

INTEGRATED SAFEGUARDS DATA SHEET

IDENTIFICATION / CONCEPT STAGE

Report No.: ISDSC16257

Date ISDS Prepared/Updated: 10-Feb-2016

I. BASIC INFORMATION

A. Basic Project Data

Country:	Guinea	Project ID:	P158579
Project Name:	GN- Post Ebola Support Project, Mamou		
Team Leader(s):	Ibrahim Magazi, Christopher H. Herbst		
Estimated Date of Approval:	30-Mar-2016		
Managing Unit:	GHN07	Lending Instrument:	Lending Instrument
Sector(s):	Health (100%)		
Theme(s):	Child health (30%), Other communicable diseases (30%), Health system performance (40%)		
Financing (in USD Million)			
Total Project Cost:	4.35	Total Bank Financing:	0
Financing Gap:	0		
Financing Source			Amount
Ebola Recovery and Reconstruction MPF			4.35
Environment Category:	B - Partial Assessment		

B. Project Development Objective(s)

The PDO is to: Provide critical inputs to support essential maternal and child health services at primary level in the Mamou Region.

On the demand side, these inputs include the training and recruitment of community health workers, to generate demand for health services at health post and health center level. And on the supply side, the project will support training and recruitment of health center staff, increase the availability of critical supplies and medicines at the primary level, and equip key health facilities with running water.

C. Project Description

While the PDO will be achieved within 2.5 years (the duration of the project), and the results will largely be tracked via process indicators, the inputs provided under the project will contribute towards a larger 5 year strategy to increase the utilization of maternal and child health services at primary level in Mamou Region, with continuity ensured by the German Cooperation (GIZ) following the end of the grant period.

The proposed interventions to be implemented in the Mamou Region will be organized around three complementary components: (1) improve availability of Commodities, pharmaceuticals and supplies, (2) Improve availability of trained human resources for MCHN services at primary and community level. (3) Strengthen capacity to monitor and supervise services: This component will focus on strengthening supervision capacity at the district level.

Component 1: Improve availability of Commodities, pharmaceuticals and Supplies (US\$2.0 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 of health centers with available running water, critical for health service delivery.

Sub-component 1.1: Strengthen the availability of maternal and child health commodities and supplies at primary health level (US\$1.0 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 seek to improve the availability of medicines, essential supplies and equipment to support maternal and child health at the health post and health center level. It will act as a seed fund with a broader aim to revive currently non functioning drug revolving funds at facility level. Support will be provided to initially replenish the stocks of medicines and supplies for health facilities in the targeted areas. This will help invigorate the revolving drug fund within the health facilities, but serve its primary objective to replenish the availability of critical MNCH supplies and commodities at the health centers in the Mamou region. The sub-component will fund and 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. GIZ will coordinate this effort, in close consultations with the PCU/MOH.

Sub-component 1.2: Improve the availability of health centers with access to water (US\$1.0million). This sub-component would finance a critical bottleneck to service delivery in many primary health facilities in Mamou, namely the lack of running water at health center level. Drawing on the experience of the Ebola response support, this sub-component will finance water wells at primary health facilities, significantly improving a basic need in many of the facilities.

Component 2: Improve availability of trained Human Resources for Health (US\$2.0 million)

Sub-component 2.1: Strengthen the availability of health workers at primary level (US\$1.0 million). Whereas nurses, midwives and doctors largely staff higher level facilities in urban areas, the rural area 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, for specific deployment at the community and primary level (not the case with nurses and midwives). Ebola has reduced the number working on MCHN 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. The Regional Health Administration (Direction Régionale de la Santé (DRS)) will be supported in (a) the recruitment of unemployed ATSs for deployment at the health center and health post level and (b) providing training and continuous mentoring to ATSs and other health workers that are present. GIZ will provide full support towards developing the recruitment strategy as well as the development of appropriate training programs, curricula and the training of trainers. A Human Resource Officer moreover will be situated (and funded) at the DRS in Mamou to support the DRS in the recruitment and the follow-up and training coordination of the ATS. In view of the aim of the MOH to increase the number of ATS in health structures, it is expected that the ATS employed within the framework of this project will be fully absorbed by the government and into the civil service upon project end.

Sub-Component 2.2: Training and deployment of community health workers to generate demand and deliver basic services in maternal and child health (US\$1.0 million). This would involve the engagement of community health workers, including partly those mobilized during the Ebola response effort, in demand generation activities alongside basic service delivery functions. The grant would support the development and institutionalization of standardized maternal and child health training programs for community health workers, building capacity of the District Health Team to deliver new short programs for community health workers as guided by WHO standards on task shifting and supported directly by GIZ. This would allow Guinea to move away from the sporadic, non-standardized and vertical training programs currently provided by different NGOs, and institutionalize the horizontal training of community lay workers in MCHN promotion and basic service delivery at the community level. Within the framework of strengthening the capacities of the health system, the component will support the health administrations on Regional (DRS) and district (Direction préfectorale de santé (DPS)) level in recruiting, training and supervising CHWs. There is emerging evidence on the importance of linking the training of clinical health professionals with community health workers, so that they will learn to work together as a team. The proposed training program is envisioned to include this team-building aspect of the community-based primary health care teams.

Component 3: Strengthen government capacity to supervise services (US\$0.35 million)

This component would ensure that the above inputs translate into actual services delivered, largely by (1) strengthening supportive supervision at district level and below.

Sub-Component 3.1: Strengthen capacity to carry out district level supportive supervision of health centers and posts in target regions (US\$0.35 million). Support will be provided to District Health Directorates to strengthen their supportive supervision and monitoring of health centers and health posts (within their broader mandate of responsibility). The DPS will receive financial as well as technical support in planning and implementing supervision visits to improve the performance of personnel and quality of services in the health centers. The districts will rely on supportive supervision methods including the use of quality checklists for supervision and mentorship. Funding will include development of the supportive supervision strategies, training of district health teams, and key costs linked to carrying out the supervision. The support to the DPS to plan and implement supervision visits will include a provision for fuel and other expenses.

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

The project will be implemented in the Mamou Region

E. Borrower's Institutional Capacity for Safeguard Policies

The Ministry of Public Health and Hygiene which will be responsible of the implementation of the project has experience with Bank safeguard policies and procedures for having chance to implement projects financed by the World Bank. This experience constitutes an advantage to ensure adequately the implementation of the project even if it will not induce notable environmental and social adverse impacts as well as no significant civil works are expected to be undertaken under the project.

F. Environmental and Social Safeguards Specialists on the Team

Abdoulaye Gadiere (GEN07)

II. SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/ BP 4.01	Yes	This policy is triggered by the project because it intends to finance water wells at primary health facilities (sub-component 1.2). As up to now the exact location of these facilities are unknown, an Environmental and Social Management Framework (ESMF) will be developed. However, the project overlaps the Ebola Emergency Response Project (P) for which an ESMF was prepared and disclosed in last June 2015. Consequently, that ESMF will be updated to serve as a guidance for the project. Furthermore, a National Health Care Medical Waste Management Strategy was prepared and disclosed this last September. This document will serve as a guidance for Medical Waste Management. Once the ESMF updated, it will be reviewed, consulted upon and disclosed in the Republic of Guinea and at the Infoshop prior the appraisal.
Natural Habitats OP/BP 4.04	No	The project does not involve or affect natural habitats
Forests OP/BP 4.36	No	The project does not involve or affect forests.
Pest Management OP 4.09	No	The project does not involve pest management.
Physical Cultural Resources OP/ BP 4.11	No	The project will not undertake any investments that may impact on Physical Cultural Resources
Indigenous Peoples OP/BP 4.10	No	Not relevant for the Guinea
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 dams nor rely on dams.
Projects on International Waterways OP/BP 7.50	No	The project is not expected to affect international waterways.
Projects in Disputed Areas OP/BP 7.60	No	The project will not be located in a Disputed Area.

III. SAFEGUARD PREPARATION PLAN

A. Appraisal stage ISDS required?: Yes

i. Explanation

The project will mostly fund consulting, communications costs, training services as well as drug

ii. Tentative target date for preparing the Appraisal Stage ISDS

05-Jan-2016

B. Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing should be specified in the Appraisal Stage ISDS.

IV. APPROVALS

Team Leader(s):	Name: Ibrahim Magazi, Christopher H. Herbst	
<i>Approved By:</i>		
Safeguards Advisor:	Name: Johanna van Tilburg (SA)	Date: 01-Mar-2016
Practice Manager/ Manager:	Name: Trina S. Haque (PMGR)	Date: 03-Mar-2016

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.