsistence, and the sector employs 52 percent of the workforce.6 Furthermore, it is anticipated that Simandou project, the world's largest undeveloped iron ore deposit which will start by the end of 2024, could have potential negative impacts on nature, biodiversity, water resources, and local communities.

4. **Guinea ranked 178th out of 189 in terms of gender inequality in 2019**. Women and girls face concerning conditions due to practices like child marriage, female genial mutilations/cutting, and intimate partner violence. Education and health investments for women and girls are disproportionately low compared to men and boys. Girls have lower enrollment and attendance rates than boys, with only 22 percent attending secondary school in 2018. Moreover, 59 percent of women report that their husband or partner makes decisions about their health, and 63 percent have experienced intimate partner violence.8 A clear and coordinated referral system for survivors is missing, and when services are available, they lack a survivor-centered approach that provides adequate support through an affordable and quality response system. These pervasive gender gaps continue to hinder Guinea's long-term development.

Sectoral and Institutional Context

5. Health outcomes in Guinea are among the lowest globally. In 2021, life expectancy was 59 years, the under-five mortality rate was 99 per 1,000 live births, and the maternal mortality ratio was 553 per 100,000 live births.1 In 2018, only 35 percent of pregnant women received four or more prenatal check-ups, 53 percent delivered in health facilities, 46 percent of women and 39 percent of newborns received postnatal care within a day of birth, and only 24 percent of children aged 12 to 23 months got all recommended vaccines.9 Malaria remains a significant health threat, with prevalence increasing from 15 percent in 2016 to 17 percent in 2021 among under-five children,10 partially due to climate change.11 Lack of access to clean water and sanitation exacerbates waterborne illnesses, resulting in a diarrhea prevalence of 15 percent among under-five children. Furthermore, 11 percent and 6 percent of children suffered from moderate acute malnutrition and severe stunting, respectively, and only 4 percent of breastfed children aged 6 to 23 months received a minimum acceptable diet in 2018. Additionally, the total fertility rate was 4.1 children per woman in 2021 and 37 percent of women aged between 20 and 24 years had given birth at least once before the age of 18 in 2016.11 High fertility rates and prevalence of adolescent deliveries could be associated with a low prevalence of modern contraception, which stands at 10.9 percent among women aged 15-49, and 10.6 percent among adolescents.

6. Poor health outcomes are due to (i) weak decentralized decision-making authority, (ii) limited operational capacities of health facilities, and (iii) low and inequitable distribution of human resources. While district health directorates and health facilities are theoretically granted financial autonomy and decision-making power, along with monitoring capabilities, their ability to locally recruit, deploy, supervise, and provide continuous training to health workers is severely limited. On average, health facilities operate at 47 percent capacity, considering factors such as the availability of essential amenities, equipment, drugs, standard precautions for infection control, and diagnostic capacity. 12 Additionally, operational capacities of health facilities in urban areas are higher than those in rural areas. For instance, 55 percent and 67 percent of health facilities in urban areas have access to improved sources of power and water, respectively, compared to 28 percent and 35 percent in rural areas. Moreover, there is a glaring shortage of health personnel. The Government has not recruited health personnel for over 10 years. In 2014, the country only had 44 percent of the nurses and 18 percent of the midwives required for maternal and

neonatal health services, relative to the needs of its population.13 Additionally, Guinea had 0.2 health personnel per 1,000 inhabitants in 2018, significantly below the World Health Organization (WHO) norm of 2.3.14 Furthermore, human resources are concentrated in Conakry.15

7. Another obstacle to the development of the health sector is the low and ineffective level of public funding, resulting in high out-of-pocket health expenditure (OOPs). The health sector received 3.5 percent of total public expenditures from 2010 to 2020.1 After accounting for both public and external health fundings, Guinea faces a 62 percent shortfall to achieve health targets in the National Health Development Plan.16 Additionally, the Ministry of Health's budget execution rate averaged 46 percent from 2018 to 2020. Public health expenditures were concentrated in Conakry, where health outcomes are comparatively better. Most public health expenditures are allocated to salaries and wages, leaving little for priority health programs. Consequently, OOPs account for the largest share of total health expenditure, reaching 60 percent in 2019. This situation poses financial risks: in 2018-2019, 13 percent of the population experienced catastrophic health expenditures, and four percent were impoverished because of OOPs.16 The majority of OOPs (75 percent) are spent on medicines.

8. Climate change is further exacerbating poor health outcomes in Guinea, highlighting the country's limited capacity for climate adaptation and resilience. Notably, the distribution, variability, and pathogenicity of malaria and other infectious diseases prevalent in Guinea have worsened due to climate change. This includes diseases like Ebola, Lassa fever, Rift Valley fever, avian flu, anthrax, and zoonotic tuberculosis. Marginalized communities, including the poor, the elderly, people in rural areas, and women and girls, are most vulnerable to these climate change impacts. Furthermore, climate change is expected to exacerbate food insecurity and malnutrition in Guinea, where 26 percent of the population already5 suffers from chronic malnutrition. This has increased hunting for bushmeat as a source of animal protein, which has been linked to an increased risk of contracting Ebola and other zoonotic diseases. Frequent floods also contribute to an increase in acute watery diarrhea cases. To establish climate resilient health systems, there is a particular need to address climate challenges such as flooding and extreme heat, which hinder health service delivery and access to health facilities, compromising health infrastructure. Floods pose significant risks to health facilities that lack climate-sensitive water, sanitation, and hygiene (WASH) measures, and adequate biomedical waste management.

9. Regarding the health management information system (HMIS) and civil registration and vital statistics (CRVS) system, despite commendable progress, significant fragmentation exists across the overall digital health ecosystem. Very few information systems are interoperable with each other and the HMIS, creating barriers to data utilization and further weakening decision-making processes. Critical components of the health system, including human resources, community health, and CRVS, have yet to be successfully digitalized, undermining their efficiency, effectiveness, and responsiveness.

Relationship to CPF

10. The Project Development Objective (PDO) fully aligns with the latest Country Partnership Framework (CPF; 2018-2023) and its corresponding Performance and Learning Review. The CPF included two health objectives, with some adjustments made during the Performance and Learning Review: (i) Objective 2: Strengthening social sector systems through decentralization, especially in rural areas. Specifically, objective 5 focuses on children's vaccination and deliveries assisted by trained health personnel. In line with the CPF, the project aims to strengthen Reproductive, Maternal, Neonatal, Child, and Adolescent and Nutrition Health (RMNCAH-N) service delivery and utilization at the district level and below, provide financing for the operational expenses of health facilities, and

support the implementation of a Results-Based Financing (RBF) program to increase funds and autonomy for health facilities. A similar World Bank (WB) project in the regions of Kankan and Kindia has yielded positive results. However, due to the political upheaval, health care staff hired through the project have not yet been integrated into the civil service. This project will ensure continuity for these two regions while facilitating the absorption of staff by the government. It will also strengthen RMNCAH-N services across all regions (except the capital), closing financial gaps for achieving the RMNCAH-N objectives outlined in the National Health Development Plan 2015-2024 and the RMNCAH-N investment case.

C. Proposed Development Objective(s)

11. The Project Development Objective (PDO) is to improve the quality and utilization of health services with a focus on reproductive, maternal, neonatal, child, adolescent, and nutrition health (RMNCAH-N) services and to strengthen climate resilience of the health system in selected regions.

Key Results (From PCN)

12. There are six PDO indicators as follows:

(a) People receiving quality health, nutrition, and population services (Number) (Corporate Result Indicator/CRI)
   i. Number of people receiving HNP services in the most climate-affected regions
(b) Health Facility Quality Index (Percentage).
(c) Children under age five treated for symptoms of acute (lower or upper) respiratory infection (Percentage)
(d) Children 6 - 59 months receiving vitamin A supplementation (percentage)
(e) Children under five treated for moderate or severe acute malnutrition (percentage)
(f) Essential health services coverage index (The sub-indicators are (i) contraceptive prevalence rate; (ii) antenatal care, four or more visits; (iii) delivery assisted by trained provider; and (iv) children 0-11 months fully immunized) (Percentage)
(g) Health facilities supported with climate-resilient measures to ensure continuity of care (Number)

D. Concept Description

13. The proposed project will support the implementation of the NHDP and the RMNCAH-N Investment case and is composed of four components.

14. Component 1: Improving the quality and increasing the utilization of health and nutrition services *(IDA credit: $60 million & GFF grant: $6 million)*. This component aims to reduce child and maternal morbidity and mortality and strengthen the national health system's capacity to deliver high-quality health and nutrition services through a comprehensive package of interventions that consider the continuum of health care services across the life cycle. This component has three subcomponents, as described below:

15. **Sub-component 1.1** ***(IDA credit: $18 million & GFF grant: $1 million)*****: Improve quality health service delivery readiness, including climate-sensitive regions**. This sub-component will provide essential drugs and health commodities, support access to climate-adapted water, install solar power systems in district-level health facilities and hospitals, and improve climate-sensitive, energy-efficient, and female-friendly waste management at the district and hospital levels to facilitate the delivery of quality RMNCAH+N services in the seven target regions with a particular focus in climate-affected regions. Drawing from the experience of the Health Service and Capacity Strengthening Project (HSCSP; P163140), this component will finance the procurement of drugs, energy-efficient medical equipment, supplies and commodities through the Central Pharmacy of Guinea, the national drugs supply chain entity. The component will finance the expansion of the construction of climate-adapted water wells and towers in health facilities and district hospitals. It will install solar panels as needed and enhance WASH infrastructure in health facilities, particularly focusing on female-friendly sanitation for maternal care. Adaptations such as waterless toilet technologies will be implemented in remote and climate-risk-prone areas. To improve waste management, the project will support the acquisition of energy-efficient equipment, such as the Ecosteryl 250,17 for medical waste treatment and recycling processes. All project-supported activities will be designed to be climate sensitive, incorporating energy efficient systems and promoting the use of reusable, eco-friendly medical supplies and equipment. Waste management systems will be designed to minimize waste and reduce the carbon footprint of health facilities while ensuring patient safety, thereby ensuring continuity of care during climate and health emergencies.

16. **Sub-component 1.2** ***(IDA credit: US$25 million & GFF grant: US$3 million*****): Improve the quality and the volume of RMNCAH-N service delivery, including in climate-sensitive regions**. This sub-component will improve the quality and quantity of RMNCAH+N services in selected regions through the Results-based Financing (RBF) approach, based on lessons learned from the implementation of the HSCSP. It aims to accompany reforms and strengthen the institutionalization of the RBF approach for RMNCAH-N services. This sub-component will support the scale-up of the RBF approach in half of the health districts in the target regions, identified as low-performing in RMNCAH-N (based on the Country's RMNCAH-N Investment Case) and affected by climate change. The project will gradually extend coverage from the four initial health districts in 15 out of the 34 health districts covered by the project (approximately five million inhabitants will be covered by the RBF approach). The National technical body in charge of implementing the RBF (Cellule national technique FBR (CNT-FBR)) scheme, in collaboration with the Bureau de Stratégie et Développement (BSD), will lead the design, monitoring, and evaluation of this output-based financing scheme). The BSD is responsible for developing MoH policies and strategic documents, producing sectoral statistics and indicators, and ensuring program sustainability and health financing policy. The RBF scheme will prioritize indicators related to RMNACH+N, non-communicable and climate-sensitive diseases, and gender-based-violence (GBV). Therefore, the current PBF manual, which includes a complete list of targeted services, will be revised to incorporate these new cross-cutting themes. Independent verification of qualitative and quantitative results of RMNCAH-N service delivery will be carried out by local verification and validation committees at regional (RVVC) (for hospitals) and prefectorial (PVVC) (for health and posts centers) levels in the four former health districts that implemented RBF. For the new health districts, independent verification firms will be hired for at least two years to conduct quantitative data verification to ensure accountability, value for money, and improved quality and climate-adapted health service delivery under RBF and then assist in setting up RVVC and PVVC committees. The project will leverage the country's RBF experiences to strengthen citizens' and communities' engagement for advocacy and accountability through the semi-annual community verification.
17. Additionally, this sub-component will provide technical and financial support for integrated primary health care high-impact interventions, especially for women, newborn, children, adolescents, and nutrition health, that will include Gender and GBV, equity and climate change aspects, both in health facilities and in communities (through

the health community strategy) as defined in the RMNCAH-N Investment Case. Health centers will be supported to develop health service delivery contingency plans for climate emergencies.

18. Finally, this sub-component will assist the MoH in developing and implementing a national quality policy and strategy (NQPS) at all system levels, in line with the Government's National Health Development Plan and its goal of achieving universal health coverage (UHC) by 2030 and sustainable development goals (SDG). The national quality policy will also encompass the private sector, including faith-based organizations, and cross-sectoral bodies such as professional organizations, local governments, nursing schools, and universities. This sub-component will (i) provide technical assistance for institutional and organizational reforms to enable NQPS implementation; (ii) support study tours; and (iii) offer training and capacity-building for designing, monitoring, and evaluating NQPS implementation.

19. **Sub-component 1.3 *(IDA credit: US$17 million & GFF grant: US$2 million)*: Increase demand and utilization for RMNCAH-N services, particularly for the poorest and most climate-vulnerable people**. In the regions where the RBF approach will be implemented, this sub-component will involve expanding government financial mechanisms to improve access to essential health and nutritional services for the most vulnerable (the poor and climate-affected) households at the community and health facility levels. The project will rely on the indigent database from the Unique Social Registry of the Social Development and Indigence Fund (Fonds de Développement Social et de l'Indigence FDSI) and the indigents identified by the National Agency for Economic and Social Inclusion (Agence nationale d'Inclusion Économique et Social ANIES) depending on the regions. The provision of free health care will help improve access to health services for the most deprived by addressing the growing burden of communicable and non-communicable diseases, supporting survivors of GBV/Sexual Exploitation and Abuse/Sexual Harassment (GBV/SEA/SH) through and nationally enhanced comprehensive referral care mechanism and children and adolescents with special needs, and mitigating climate-related disaster risks. Health facilities that offer services to the indigent people will send their invoice for reimbursement for the services provided, subject to a verification process lead by a local independent verification committee. Activities to be financed under this subcomponent are related to the process of verification before reimbursement, trainings of health workers and communication and information activities on the indigent scheme, along with the reimbursement of health facilities for services provided to indigent individuals.

20. In addition, this subcomponent will strengthen the community health programs by empowering Community Health Workers (CHWs) and local NGOs with enhanced skills and resources to provide preventive, curative (only CHWs), and promotional health services. This includes interventions to address communication and behavior change challenges within the community, with a particular focus on adolescents, aging population and vulnerable people as well on themes related to gender, equity in health care access, and the prevention and the fight against GBV. Efforts will be made to make community services more female-friendly, including increasing the recruitment of female CHWs. Therefore, the Project will provide financing for the recruitment and training of additional CHWs based on the need defined in the National Community Health Strategy and as a complement with the CHWs financed by other partners. Technical assistance for the monitoring and evaluation of the strategy will be provide as well.

21. **Component 2: Climate-resilient health system strengthening and management *(IDA credit: US$19 million & GFF grant: US$3 million)***. This component will support the MoH's capacity to develop and implement sector reforms and long-term transformation for achieving universal health coverage and building a climate-resilient health sector. Composed of three sub-components, it will:

22. **Sub-component 2.1** ***(IDA credit: US$3 million & GFF grant: US$1 million)*****: Strengthen the MoH's capacity to develop a climate-resilient health system capable of adapting to and mitigate the health impacts of climate change**. The component will provide support to: (i) develop, update, and implement national guidelines for integrated health care provision, including the integration of climate adaptation and mitigation measures and practices; (ii) revise design standards for health facility renovation to include specifications for climate resilience and energy efficiency; (iii) undertake minor renovations for approximately 80 health facilities in climate-vulnerable areas to introduce climate resilience and energy efficiency measures, resulting in EDGE level 1 certification; (iv) install energy-efficient lighting in health facilities to ensure adequate lighting in operating blocks and delivery rooms, enabling safe night-time procedures and deliveries for continuous health service provision; (v) strengthen regulatory and management mechanisms for readiness and response to health and climate-related emergencies; (vi) strengthen institutional and operational capacities (heath staff) and frameworks for the prevention and management of occupational, chemical, and atmospheric risks; (vii) conduct research to enhance understanding of climate change impacts on vulnerable populations and the health system, thereby strengthening evidence-based decision-making; and (viii) develop and implement comprehensive social and behavior change communication activities to raise awareness of the impacts of climate change on health and ensure awareness of care options during climate- and health-related emergencies.

23. **Sub-component 2.2 (IDA credit: US$8 million & GFF grant: US$1 million): Enhance the MoH's capacity to recruit and manage qualified health care workforce and improve health system regulation**. This sub-component will help the MoH develop, advocate for, and effectively implement the national strategic plan for the development of human resources in health and ensure greater participation by women in the health workforce to advance Universal Health Coverage. The plan aims to enhance both the quality and quantity of health care personnel, including non-clinician staff capable of implementing national health policies across all levels of the health care system. There will be a particular focus on improving the participation of women in recruitment and training. It will address key areas aligned with the country's priorities: (i) equitable health care workforce distribution and effective management, planning, and deployment (including by local health) tailored to the needs of the population, along with gender-sensitive strategies for their motivation and retention nationwide, especially those working in climate-affected regions; this will be done within the framework of available budgetary resources; (ii) studies and interventions to identify and address barriers to women's participation in the health workforce; and (iii) production and development of competencies and skills, particularly in service delivery in RMNCAH-N, non-communicable diseases, neglected tropical diseases, and climate-sensitive diseases public health, gender and equity in health. This sub-component will enhance the requirements of human resources for health competency with minimum standards of knowledge, skills, and attitudes for health care practice. It will also provide patient-centered, safe practice, improved delivery efficiency and effectiveness, and accessible care to the Guinean population. Specific activities will include: (i) various technical assistance to establish the workforce standardization database for health facilities, the human resources development plan, the mobility plan, the directory of health personnel, workforce and skills planning, performance assessment, performance monitoring and evaluation, and incentives to maintain HR in rural areas other than those offered by the civil service; (ii) decentralized recruitment of qualified staff (doctors, nurses, midwives, and specialist physicians) based on the needs on the ground; (iii) establishment and operationalization of a competency framework for health personnel, including core competencies (Provide patient-centered care, work in interdisciplinary teams, employ evidence-based practice, apply quality improvement, utilize informatics..), technical/functional competencies, behavioral competencies, and leadership competencies. Training related to this competency framework will be provided to clinical and non-clinical staff based on a need assessment.

24. Additionally, this sub-component aims at improving governance and regulatory framework for essential lifesaving medicines (including vaccines) to ensure the quality, safety, and availability of pharmaceuticals and reinforce the health products and commodity supply chain. Support will be provided to enhance the national medicines and health commodity supply chain through an enhanced governance and regulatory framework to ensure: (i) the revision and update of the legislative, regulatory, and standards framework to remedy shortcomings and empower the National Directorate of Pharmacies and Medicines (NDPM) to oversee the quality assurance and surveillance of medicines; (ii) the strengthening of NDPM's control/inspection function for all health products, including local production, registration for market authorization, importation, and post-marketing surveillance. This may involve the recruitment of pharmacist inspectors; (iii) the development of detailed regulations and guidelines on licensing, inspections, and quality control, and support for their implementation; (iv) the reinforcement of the accreditation system for wholesale distributors; and (v) the training and capacity-building of regulatory authorities, pharmacists, and other stakeholders on international standards, quality assurance practices, and surveillance techniques. Regarding the supply chain, the project will support the last-mile delivery of RMNCAH-N health commodities by financing capacity-building for management of Commodity Procurement and Supply Chain, including Contract Management of any Outsourced (NGO/Private Sector) distribution partners and operational cost related to the scale-up of the last-mile distribution model. This model, which uses contracts with private/NGO operators to deliver eligible health care products to the last mile, particularly rural and hard-to-reach areas, is being piloted in three regions (Kankan, Labé, and Faranah) under the SWEDD project (P150080). It will be critical to develop a robust supply chain system that considers climate risks such as the increased frequency of extreme weather and changes in disease patterns. The assessment of this pilot's results will inform the implementation of activities under this project.

25. **Sub-component 2.3 *(IDA credit: US$7 million & GFF grant: US$1 million)*: Strengthen the digital health ecosystem, HMIS, and CRVS**. This sub-component aims at supporting integrated health-sector management and service delivery, particularly to address the strain on healthcare infrastructure during climate-related disasters. Building on the success of efforts to strengthen the HMIS and CRVS in the current Health project, and complementing surveillance and data use initiatives in the Health Security in Western and Central Africa Program (HSWCAP) (P179078), this project will provide support to the Service de Modernization des Systèmes d'Information (SMSI) to enhance governance, digital infrastructure, and interoperability across all health information subsystems. A digital health architecture will be developed to govern, align, and rationalize the plethora of digital tools and interventions currently being piloted or used in Guinea. Health information exchange registries (facilities, products, health workers, etc.) will be implemented to enable a fully interoperable HIS. Priority will be given to the interoperability of HMIS, CRVS, RBF, supply chain (LMIS, WMS), and human resource information systems (HRIS). The last two systems will support the overall workforce management, gender recruitment, and supply chain strengthening objectives outlined above. Options for digital tools to support health providers in e-learning, clinical decision-making, maternity and other RMNCAH-N patients, supervision visits, community health programs, and CRVS will be piloted and scaled up (where appropriate). A benefits realization program will leverage the successful rollout of DHIS2 to health centers to strengthen analysis, planning, monitoring, and operational decision-making at the facility and district levels. Finally, innovative tools (including the new DHIS2 Climate app) will be leveraged to combine public health and meteorological data for proactive surveillance of climate and health. Both digital health initiatives and the broader health information system will benefit from cross-cutting initiatives to better engage and integrate private and NGO actors in the health sector.

26. Finally, this sub-component will support the Guinean government's efforts to reform, modernize, and digitalize the civil registry and identification system. It will help (i) revise and strengthen the legal and institutional framework for civil registration to align with international standards; (ii) establish unique identification numbers (NIN) and QR codes for all Guinean citizens (residents and Guineans living abroad) and facilitate the issuance of

identity documents (national identity cards, passports, driving licenses, etc.); (iii) regularize and issue authentic certificates for civil status events (births, marriages, and deaths); (iv) establish an interoperable national civil registry; and (v) scale up the digitalization of civil registry services and events. Activities will include: (i) setting up 22,000 primary and secondary civil status declaration centers; (ii) recruitment, training, and deployment of 40,000 civil status registrars and 6,500 secondary civil registry agents and managers; (iii) purchasing of IT equipment, three 4x4 vehicles for supervision, and 500 motorbikes for civil registry centers; and (iv) provision of medium- and short-term technical, regulatory, and legal assistance.

27. **Component 3: Project management, donor coordination, and monitoring and evaluation (M&E)** ***(IDA credit: US$6 million & GFF grant: US$1 million)*****.**

28. **Sub-component 3.1: Project Management and donor Coordination** ***(IDA credit: US$2 million & GFF grant:US$0.5 million)***. This sub-component will provide support for project management through the existing Project Coordination Unit (PCU). It will encompass: (i) the operating cost of the PCU at the central and regional levels; (ii) the fulfillment of fiduciary and the World Bank's Environmental and Social Framework (ESF) requirements including financial management, procurement, and environmental and social tasks; and (iii) the cost of project coordination, supervision, and overall management activities.

29. This sub-component will also continue supporting the MoH in coordinating donor interventions, promoting harmonization and alignment of partners' activities under the "One Plan, One Budget, One Report" approach. The project will finance the development and progressive implementation of a Health Sector Development Program Harmonization Manual. Moreover, it will enhance the functionality of the country's multisectoral platform established through GFF support, expanding its operationalization at regional and prefectorial levels. Technical and financial support will be provided for implementing action plans across different platforms.

30. **Sub-component 3.2: Monitoring and Evaluation** ***(IDA credit: US$4 million & GFF grant:US$0.5 million)***. This subcomponent will support monitoring and evaluation of the project through: (i) the support to the development of an action plan for M&E; (ii) the collection of data from MoH's directorates and other implementing agencies, including support to the surveys; (iii) the compilation of data into project implementation progress reports; (iv) the carrying out of annual expenditure reviews; (v) the support for training of the health staff in the HMIS participating in the monitoring and evaluation at all administrative levels; and (vi) the support to evaluation workshops.

31. **Component 4: Contingency Emergency Response Component (CERC) (US$0 million)**. The CERC will allocate Project funds to assist the Guinea Government in addressing urgent needs or capacity constraints. This provision enables swift reallocation of project funds in response to natural or man-made disasters or crises with significant adverse impacts within or beyond the health sector.

Legal Operational Policies

	Triggered?	
	Last approved	**Current**
Projects on International Waterways OP 7.50	No	

Projects in Disputed Area OP 7.60	No

Summary of Screening of Environmental and Social Risks and Impacts

32. At concept stage, both environmental and social risk are Moderate. The project activities are aimed to improve the quality and utilization of essential health services of beneficiaries. There will be minimal infrastructure building related to access to water and solar power systems and it is envisaged that mainly small upgrades infrastructure health commodities. In these activities, any physical and/or economic displacement is not expected. The activities could generate low to moderate direct and indirect environmental and social risks and adverse impacts for project workers, the community surrounding the health centers, beneficiaries in general. Several E&S risks and impacts have been identified like exclusion, community and occupational health and safety risks, exacerbations of gender inequalities, SEA/SH risks, medical waste production, pollution etc. The PIU has experience with the social and environmental risk management and monitoring requirements under the ESF, however, E&S performance of existing health projects in the country is rating Moderately satisfactory and was Moderately Unsatisfactory before the last supervision mission in 2024. Therefore, new E&S specialists will be hired to manage the risks associated to the project, including operating and managing a grievance mechanism and undertaking a robust stakeholder engagement given the nature and scope of project activities.

CONTACT POINT

World Bank

Zenab Konkobo Kouanda
Senior Health Specialist

Teegwende Valerie Porgo
Health Specialist

Borrower/Client/Recipient

Ministry of Budget
Facinet Sylla
Minister of Budget
facinet.sylla@mbudget.gov.gn

Ministry of Economy and Finance
Mourana Soumah
Ministry of Economy and Finance
soumah.mourana@mefp.gov.gn

Implementing Agencies

Ministry of Health and Public Hygiene
Oumar Diouhé Bah
Minister of Health and Public Hygiene
eloumargn@yahoo.fr

FOR MORE INFORMATION CONTACT

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: http://www.worldbank.org/projects

APPROVAL

Task Team Leader(s):	Zenab Konkobo Kouanda, Teegwende Valerie Porgo

Approved By

Practice Manager/Manager:	Gaston Sorgho	10-May-2024
Country Director:	Marie-Chantal Uwanyiligira	06-Jun-2024