Project Information Document (PID)

Concept Stage | Date Prepared/Updated: 30-Sep-2020 | Report No: PIDISDSC25304

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Parent Project ID (if any)	Project Name
Congo, Republic of	P167890		Kobikisa Health System Strengthening Project (P167890)
Region	**Estimated Appraisal Date**	**Estimated Board Date**	**Practice Area (Lead)**
AFRICA WEST	Jan 29, 2021	Mar 25, 2021	Health, Nutrition & Population
Financing Instrument	**Borrower(s)**	**Implementing Agency**	
Investment Project Financing	Ministry of Planning	Ministry of Health	

Proposed Development Objective(s)

The project development objective is increase utilization and quality of reproductive, maternal and child services in targeted areas, especially among the poorest households.

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	50.00
Total Financing	50.00
of which IBRD/IDA	50.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	50.00
IDA Credit	50.00

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

Other Decision (as needed)

B. Introduction and Context

Country Context

1. **The Republic of Congo (RoC) is a low middle-income country (LMIC) facing a number of challenges.** The country is highly endowed with natural resources, including natural gas and oil. Congo's stock of wealth was estimated at US$68,779 per capita in 2014, which makes it the 6th wealthiest country in sub-Saharan Africa (SSA). The economy is still undiversified, and oil accounted for 86 percent of exports in 2014. This has rendered Congo's economy very vulnerable to oil market fluctuations. The sharp decrease in oil revenues and reduction in public spending has depressed economic growth (- 4.6% in 2017), and RoC is in debt distress (public debt increased from 90 percent of GDP in 2018 to 95 percent in 2019 and is projected at 120 percent in 2020). The share of people living below the national poverty line declined from 50.7 percent in 2005 to 36.3 percent in 2015. This downward trend is estimated to have reversed following the commodity-price induced crisis. The country is also affected by fragility, conflict, and violence (FCV). Governance and institutions are weak, as indicated by the World Bank's Worldwide Governance Indicators.

2. **RoC's population is young but investments in human capital are insufficient**. The population today stands at almost 5 million people. While fertility and mortality in Congo are both declining, they are doing so at a very slow rate. On average, a woman will have 4.4 children (MICS 2015) and the adolescent fertility rate is among the highest in Africa. The population of Congo is very young, with about two people out of five now below 15 years of age. This young population is not poised to reach its full potential. RoC ranks 137 out of 189 countries on the Human Development Index (2018). If current education and health conditions persist, a child born in Congo today will only be 42 percent as productive as if the child had benefited from a complete education cycle and health benefits. Important challenges for women and girls persist.

Sectoral and Institutional Context

3. **Despite its middle-income status, Congo's epidemiological profile remains comparable to low-income countries, with 62 percent of deaths still caused by communicable diseases and poor maternal, prenatal, and nutrition conditions (2012**). The maternal mortality ratio remains very high at 436 deaths per 100,000 live births (MICS 2015). While this is better than the average for sub-Saharan Africa (534), the level in middle-income countries is considerably lower (less than 190 in 2015). Under-five mortality is also high at 52 per 1000 live-births only slightly decreasing from 68 per 1000 in 2011. An estimated 21 percent of children under-five years of age are chronically malnourished (stunted). Malaria places an enormous burden on the Congolese healthcare system, being the leading cause of consultations (54 percent), hospitalization (40 percent) and mortality (42 percent); and the prevalence of HIV remains high. Congo did not achieve any of the health-related Millennium Development Goals (MDGs).

4. **While access to essential reproductive, maternal, and child health services is often inadequate, having access to those health services does not necessarily translate into good outcomes due to the poor quality of care.** Only 69 percent of infants (aged 12-23 months) had received three doses of diphtheria-pertussis-tetanus (DPT3) vaccination (WHO/UNICEF 2017). Maternal health service coverage is high. In 2015, 92 percent of deliveries occurred at health facilities, 94 percent of births were attended by skilled birth attendants, and 79 percent of pregnant women attended four or more antenatal care visits (MICS 2015). The high maternal mortality rate however, is largely attributed to the poor quality of care services, as 89 percent of maternal deaths are linked to the third delay[1]. The 2018 maternal death audit report revealed that many deaths could be prevented if the quality, organization, and provision of care services were different, with maternity wards better structured, and if access to medical supplies for women presenting obstetric complications was guaranteed.

5. **The entire health system needs strengthening and access to quality care in the Republic of Congo is hampered by a series of factors**. First, RoC allocates significantly fewer public resources to health than other countries with the same income level. While LMICs spend on average US$80 per capita, in RoC, Current Health Expenditure from Government sources dropped from US$38 in 2010 to only US$27 per capita in 2015. Second, the limited public resources for health are not allocated in a way to prioritize access to essential services for all. Curative hospital care and health sector administration together account for more than 75 percent of health expenditures and frontline primary health care, essential to address the burden of diseases, is not prioritized. Further, free care programs are underfunded. The limited financial management and procurement capacity within the Ministry of Health (MoH) is described as a major impediment to executing the budget and constitutes a major bottleneck for the health sector. Finally, the emergence of COVID-19 in RoC on March 14, 2020 now threatens every aspect of human capital development by putting pressure on an economy already under stress as it puts pressure on the health system, has threatened livelihoods, food security, nutrition, and schooling.

6. **The Ministry of Health is committed to the goals of Universal Health Coverage (UHC) but government-funded initiatives face enormous challenges due limited public resources available in health**. Congo developed a new health policy for 2018-2030 and an accompanying National Health Development Program 2018-2022 (PNDS). A key strategy outlined in this policy is to build on a successful Performance Based Financing (PBF) pilot to strengthen services delivery, accountability for results and operational management on the frontline.

Relationship to CPF

7. **Through strengthening health service performance and improving financial protection, the proposed project will directly address some of the binding constraints identified in the Systematic Country Diagnostic (SCD).** The SCD identifies investments in human capital for health and social protection systems, public service delivery, and ensuring efficiency of public spending as priorities. Building on the SCD, the interventions under the project remain consistent with, and aligned to, the strategic area of the CPF addressing gaps to achieve UHC; strengthen maternal, child health, and family planning services; and ensure that Congo's poorest citizens can access basic quality health services**.** More particularly, in line with the CPF, this project will support the Bank's two -pronged approach to human capital improvement in education and health and will focus on improving access to quality health care (including reproductive health and family planning) and nutrition services, with a specific attention to the poorest and to women and girls, while supporting improving

[1] Maternal Health surveillance report, 2018

financial protection to the poor. In line with the SCD, the Project will contribute to the main objectives of the CPF with a focus on improved supply of and demand for maternal, child and reproductive health care.

C. Proposed Development Objective(s)

The objective of the project is to increase utilization and quality of reproductive, maternal and child services in targeted areas, especially among the poorest households.

8. **The proposed project development objective (PDO) indicators are the following:**

   a. Average quality score at health centers in targeted areas (percentage).
   b. Use of modern contraceptive method (Number).
   c. Use of post-natal care service (percentage)
   d. Number of children who received DPT3 vaccine
   e. Health services received by poor people registered as exempted (number)

9. **The project will target women of reproductive age and children under the age of five in 36 districts out of 52**. The 21 districts supported by the previous project will be maintained and 15 additional new districts will be selected after agreement with the Government, with the selection criterion taking in consideration inequalities in access and poverty levels.

D. Concept Description

10. The project will finance PBF payments to health facilities in targeted regions. These payments will be allocated to primary care facilities and first level referral hospitals based on their achievements in delivering high-impact and quality interventions to women and children. The PBF scheme will also compensate facilities for the care provided under the Government's free care policy for pregnant women, children under five, and the indigent poor who will be identified using the unified social registry (Registre Social Unifié, RSU).

11. In addition, the Kobikisa project will also support selected performance-enhancing processes and reforms in the sector. Strengthening the health system in Congo requires supporting Government's efforts to improve performance both at sector and systemic levels. The Project will support or leverage measures and reforms which directly support the implementation of the first component, are necessary to achieving the projects' objective but also, to the extent possible, contribute to sustainable improvements in the health and public system. Some measures, notably in the area of public finance management, will be leveraged through performance-based conditions. Others will be supported more directly through the provision of training, technical assistance, and some equipment purchases.

12. **A Contingency Emergency Response Component (CERC)** will be included under the project in accordance with Operational Policy (OP) 10.00 paragraphs 12 and 13, for projects in Situations of Urgent Need of Assistance or Capacity

Constraints. This will allow for rapid reallocation of project proceeds in the event of a natural or man-made disaster or crisis that has caused, or is likely to imminently cause, a major adverse economic and/or social impact.

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

13. **The environmental risk rating is moderate**, **while the social risk rating is considered substantial.** The project does not anticipate any intensive or major civil works, and potential risks and impacts on the environment are not expected to be irreversible based on the current scientific knowledge and practical experience of projects implementing similar activities. Key potential environmental risks and impacts are related to the incremental increase in biomedical waste as a result of the increase in the number of people accessing health facilities, transfusion safety and access to quality blood products, blood transfusion, drug use, etc. Other potential impacts may be related to (i) release of effluents, including wastewater from health care and blood transfusion centers, (ii) occupational health and safety due to exposure to infections and diseases, hazardous materials and waste, and (iii) community health and safety. Additionally, there is a possibility that the project could (indirectly) result in development of other downstream works, such as rehabilitation, expansion of facilities, substantial repairs for the PBF health facilities, as was the case in the prior health sector project in RoC. The ESMF will include screening criteria for such works. Key social concerns related to the project include (1) exclusion of vulnerable groups, Indigenous Peoples and other rural and marginalized groups where services are not available and who may as a result be excluded as project beneficiaries (for example, persons with disabilities, elderly, children and youth, including adolescent girls); (2) challenges in ensuring that the targeting of beneficiaries through the Republic of Congo Safety Nets Project (LISUNGI) and the Unified Social Registry is conducted in an transparent and inclusive manner; (3) lack of transparency and accountability in delivering project benefits under the current economic conditions could lead to lack of trust in the health system and underutilization of other public health interventions, (4) healthcare service delivery under the project in the targeted regions is likely to be constrained by COVID-19, and ensuring stakeholder engagement and adherence to COVID guidance may prove challenging, (4) the application of labor and working conditions for the PBF health centers, Project Implementation Unit (PIU), the public and select private providers, the contracted departmental workers, as well as the community health workers; and (4) community health and safety related to a range of factors including worker-community interactions, and movement of chemicals and human bloods, etc. While labor influx is not expected, as the project will most likely not finance large civil works requiring international or regional recruitment, healthcare and PIU workers/staff who will be involved in implementing the project will be required to sign and adhere to a Code of Conduct (CoC). Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) Risk Screening will be undertaken prior to appraisal and an SEA/SH mitigation measures developed and included in the ESMF and ESMPs, or as part of a standalone Gender Action Plan depending on the level of risk. A Stakeholder Engagement Plan will be necessary to strengthen project ownership and prevent potential conflicts between beneficiaries, local government and health providers, and will include a Grievance Redress Mechanism (GRM). The capacity of the implementing agency for

management of E&S risks is limited and so the REDISSE IV project Project Implementation Unit (PIU) safeguards staff will be supplemented with additional environmental and social safeguard specialists and the World Bank E&S team will provide robust capacity building support for the PIU.

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APPROVAL

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