

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

Report No.: PIDC52014

<b>Project Name</b>	GN- Post Ebola Support Project, Mamou
<b>Region</b>	AFRICA
<b>Country</b>	Guinea
<b>Sector(s)</b>	Health (100%)
<b>Theme(s)</b>	Child health (30%), Other communicable diseases (30%), Health system performance (40%)
<b>Lending Instrument</b>	Lending Instrument
<b>Project ID</b>	P158579
<b>Borrower Name</b>	Ministry of Finance
<b>Implementing Agency</b>	Ministry of Public health and Hygiene
<b>Environment Category</b>	B - Partial Assessment
<b>Date PID Prepared</b>	10-Feb-2016
<b>Estimated Date of Approval</b>	30-Mar-2016
<b>Initiation Note Review Decision</b>	The review did authorize the preparation to continue

**I. Introduction and Context**

**Country Context**

Despite its recent transition to democracy, Guinea remains one of the poorest countries in the world. A legacy of political instability, insecurity and governance challenges has limited the potential for shared prosperity with respect to Guinea's vast natural wealth. Guinea's per capita income was approximately US\$497 in 2011, less than half the regional average, and the majority of the population continues to live in extreme poverty given elusive and volatile economic growth. Poverty in Guinea has been increasing despite its rich agricultural and mineral resources. In 2012, 55.2 percent of the Guinean population lived under poverty compared with 53 percent in 2007 and 40.3 percent in 1995 respectively. Rural poverty is more widespread (64.7 percent) than urban poverty (32.1 percent). Out of 182 countries in the world, Guinea is ranked 170th in 2005 and 178th in 2012 on UNDP Human Development Index. The regions of Faranah, Labe and Mamou are amongst the poorest in the country.

**Sectoral and Institutional Context**

The Ebola crisis, which started in December 2013, was the direct result of an extremely weak health system, since then further weakened by the epidemic itself. The corresponding recovery effort has affected regular maternal and child health services, absorbing much of the funding originally allocated towards such services, and significantly stretching management and service delivery capacity of the Ministry of Health. Preventable deaths of mothers and children, already worrisome prior to the Ebola crisis, are occurring because of the need to focus much of the financial and human resources on the Ebola response effort and the reluctance of the general population to access

the health system (for fear of contamination, lack of trust, lack of affordability due to impoverishment, and lack of available services).

With the development of the Ebola vaccine, the Ebola epidemic is finally slowing down. As of September 30, 2015, approximately 2,533 people have died from Ebola in Guinea (including 115 health care workers) out of a total 3,809 cases. With the new vaccination, daily infection averages now fall below 2 cases per week. The hot bed of the epidemic has now moved from the Forest Region (where there has not been a single infection in more than 200 days) to the city of Conakry and Forecariah. Resistance at the community level and unreliable contact tracing which were the main obstacles to breaking the chain of transmission have improved.

Ebola has nonetheless set Guinea back on all fronts, and immediate support is needed for mothers and children, whilst focusing on longer term health systems strengthening. Guinea was just emerging from a period of macroeconomic and fiscal instability prior to Ebola, with a renewed focus on poverty reduction. Guinea's Poverty Reduction Strategy Paper adopted in 2013, as well as its new daft national health strategy, both prioritize improvements in service delivery, in particular primary based health service delivery, to the poorest people, especially in maternal and child healthcare. Ebola has set Guinea back on all fronts, left large segments of the population even more vulnerable than before, and made primary level service delivery strengthening, and overall strengthening of the health system, as identified in the Poverty Reduction Strategy Paper (PRSP) and strategic document, ever more important.

Already prior to the Ebola crisis, Guinea was among the lowest performers in the region in terms of health outcomes. Life expectancy at birth increased from 43 years to 53 years by the end of 2010, linked to improved access to medication and vaccinations. The 2013 maternal mortality ratio per 100,000 births for Guinea was 650, compared with 859.9 in 2008 and 964.7 in 1990. Although the child mortality rate has decreased from 154 per 1,000 live births in 2002 to 101 per 1,000 live births in 2013, the rate remains high when compared with the rest of the region. Any improvements in health outcomes are often linked to the 1990s when Guinea experimented with community based development of health services, through the Bamako initiative. A period of macro-economic and fiscal instability that followed stifled some of this progress. By 2013, Guinea was amongst the worst performers in the region on key health outcomes (Table 1), all of which are likely to have significantly worsened under Ebola.

High rates of child mortality is predominantly linked to low complete vaccination coverage, low Insecticide Treated Nets (ITN) coverage and high rates of malnutrition. Maternal health and mortality is linked to low levels of birth attendance and low quality pre-natal care.

Funding for health is extremely limited, and its use has been highly inequitable and inefficient. Per capita spending on the health system has been historically extremely low. Only 2.7 percent of the national budget was allocated to health in 2012. The 2014 Public Expenditure Report (PER) found that most of the limited public sector funds are linked to, and spent on, a centralized bureaucracy and health worker salaries, largely benefiting Conakry. Since 2005, expenditures for health programs (as listed above) constitute less than seven percent of the Ministry of Health budget.

Health service delivery in Guinea is constrained by challenges on both the demand and supply side. On the supply side, existing community health workers are often insufficiently trained and supervised, and few nurses and doctors are present at the primary level, particularly outside of

Conakry. The recruitment of Agents Technique de Sante (ATS), who are plenty in number and produced in decentralized schools for employment at the primary level, is constrained by lack of funding. The human resource challenge is compounded by the frequent shortages of Maternal, Child Health and Nutrition (MCHN) commodities and supplies, primarily because of limited funding allocated towards health, and because of constrained income generation of primary health facilities in rural areas vis a vis larger facilities in urban areas (and now further under Ebola). On the demand side a key bottleneck to seeking services are the substantial geographic distances between remote communities and point of care, and high user fees, which fund most service delivery in Guinea. The potential to subsidize the poor to use health services, or to use community health workers to extend the reach of services and generate demand for services, beyond Ebola, is insufficiently explored. Overall services at the primary level are further compromised by the fact that supportive supervision by the district largely only happens in theory. This is largely mirrored by extremely weak capacity at the central MOH level to develop and supervise the health sector.

The Bank is providing support towards maternal and child health in the form of the US\$ 15.1 million Primary Health Services Improvement Project - PHSIP (P147758), which is targeting Faranah and Labe Regions. The Guinea PHSIP, approved on May 20, 2015, and expected to become effective December 30, 2015, aims to address supply and demand side bottlenecks and improve the utilization of maternal, child health and nutrition services at the primary level of care. It is a five year IDA project funded by a US\$ 8.3 million credit, and US\$6.8 million grant. The project development objective (PDO) is to improve the utilization of maternal, child health and nutrition (MCHN) services at the primary level of care in Target Regions. The project target regions are two of the poorest in Guinea, Faranah and Labe, home to around 1.9 million people, or approximately one fifth of Guinea's total population. The project, which complements activities and interventions carried out by donors in other regions, has three components (i) strengthening commodities and trained human resources for MCHN services at primary level; (ii) strengthening community-level demand for MCHN services (including exempting the poorest from fees), and (iii) strengthening government capacity to plan, implement, monitor and supervise activities. The immediate project beneficiaries are women and children dependent on primary health services for their needs, in particular pregnant women and children under five in the target regions.

This Project seeks to provide similar support to the neighboring Mamou Region, through a Small Grant (SG) in the amount of US\$4.35 million. The Mamou region ranks fourth highest in terms of poverty incidence (60.8%), and lowest in terms of percentage of births attended in a facility of all regions (13.8 percent), as well as percentage of vaccination coverage (12.6 percent). The SG, to be administered as a Recipient Executed Trust Fund Grant over a period of 2.5 years, will contribute towards the implementation of a broader strategy to support maternal and child health over a 5 year period in Mamou, implemented in part by the German Development Cooperation, the GIZ. This strategy seeks to increase the utilization of health services for mothers and children at primary level by supporting critical demand and supply side interventions including community level demand generation, and improve the availability of water, pharmaceuticals and supplies, and good quality human resources for health service delivery at primary level. Over a period of 2.5 years, the SG would finance critical inputs to reinvigorate health service delivery at the primary level in Mamou, and by implementing a portion of the Grant through the German GIZ (already present in the Mamou Region), the government would draw on existing implementation capacity, leverage resources and ensure continuity beyond the 2.5 years of the SG until 2012.

### **Relationship to CAS/CPS/CPF**

The proposed Small Grant remains consistent with, and aligned to, the strategic area of the World Bank Group's Country Partnership Strategy (FY14-FY17), which focuses on improving human development indicators in Guinea, and which also covers basic education, social protection and health. The grant will support the CPS health targets of strengthening the capacity of the health sector to provide services and quality care accessible to the entire population in Mamou to reduce infant and maternal mortality, malnutrition, including intensifying the fight against communicable and non-communicable diseases. The SG also remains fully aligned with the government's post – Ebola Health System Strategy and Recovery Plan, and will ultimately contribute towards the twin goals of the World Bank Group to 1) end extreme poverty and 2) promote shared prosperity of the bottom 40 percent. As in Faranah and Labe, this will be done by specifically targeting the interventions at the poor and vulnerable, as well as acting as a catalyst to leverage additional funding and promote future scale up of the proposed service delivery model supported under the project.

## **II. Project Development Objective(s)**

### **Proposed 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.

### **Key Results**

- Reductions in stock outs of select tracer drugs for MNCH at health center level
- Number of ATS who receive training in expanded MNCH competencies
- Number of newly trained community health workers engaged in health promotion and basic service delivery
- Percentage of health facilities supervised at least twice per year by the district team
- Number of new health centers with new water wells

## **III. Preliminary Description**

### **Concept 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 préfectoral 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.

#### 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:	4.35	Total Bank Financing:	0
Financing Gap:	0		
<b>Financing Source</b>			<b>Amount</b>
Ebola Recovery and Reconstruction MPF			4.35

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