



RESTRUCTURING PAPER
ON A
PROPOSED PROJECT RESTRUCTURING
OF
SENEGAL HEALTH & NUTRITION FINANCING
APPROVED ON DECEMBER 11, 2013
TO
GOVERNMENT OF SENEGAL

HEALTH, NUTRITION & POPULATION

AFRICA

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ABBREVIATIONS AND ACRONYMS

ACMU	Universal Health Insurance Agency (<i>Agence pour la Couverture Maladie Universelle</i>)
ANSD	National Statistics and Demography Agency (<i>Agence Nationale de Statistiques et Démographie</i>)
CBHI	Community-Based Health Insurance
CLM	Unit Against Malnutrition (<i>Cellule de Lutte contre la Malnutrition</i>)
CMU	Universal Health Insurance (<i>Couverture Maladie Universelle</i>)
DAGE	Fiduciary Unit MoH (<i>Direction de l'Aménagement et de la Gestion des Equipements</i>)
DSME	Maternal and Child Health unit at MoH (<i>Direction de la Santé de la mère et de l'enfant</i>)
GFF	Global Financing Facility
HNFP	Health and Nutrition Financing Project
HR	Human Resources
HRBF	Health Results-Based Financing
HRITF	Health Results and Innovation Trust Fund
IC	Investment Case
IDA	International Development Association
ISR	Interim Status Report
IVAs	Independent Verification Agencies
M&E	Monitoring and Evaluation
MDTF	Multi-Donors Trust Fund
MoHSA	Ministry of Health and Social Action
MTR	Mid-Term Review
PDO	Project Development Objective
PNBSF	National Family Safety Net Program (<i>Programme National de Bourses de Sécurité Familiale</i>)
PNFBR	National Results-Based Financing Program (<i>Programme National du Financement Basé sur les Résultats</i>)
RBF	Results-Based Financing
RMNCAH+N	Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition
TF	Trust Fund
UHC	Universal Health Coverage



BASIC DATA

Product Information

Project ID P129472	Financing Instrument Investment Project Financing
Original EA Category Not Required (C)	Current EA Category Not Required (C)
Approval Date 11-Dec-2013	Current Closing Date 29-Jun-2018

Organizations

Borrower Government of Senegal	Responsible Agency Ministry of Health and Prevention
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Project Development Objective (PDO)

Original PDO

The objective of the project is to increase utilization and quality of maternal, neonatal and child health and nutritional services, especially among the poorest households in Targeted Areas in the Recipient's territory.

Summary Status of Financing

Ln/Cr/Tf	Approval	Signing	Effectiveness	Closing	Net Commitment	Disbursed	Undisbursed
IDA-53240	11-Dec-2013	28-Mar-2014	14-May-2014	29-Jun-2018	20.00	9.72	9.07
TF-A0565	28-Jan-2016	28-Jan-2016	28-Jan-2016	31-Dec-2016	.83	.78	.04
TF-16618	17-Dec-2014	17-Dec-2014	17-Dec-2014	31-Mar-2016	.19	.19	0
TF-15872	28-Mar-2014	28-Mar-2014	29-May-2014	29-Jun-2018	20.00	5.15	14.85



Policy Waiver(s)

Does this restructuring trigger the need for any policy waiver(s)?

No

I. PROJECT STATUS AND RATIONALE FOR RESTRUCTURING

A. Introduction

The Health and Nutrition Financing Project (HNFP) has been under implementation for almost four years (effective since May 2014) and its Project Development Objective is “to increase utilization and quality of maternal, neonatal and child health and nutritional services, especially among the poorest households in targeted areas of Senegal.” The project targets six of the most underserved regions in Senegal: Kaffrine, Kolda, Tambacounda, Kedougou, Sedhiou and Ziguinchor.

Through three components, the project is supporting several aspects of the Senegal Universal Health Coverage (UHC) strategy:

- Component 1. Strengthening the supply-side of health system through Results-Based Financing for Health and Nutrition Services (US\$20.8 million). This component supports the improvement of health and nutrition service delivery in Senegal in six selected regions, using a Results-Based Financing (RBF) mechanism.
- Component 2. Demand side interventions for improving accessibility of health care services (US\$14 million). This component supports several mechanisms whose main purpose is to subsidize demand for healthcare and nutrition services. These mechanisms are: (i) the Universal Health Insurance Scheme (i.e. *Couverture Maladie Universelle* or CMU); (ii) the national program for improving demand for nutrition services; and (iii) the maternal health vouchers.
- Component 3. Strengthening capacities for better monitoring and evaluation, supervision, and Project Implementation (US\$6 million). This component supports activities to increase the capacity of and reliance on national health systems. It is implemented nationwide and includes among others: capacity building for better regulation of the hospital sector, capacity building for better M&E of the overall health system (support to the National Statistical Agency, i.e. ANSD, for its “Senegal continuous survey”), and capacity building for better general and financial management within the health system.

The HNFP is funded with three sources: (i) an IDA credit (US\$20 million equivalent); (ii) an MDTF TF (Health Results and Innovation Trust Fund-HRITF, US\$20 million); and (iii) the HRBF TF (Health Results Based Financing-USAID, initially US\$2.3 million, but only the first tranche of US\$ 0.8 million was disbursed before closing of the Grant in December 2016). The HNFP was restructured on April 2016 to strengthen institutional capacity and implementation arrangements as well as to increase disbursement and the ultimate impact of the Project (changes included mainly: revision of Component 3 description to reflect activities related to institutional strengthening for Ebola preparedness; Creation of two sub-accounts to improve project implementation for the CLM (*Cellule de Lutte contre la Malnutrition*) and for ANSD (*Agence Nationale*



de Statistiques et Démographie); and change in disbursement arrangements (creation of specific disbursement categories for the HRBF TF funded through a USAID grant) in order to facilitate its disbursements.

B. Overall implementation progress and progress towards PDO

Overall Implementation Progress remains rated as Moderately Unsatisfactorily (ISR January 2018) despite the significant progress made since July 2017; This is because the performance of the project still needs to be strengthened, especially under component 1 (Results-Based Financing), and recent improvement in financial management, facilitating implementation of Project 's interventions, needs to continue. Disbursements have increased from 25% (32% IDA and 18% TF) in June 2017 to 40% (52% IDA and 29% TF) in April 2018.

Implementation of Components 2 (Demand side interventions for improving accessibility of health care services) and 3 (Strengthening capacities for better monitoring and evaluation, supervision, and Project Implementation) is ongoing, as planned, but there were some initial delays and some fiduciary constraints. However, the main delays which have affected project implementation are related to two critical issues which are currently being addressed:

- **Implementation of the supply-side Results-Based Financing intervention (Component 1).** The HNFP funds were to continue financing the RBF approach in the 2 pilot regions (Kolda and Kaffrine, RBF pilot funded in 2012 and 2013 by USAID) and extend it to four of the most vulnerable regions: Tambacounda, Sédhiou, Kédougou and Ziguinchor (out of the 14 regions of Senegal), building on the existing scheme. One of the key requirements for the RBF approach to work was the recruitment of two Independent Verification Agencies (IVAs). The procurement process to recruit the IVAs was significantly delayed, with contracts finally signed only in January 2016; thus the first verification happened in May 2016 and the first payments in October 2016. Also, the Mid-Term review of the Project (February and May 2017) highlighted several issues with the implementation of the RBF approach, including: lack of national capacities for RBF and reactivity of the National RBF Program unit in the Ministry of Health (PNFBR) to improve the approach; design issues that were still not addressed by the MoH and significant delays. Thus, in June 2017, a 3-months accelerated roadmap for RBF was agreed between the WB team and the Ministry of Health, with a focus on making changes in the technical and operational RBF approach in order to strengthen its impact, such as paying per number of services instead of percentage coverage, clarifying the functions between regulation, purchasing, verification. This included the revision of the RBF Manual and capacity strengthening of staff of the National RBF program. The RBF model in Senegal needed to be revised to achieve the expected results and strengthen the health system, accordingly with global evidence and good practices. However, the new approach still needs to be implemented and to demonstrate results, with a strong leadership from the Ministry of Health.

- **Financial management and disbursements.** There is no outstanding audit report. After almost four years of implementation, disbursements are still low, reflecting implementation delays and not responding to the needs of the project main stakeholders (especially *Cellule de Lutte contre la Malnutrition-CLM*, *Agence pour la Couverture Maladie Universelle-ACMU*, *Agence Nationale de Statistique Démographique-ANSD* ...). The reasons for the delays include ineffective cash flow and fiduciary issues. Financial aspects of the project are managed by the DAGE (fiduciary unit of MoH) and capacities were insufficient and the workload significant. Thus, during the second semester of 2017, several measures were taken to address these issues: additional staff within the project have been recruited to support the financial management workload, a training on disbursements has been conducted by colleagues from the disbursements unit, the ceiling of the Designated Account has been increased, and the Bank team is working closely with the Project coordination to ensure smoother disbursements.

These two issues have impacted progress in achieving the PDO as some of the indicators of the Results Framework are linked to the RBF (such as Proportion of pregnant women having 4 antenatal care visits and assisted deliveries). Good



progress on other indicators (New acceptors of modern contraceptive method and severe malnourished detected children who are referred and received at the health center for all necessary visits) are due to interventions implemented by the DSME (*Direction de la Santé de la mère et de l'enfant*) and CLM (*Cellule de Lutte contre la Malnutrition*), funded also through the Project.

C. Rationale for restructuring

Considering the different issues related to the overall implementation progress and delays at the start of the Project, the objective of this restructuring is to ensure achievement of the Project Development Objective by: (i) reallocating funds between components and adding new interventions (supporting directly the PDO), (ii) revising the Results Framework, (iii) changing disbursements categories (due to the closing of the HRBF TF); and (iv) extending the Closing Date by one year to enable the completion of project activities. Performance of the Project following this restructuring is also crucial for the approval of a new IDA-GFF TF operation in the health sector in Senegal.

Thus, as part of reallocation between components and addition of new interventions, this restructuring is integrating the results of the significant analytical work conducted by the Government of Senegal, with support from the World Bank, the Global Financing Facility (GFF) Secretariat and other partners, with the finalization of the **Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH+N) Investment Case (IC)**. Based on the bottleneck analysis conducted by the GFF platform, the Investment Case focuses on the following five key priority areas: 1) Provision of a high-impact RMNCAH package; 2) Enhanced financial access to and socio-cultural acceptability of the RMNCAH package through demand side financing; 3) Improve adolescent health through multi-sectoral approaches; 4) Strengthening supply-side of the health system by scaling up high-impact human resource and supply chain interventions to address low RMNCAH service coverage; and 5) Strengthening health system governance. The Senegal IC targets five priority regions based on a composite index comprised of the following indicators: poverty rate, neonatal mortality, under five mortality, assisted delivery, contraceptive prevalence, proportion of adolescents with active sexual life and ANC coverage. The regions in the South, e.g., Sedhiou, Kolda, Tambacounda, Kedougou and Kaffrine have the lowest index (five of the six regions targeted by the Health and Nutrition Financing Project). Consequently, new interventions included through this restructuring derive from the prioritized and evidence-based GFF Investment Case, especially to complement the RBF intervention to improve the supply-side of health system (pharmaceutical, human resources for health, maternal health, priority 3 of the GFF IC).

II. DESCRIPTION OF PROPOSED CHANGES

The World Bank received a request from the Government of Senegal on March 28th, 2018 to restructure the Project on the five following aspects:

- 1- Reallocation of funds between components and addition of new activities;
- 2- Modification of the results framework;
- 3- Changes in the disbursements categories;
- 4- Change in disbursements estimates; and



5- Extension of closing date from June 29, 2018 to June 28, 2019.

1- Reallocation of funds between components and addition of new activities

The proposed reallocation of funds between components is based on the following principle: transfer of funds to components/interventions with demonstrated absorption capacity. In addition, a portion of the funding of the RBF component 1 (MDTF TF), which has made little disbursement, will be reallocated to priority interventions identified in the GFF Investment Case (US\$ 5.1 million).

Component 1. Strengthening the supply-side of health system through Results-Based Financing for Health and Nutrition Services

Considering delays and issues to implement the RBF approach, some funds (US\$ 5.1 million¹) will be reallocated from this component to components two and three. With allocated amounts for sub components 1.1 and 1.2, the revised RBF approach will be implemented in 2018 (RBF contracts until end of December 2018) in the same targeted regions. A new sub-component (US\$ 1 million) has been added to complementarily support the strengthening of service delivery: sub-component 1.3 “Improving quality of health services (drugs, HR, maternal and child health)”. This sub-component will provide funding for interventions of the GFF Investment Case related to Priority 4 (“Strengthening the Pillars of RMNACH supply-side) with quality human resources, availability of drugs and quality service delivery). Activities to be funded are the following: transition to scale of the pilot Itinerant Midwives' strategy, support for the revision of the Human Resources for Health National Strategy, support mechanisms for quality control of drugs, procurement of obstetrical and maternal health equipment, RMNACH training of health workers and community health workers, and strengthening the geographical accessibility of essential medicines and supply-chain through supporting the transition of *Yeksina* Strategy to the National Pharmaceutical Agency (from the Informed-Pushed Model project support information system and contracting of private operators for last mile delivery).

Component 2. Demand side interventions for improving accessibility of health care services

Amount allocated to component 2 will increase from US\$ 14 million to US\$15.6 million.

Subcomponent 2.1. Although the amount (US\$ 7 million) is not changing, activities to be financed are slightly updated from what was originally planned, taken into account the evolution of the Universal Health Insurance in Senegal and the GFF investment case. Activities to be funded are still related to establishing and implementing the universal health insurance system (communication, technical assistance, comprehensive and integrated information system, training, etc..) but also supporting innovative strategies to strengthen the efficiency of the system and its equity. The ACMU will set up pilot interventions to better address the management of free health care for children under 5 and support enrollment of beneficiaries of the National Family Safety Net Program (*Programme National de Bourses de Sécurité Familiale- PNBSF*) through the Community-Based Health Insurance (CBHI) system. Amounts allocated for these pilot interventions and transfer of funds to CBHIs is US\$500,000. A CBHI Manual describing the procedures for the transfer of funds from the Project to the CBHIs and modalities of control is being finalized by the ACMU. Also, the activity related to the scale-up of the National Unified Registry, through the provision of technical assistance, training and equipment to MoH, is removed under this sub-component: indeed, this activity was proposed during preparation of the project, but soon after

¹ An additional US \$ 1.5 million is decreased from this component due to the decreased amount from USAID grand: indeed, out of the US\$2.3 million initially planned from this Grant, only the first tranche (US\$ 0.8 million) was disbursed at closing of the HRBF TF (after extension).



effectiveness, the responsibility to carry out the scale-up of the National Unified Registry was given to another institution and this activity is now supported by a Social Protection Project supported by the Bank.

Sub-component 2.2. Interventions of the CLM (community nutrition) remain the same but with an increased amount (from US\$5 to US\$6.3 million) to continue the interventions during the one year extension of the Project. Community nutrition interventions are key to achieve the overall Senegal objective to decrease stunting and the CLM has strong implementation capacities (two-third of their envelope already disbursed).

No change has been introduced to sub-component 2.3 related to demand-side RBF (maternal health vouchers) to improve access for the poorest pregnant women to antenatal care and assisted deliveries.

Finally, a sub-component 2.4 related to promoting adolescent health (one of the five priorities of the GFF Investment Case) is being added (US\$ 300,000). Activities under this new sub-component include behavioral change interventions, communication strategies to support demand for health services, especially reproductive health services for adolescent.

Component 3. Strengthening capacities for better monitoring and evaluation, supervision, and Project Implementation

The amount allocated to this component will increase from US\$ 6 million to US\$ 9.5 million.

Considering implementation delays different activities of the Hospital Directorate (component 3.1 about regulation of the hospital sector), the amount has been decreased from US\$3 million to US\$1.2 million). Indeed, with delays to launch and finalized the Hospital Information System feasibility study, procurement of IT equipment and some trainings will not be implemented.

No change has been introduced to sub-component 2.3 related to capacity building for monitoring and evaluation of the overall health system (surveys conducted by the ANSD).

Amount under sub-component 3.3 “ Capacity building for better general and financial management within the health system” is being increased from US\$1 million to US\$5.5 million to finance major procurement for equipment of the different implementing entities, and also the different capacity building interventions for maternal health directorate, planning directorate and it also include costs of the coordination of the Project (which has increased due to the need to strengthen the fiduciary capacities).

Sub-component 3.4 “Support to health financing reforms” is being introduced reflecting the adoption in June 2017 of the Health Financing Strategy, also as part of the GFF process in Senegal. Under this new sub-component, studies, training and dissemination will be funded (such as on domestic resources mobilization, strategic purchasing mechanisms, the role of public-private partnership, etc.).

Finally, it should be noted that the total amount of the project is now US\$ 40.8 million while at approval it was US\$ 42.3 million. Indeed, initially the HRBF TF (USAID funded) was US\$ 2.3 million with two tranches, the first one of US\$ 828,000. The Grant Agreement for this TF was signed only in January 2016 and by the closing of the Grant (December 2016), only the first tranche was disbursed and it was not possible for USAID to extend it further. Delays to disburse this TF were due to the implementation delays of the RBF program as this TF was contributed to finance this component of the Project.

The table below summarizes the reallocations between components and the new sub-components:

Table 1: Reallocation between components in \$US million



Components	Initial allocation	Restructured allocation
Component 1: Result-Based Financing for health and nutrition services and capacity building	22.3	15.7
1.1. Financing of Result Based Financing	14.4	9.2
1.2 : Building capacities for RBF extension	7.9	5.5
1.3. Improving quality of health services (drugs, HR, maternal and child health) – (new)		1
Component 2: Improvement of accessibility to maternal, nutrition, and children health services	14	15.6
2.1 Support to the implementation of the Universal Health Insurance scheme	7	7
2.2 Strengthening demand for nutrition services and behavior change	5	6.3
2.3 Setting up demand-side RBF (i.e. maternal health vouchers) to improve access to health care	2	2
2.4 Adolescent health - (new)		0.3
Component 3: Institutional strengthening and project implementation	6	9.5
3.1 Capacity building for better regulation of the hospital sector	3	1.2
3.2 Capacity building for better M&E of the overall health system	2	2
3.3 Capacity building for better general and financial management within the health system	1	5.5
3.4 Support to health financing reforms - (new)		0.8
TOTAL	42.3	40.8

NB: Total amount of the Project decreased from US \$42.3 to US \$ 40.8 million because the allocation from the HRBF TF was finally US\$ 0.8 million and not US \$ 2.3 million at closing in December 2016 of this TF (as detailed in the first section of this restructuring paper0.

2- Modification of the Results Framework

The PDO remains the same and the Results Framework is modified to adjust indicators to available information, modify targets to reflect the one-year extension to June 2019, and take into account the new activities funded by the Project. The detailed changes are outlined in the table below.

PDO INDICATORS	
Indicator	Proposed changes
1. Number of project beneficiaries identified as poor	The definition of the indicator was clarified and changed from a percentage to a cumulative value
2. New acceptors of modern contraceptive method	No change in the indicator definition. As the target was achieved, a new higher target was identified for 2019
3. Births (deliveries) attended by skilled health personnel (number)	No Change. The initial end target was maintained for 2019
4. Percentage of pregnant women having 4 antenatal care visits (at standard quality)	No change in the indicator definition. A new lower target was identified for 2019. The baseline identified in the PAD (50%) was incorrect
5. Severely malnourished detected children who are referred the health center for all necessary visits	The definition of the indicator was changed to reflect available data: the percentage is replaced by a cumulative number. A new lower target was identified for 2019



6. Index of quality of health care (percentage)	No change in the indicator definition. As the target was achieved, a new higher target was identified for 2019
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INTERMEDIATE OUTCOME INDICATORS	
Indicator	Changes
1. Number of health facilities that have an RBF contract	No change in the definition of the indicator. A new lower target was identified for 2019
2. Percentage of facilities with verified results and having received their payments (%)	The definition was clarified to include more stringent conditions from the manual and as a result a new lower target was identified for 2019
3. Pregnant women receiving antenatal care during a visit to a health provider (cumulative number)	No change. The initial end target was maintained for 2019
Direct project beneficiaries (number), of which female (percentage) (IDA Core Indicator)	The indicator was deleted as it is not a core indicator anymore and is redundant with the new corporate results indicator for health
4. People who have received essential health, nutrition, and population (HNP) services (Corporate indicator)	The definition of the indicator was updated and replaced by the new corporate indicator definition
4. a. People who have received essential health, nutrition, and population (HNP) services - Female (RMS requirement)	New indicator, included as part of the definition of the corporate results indicator
4.b. Number of children immunized	No change. The initial end target was maintained for 2019
4. c. Number of women and children who have received basic nutrition services	The definition was clarified to reflect available data. New higher targets were identified for 2019
5. Children aged 0-23 months who attended at least one growth monitoring and promotion service during the 3 precedent months	The definition of the indicator was clarified to reflect available data. The indicator was changed from a percentage to a cumulative number. New higher targets identified for 2019
6. Number of maternal health vouchers distributed	The definition was revised to reflect more reliable data on the number of allocations distributed. New lower targets identified for 2019
7. Percentage of eligible women that have received a maternal health financial incentive	No change in the definition of the indicator. New lower targets were identified for 2019
8. Health personnel receiving training (number)	No Change
9. Number of hospitals where the cost accounting system has been implemented	No Change
10. One continuous Demographic and Health Survey (DHS) report and one health Service Delivery report are produced every year	No change
11. Number of people effectively targeted by the communication activities of the CMU	New indicator included to reflect additional funding for the CMU's communication activities
12. Number of operational SIGICMU modules	New indicator included to reflect additional funding for the CMU's Information system

3- Changes in the expenditure categories

Changes in the expenditure categories are due to the three following reasons:



- Follow the reallocation of funds between interventions currently implemented and as part of this restructuring (for example, additional funding for nutrition interventions under component 2);
- The HRBF TF was financing the RBF interventions in two regions (Kolda and Kaffrine), while the MDTF TF is financing them in the four other regions targeted by the Project (as part of the first restructuring of the Project in May 2016). Due to the closing of the HRBF TF (USAID Grant), it is needed need to reintegrate interventions funded with this TF (focusing on interventions under component 1 for Kaffrine and Kolda regions) into the other financings. Thus, under MDTF Grant (and as the category was before the first restructuring in May 2016), RBF Grants will be 100% financed for the six targeted regions of the Project;
- Add a specific expenditure category for the intervention related to subsidies for enrollment of the poorest under five children (as a small scaled pilot) in community-based health insurances.

The table below summarizes these changes. The closed categories are marked in grey:



TABLE 2: PROPOSED DISBURSEMENT CATEGORIES WITH RESTRUCTURING

Category	IDA CREDIT (in SDR)		TF MDTF (in USD)		Comments Changes
	Amount of the Grant Allocated	% Expenditures to be Financed	Amount of the Grant Allocated	% Expenditures to be Financed	
Cat 1 IDA/Cat 7 MDTF Nutrition Enhancement Grants under Part B.2 of the Project	3,300,000	70%	1,300,000	30%	Total amount increased by adding from the TF MDTF 1.3 million
Cat 2 MDTF Maternal Health Vouchers under Part B.3 of the Project			2,000,000	100%	No change
Cat 4 IDA/ Cat 8 MDTF Goods, non-consulting services, and consultants' services Training, and Operating Costs for Parts A.2, A.3, B.1 a, B4 and C of the Project	4,805,900	63%	4,894,788	37%	New category Adding A.3 and B.4 as new sub-components of the Project, as well as separation B1 in a and b. Changes in amounts
Cat 6 MDTF RBF Grants under Part A.1 of the Project			6,943,041	100%	New category, removing the regional specificities (a and b with the USAID TF) Reduced amount
Cat 9 MDTF Community Based health insurance grants under part B1b of the Project			1,000,000	100%	New category for transfers to CBHIs (part B1b of the Project)
Cat 1 MDTF RBF Grants under Part A.1 of the Project			125,955	86%	Category froze with 1 st restructuring
Cat 2 IDA/Cat 3 MDTF Goods, non-consulting services, and consultants' services, Training and Operating Costs for Parts A.2, B.1 and C of the Project	857,500	72%	381,152	27%	Category froze with 1 st restructuring
Cat 3 IDA/Cat 5 MDTF Goods, non-consulting services, and consultants' services, Training and Operating Costs for Parts A.2 (a), A.2 (c), B.1 and C of the Project	4,136,600	73%	1,724,060	27%	Category froze as new activities added (categories 4IDA and 8 MDTF)



Cat 4 MTFD RBF Grants under Part A.1 (b) of the Project			1,631,004	100%	Category froze to have a broader definition (ie, without regional specificities, new category 6 MTFD), as it was initially in the Project
TOTAL AMOUNT	13,100,000		20,000,000		

4- Change in disbursements estimates

To reflect the one-year extension of the closing date as well as current disbursements of the Project, disbursements estimates have been revised, as detailed in Section IV of the Restructuring Paper.

5. Extension of closing date

In order to achieve the PDO and implement key interventions while absorbing available resources from the Project, it is proposed to extend the Closing Date from June 29, 2018 to June 30, 2019, for the following reasons:

- The project experienced significant delays at the beginning related to the establishment of the coordination team at the Ministry of Health and Social Affairs and to the procurement of certain key contracts (recruitment of the Independent Verification Agencies for the RBF contracted in January 2016);
- After implementation issues with the RBF component and weak fiduciary management, significant progress has been made recently to revise the RBF component (September 2017) with the implementation of the roadmap and the strengthening of fiduciary management capacities (last quarter 2017). Now that the implementation is finally working, it is important to allow for this approach to work.
- Significant resources remain available in the project to support the Ministry of Health in the implementation of its priority strategies to achieve the PDO.

This would be the first extension of the project Closing Date.

III. SUMMARY OF CHANGES

	Changed	Not Changed
Change in Results Framework	✓	
Change in Components and Cost	✓	
Change in Loan Closing Date(s)	✓	
Reallocation between Disbursement Categories	✓	



Change in Disbursement Estimates	✓	
Change in Implementing Agency		✓
Change in DDO Status		✓
Change in Project's Development Objectives		✓
Cancellations Proposed		✓
Change in Disbursements Arrangements		✓
Change in Overall Risk Rating		✓
Change in Safeguard Policies Triggered		✓
Change of EA category		✓
Change in Legal Covenants		✓
Change in Institutional Arrangements		✓
Change in Financial Management		✓
Change in Procurement		✓
Change in Implementation Schedule		✓
Other Change(s)		✓
Change in Economic and Financial Analysis		✓
Change in Technical Analysis		✓
Change in Social Analysis		✓
Change in Environmental Analysis		✓

IV. DETAILED CHANGE(S)

RESULTS FRAMEWORK

Project Development Objective Indicators

Number of poor people reached by the project				
Unit of Measure: Number				
Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	1990565.00	2800000.00	Revised
Date	01-Feb-2011	22-Dec-2017	28-Jun-2019	
New acceptors of modern contraceptive method				



Unit of Measure: Number Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	84936.00	107041.00	Revised
Date	05-Jun-2013	22-Dec-2017	28-Jun-2019	
Births (deliveries) attended by skilled health personnel (number) Unit of Measure: Number Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	155397.00	271679.00	Revised
Date	01-Feb-2011	22-Dec-2017	28-Jun-2019	
Percentage of pregnant women having 4 antenatal care visits (at standard quality) Unit of Measure: Percentage Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	22.00	35.00	Revised
Date	01-Feb-2011	22-Dec-2017	28-Jun-2019	
Severely malnourished detected children who are referred and received at the health center for all necessary visits Unit of Measure: Number Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	4945.00	6745.00	Revised
Date	01-Feb-2011	22-Dec-2017	28-Jun-2019	
Index of quality of health care Unit of Measure: Percentage Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	72.66	70.00	Revised
Date	01-Feb-2011	22-Dec-2017	28-Jun-2019	

Intermediate Indicators



Number of health facilities that have an RBF contract

Unit of Measure: Number

Indicator Type: Custom

	Baseline	Actual (Current)	End Target	Action
Value	0.00	318.00	318.00	Revised
Date	01-Jul-2013	22-Dec-2017	28-Jun-2019	

Percentage of facilities with verified results and having received their payments

Unit of Measure: Percentage

Indicator Type: Custom

	Baseline	Actual (Current)	End Target	Action
Value	0.00	63.00	85.00	New
Date	01-Jul-2013	22-Dec-2017	28-Jun-2019	

People who have received essential health, nutrition, and population (HNP) services

Unit of Measure: Number

Indicator Type: Corporate

	Baseline	Actual (Current)	End Target	Action
Value	0.00	2331326.00	3016899.00	New
Date	01-Jul-2013	22-Dec-2017	28-Jun-2019	

People who have received essential health, nutrition, and population (HNP) services - Female (RMS requirement)

Unit of Measure: Number

Indicator Type: Corporate Supplement

	Baseline	Actual (Current)	End Target	Action
Value	0.00	1355728.00	1778108.00	New

Number of children immunized

Unit of Measure: Number

Indicator Type: Corporate Breakdown

	Baseline	Actual (Current)	End Target	Action
Value	0.00	244653.00	445220.00	New



Date	31-Dec-2013	22-Dec-2017	28-Jun-2019
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Number of women and children who have received basic nutrition services				
Unit of Measure: Number				
Indicator Type: Corporate Breakdown				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	1931276.00	2300000.00	New
Date	31-Dec-2013	22-Dec-2017	28-Jun-2019	

Number of deliveries attended by skilled health personnel				
Unit of Measure: Number				
Indicator Type: Corporate Breakdown				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	155397.00	271679.00	New
Date	31-Dec-2013	22-Dec-2017	28-Jun-2019	

Pregnant women receiving antenatal care during a visit to a health provider (cumulative number)				
Unit of Measure: Number				
Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	275605.00	468884.00	New
Date	31-Dec-2013	22-Dec-2017	28-Jun-2019	

Children aged 0-23 months who attended at least one growth monitoring and promotion service during the 3 precedent months (cumulative number)				
Unit of Measure: Number				
Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	316366.00	585456.00	Revised
Date	01-Jul-2013	22-Dec-2017	28-Jun-2019	

Number of maternal health vouchers distributed (cumulative number)				
Unit of Measure: Number				
Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action



Value	0.00	15991.00	50245.00	New
Date	01-Jul-2013	22-Dec-2017	28-Jun-2019	
Percentage of eligible women that have received a maternal health financial incentive Unit of Measure: Percentage Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	17.00	72.00	New
Date	01-Jul-2013	22-Dec-2017	28-Jun-2019	
Health personnel receiving training (number) Unit of Measure: Number Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	2916.00	3144.00	Revised
Date	01-Feb-2011	22-Dec-2017	28-Jun-2019	
Number of hospitals where the cost accounting system has been implemented Unit of Measure: Number Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	0.00	34.00	New
Date	01-Jul-2013	22-Dec-2017	28-Jun-2019	
One continuous Demographic and Health Survey (DHS) report and one health Service Delivery report are produced every year (cumulative number) Unit of Measure: Number Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	6.00	10.00	Revised
Date	01-Jul-2013	22-Dec-2017	28-Jun-2019	
Number of people effectively targeted by the communication activities of the CMU (cumulative number) Unit of Measure: Amount(USD) Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action



Value	0.00	53571.00	165000.00	New
Date	01-Jul-2013	22-Dec-2017	28-Jun-2019	
Number of operational SIGICMU modules Unit of Measure: Number Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	0.00	5.00	New
Date	22-Dec-2017	22-Dec-2017	28-Jun-2019	

COMPONENTS

Current Component Name	Current Cost (US\$M)	Action	Proposed Component Name	Proposed Cost (US\$M)
1. Result-Based Financing for health and nutrition services and capacity building	22.30	Revised	1. Result-Based Financing for health and nutrition services and capacity building	15.70
2. Improvement of accessibility to maternal, nutrition, and children health services	14.00	Revised	2. Improvement of accessibility to maternal, nutrition, and children health services	15.60
3. Institutional strengthening and project implementation	6.00	Revised	3. Institutional strengthening and project implementation	9.50
TOTAL	42.30			

LOAN CLOSING DATE(S)

Ln/Cr/Tf	Status	Original Closing	Revised Closing(s)	Proposed Closing	Proposed Deadline for Withdrawal Applications
IDA-53240	Effective	29-Jun-2018		30-Jun-2019	30-Oct-2019
TF-15872	Effective	29-Jun-2018		30-Jun-2019	30-Oct-2019
TF-16618	Closed	30-Jun-2015	31-Mar-2016, 27-Oct-2016		
TF-A0565	Closed	31-Dec-2016			

**REALLOCATION BETWEEN DISBURSEMENT CATEGORIES**

	Current Allocation	Actuals + Committed	Proposed Allocation	Financing % (Type Total)	
				Current	Proposed
IDA-53240-001 Currency: XDR					
iLap Category Sequence No: 1		Current Expenditure Category: Nutrition Enhancement Grants Pt B2			
	3,300,000.00	1,161,835.88	3,300,000.00	100.00	70.00
iLap Category Sequence No: 2		Current Expenditure Category: GD,NCS,CS,TR & OC Pt A2,B1 & C			
	857,488.00	857,487.59	857,500.00	72.00	72.00
iLap Category Sequence No: 3		Current Expenditure Category: GD,NCS,CS,TR & OC Pt A2ac,B1 & C			
	8,942,512.00	4,136,598.21	4,136,600.00	73.00	73.00
iLap Category Sequence No: 4		Current Expenditure Category: GD,NCS,CS,TR & OC Pt A2, A3,B1a, B4 & C			
	0.00	0.00	4,805,900.00		63
Total	13,100,000.00	6,155,921.68	13,100,000.00		
TF-15872-001 Currency: USD					
iLap Category Sequence No: 1		Current Expenditure Category: RBF Grants Pt A.1			
	125,955.00	125,954.35	125,955.00	86.00	86.00
iLap Category Sequence No: 2		Current Expenditure Category: Maternal Health Vouchers Pt B.3			
	2,000,000.00	204,891.95	2,000,000.00	100.00	100.00
iLap Category Sequence No: 3		Current Expenditure Category: GD,NCS,CS,TR & OC Pt A2,B1 & C			
	381,152.00	381,151.49	381,152.00	27.00	27.00



iLap Category Sequence No: 4	Current Expenditure Category: RBF Grants Pt A.1 (b)			
12,274,045.00	1,631,003.88	1,631,004.00	100.00	100.00
iLap Category Sequence No: 5	Current Expenditure Category: GD,NCS,CS,TR & OC Pt A2ac,B1 & C			
5,218,848.00	1,724,059.81	1,724,060.00	27.00	27.00
iLap Category Sequence No: 6	Current Expenditure Category: RBF Grants Pt A.1			
0.00	0.00	6,943,041.00		100
iLap Category Sequence No: 7	Current Expenditure Category: Nutrition Enhancement Grants Pt B2			
0.00	0.00	1,300,000.00		30
iLap Category Sequence No: 8	Current Expenditure Category: GD,NCS,CS,TR & OC Pt A2, A3,B1a, B4 & C			
0.00	0.00	4,894,788.00		37
iLap Category Sequence No: 9	Current Expenditure Category: CBH Grants under Part B1b of the Project			
0.00	0.00	1,000,000.00		100
Total	20,000,000.00	4,067,061.48	20,000,000.00	

DISBURSEMENT ESTIMATES

Change in Disbursement Estimates

Yes

Year	Current	Proposed
2014	0.00	0.00
2015	1,579,211.00	1,579,210.99
2016	1,920,789.00	1,469,955.95
2017	7,700,000.00	3,249,998.12
2018	7,900,000.00	9,133,889.96



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Senegal Health & Nutrition Financing (P129472)

2019	900,000.00	4,566,944.98
2020	0.00	0.00



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Senegal Health & Nutrition Financing (P129472)



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Senegal Health & Nutrition Financing (P129472)
