REPORT NO.: RES29742

RESTRUCTURING PAPER

ON A

PROPOSED PROJECT RESTRUCTURING

OF

HEALTH SERVICES IMPROVEMENT PROJECT

APPROVED ON MARCH 21, 2014

TO

MINISTRY OF FINANCE (REPUBLIC OF ZAMBIA)

HEALTH, NUTRITION & POPULATION

AFRICA

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ABBREVIATIONS AND ACRONYMS

ANC	Antenatal Care
AWP	Annual Work Plan
CERC	Contingent Emergency Response
CHMIS	Community Health Management Information System.
CPAP	Continuous positive airway pressure
CRI	Corporate Result Indicator
c-RBF	Community-Results Based Financing
DA	Designated Accounts
DHIS	District Health Information Systems
DHMT	District Health Management Team
DL	Disbursement Letter
DLI	Disbursement Linked Indicator
DLR	Disbursement Linked Results
DPH	Directorate Public Health
ENC	Essential Newborn Care
eZICS	Electronic Zambia Inventory Control System
eLMIS	Electronic logistics Management information System
FA	Financing Agreement
FM	Financial Management
FY	Fiscal Year
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GMP	Growth Monitoring and Promotion
GNC	General Nursing Council
HMIS	Health Management Information System
HNP	Health Nutrition and Population.
HRITF	Health Results Innovation Trust Fund
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
IFMIS	Integrated Financial Management Information Systems

IFR	Integrated Financial Reporting
iHRIS	Integrated human resource information system
IP	Implementation Progress
IPF	Investment Project Financing
IPT	intermittent Presumptive Treatment
IRI	intermediate Result indicator
IRS	Indoor Residual Spraying
ISR	Implementation Status Report
IVA	Independent Verification Agency
JMT	Joint Management Team
LEEP	Loop electrosurgical excision procedure
MACEPA	Malaria Control and Elimination Partnership in Africa
MCDMCH	Ministry of Community Development Mother and Child Health
MIS	Malaria Indicator Survey
MNCH	Maternal Newborn and Child Health
MoH	Ministry of Health
MTR	Mid Term Review
MS	Moderately Satisfactory
MSL	Medical Stores Limited
MU	Moderately Unsatisfactory
NFNC	National Food and Nutrition Commission
NHC	Neighborhood Health Committee
NHSP	National Health Strategic Plan
NMEC	National Malaria Elimination Centre
PAD	Project Appraisal Document
NPF	New Procurement Framework
PDO	Project Development Objective
PEF	Pandemic Emergency Financing Facility
PHC	Primary Health Care
PIM	Project Implementation Manual
MPI	US Presidential Malaria initiative

RBF	Results Based Financing
RF	Results Framework
RMNCAH	Reproductive Maternal Neonatal Child and Adolescent Health
SNDP	Seventh National Development Plan
SDR	Special Drawing Rights
SMT	Senior Management Team
VIA	Visual Inspection with Acetic Acid
WBG	World Bank Group
ZNCR	Zambia National Cancer Registry
ZHSIP	Zambia Health Services Improvement project
ZNPHI	Zambia National Public Health Institute

BASIC DATA

Product Information

Project ID	Financing Instrument
P145335	Investment Project Financing
Original EA Category	**Current EA Category**
Partial Assessment (B)	Partial Assessment (B)
Approval Date	**Current Closing Date**
21-Mar-2014	30-Jun-2019

Organizations

Borrower	Responsible Agency
Ministry of Finance (Republic of Zambia)	Ministry of Health

Project Development Objective (PDO)

Original PDO

The project development objective is "to improve health delivery systems and utilization of maternal, newborn and child health and nutrition services in project areas."

Summary Status of Financing

Ln/Cr/Tf	Approval	Signing	Effectiveness	Closing	Net Commitment	Disbursed	Undisbursed
IDA-53940	21-Mar-2014	11-Feb-2015	31-Mar-2015	30-Jun-2019	52.00	35.59	11.66
TF-16639	11-Feb-2015	11-Feb-2015	31-Mar-2015	30-Jun-2019	15.00	10.66	4.34

Policy Waiver(s)

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

No

I. PROJECT STATUS AND RATIONALE FOR RESTRUCTURING

A. Project Status

1. The Zambia Health Services Improvement Project (ZHSIP) was approved by the Board in March 2014 and became effective in March 2015 due to delays in Government of Zambia's internal approval. In addition to the delayed effectiveness, project implementation faced various challenges, including:

i. weak and complex coordination between the two implementing agencies; the Ministry of Health (MoH) and the Ministry of Community Development Mother and Child Health (MCDMCH) and among national, provincial and districts levels and other implementing agencies;
ii. poor performance by the Senior Management Team (SMT), a new project oversight structure within MoH, (i.e., the SMT has not met to review project progress);
iii. delayed recruitment of project staff as well as the Independent Verification Agency (IVA);
iv. high staff turnover at all levels of system because of the ongoing and extensive restructuring of MoH;
v. delayed flow of funds from the main account (Control 99 account) at Central Bank of Zambia to the MoH operational account;
vi. delays in procurement of goods and services;
vii. delays in achieving DLIs due to low awareness and understanding of the DLI approach by key implementers; and
viii. unsuitability of the DLI-approach for some activities under the project, such as capacity building and innovative pilots for which input-based financing would have been more appropriate.

2. All these challenges led to slow project implementation and low disbursement rate in the first two years. The project was therefore downgraded to "Problem Status" in 2016.

3. However, after a slow start, the project gained momentum in Year 3 and has continued to make good progress in all components since then. Key findings from the mid-term review (MTR) in May 2018 included the followings:

i. project design and PDO are still relevant;
ii. four out of five PDO indicators either have been achieved or are on track to reach the end targets;
iii. implementation progress is satisfactory;
iv. progress on the nutrition-related PDO indicator (% children under-2 years who received growth monitoring and promotion (GMP)[1] is lagging, and
v. the disbursement rate at MTR was 45%, which is low for a project with more than three years of implementation.

4. The pace of disbursement has improved since MTR in May 2018; the disbursement rate has reached at 70% as of May 28, 2019. However, it is considered low after having completed four years of implementation.

5. Currently, there are no outstanding project audit reports. The audit for the fiscal year ended on December 31, 2017 undertaken by the Office of the Auditor General. The accompanying management letter were submitted to the World Bank before the deadline of June 30, 2018 and the audit was issued with an unqualified report. The audit report for Trust Fund No. TF17307 managed by both MOH and MCDMCH which had been outstanding since 2015 was submitted and cleared by the Bank by December 31, 2018.

B. Rationale for Restructuring

6. As part of MTR, the Government of Zambia and the World Bank agreed on a set of actions to accelerate project implementation and disbursements. Both parties also agreed that additional financing will be considered if disbursement rate reaches at least 75% by June 30, 2019. To reflect the set of actions agreed at MTR, project restructuring is proposed to:

i. extend the project closing date by one year (from June 30, 2019 to June 30, 2020);
ii. update institutional arrangements and funds flow to accommodate (a) the reorganized MoH as the sole project implementing agency and (b) the reintegration of MNCH and nutrition activities into the MoH mandates;
iii. revise the results framework by (a) aligning it with the district health management information system (*DHIS-2*), the National Health Strategic Plan (NHSP) 2017-2021 and the Seventh National Development Plan (SNDP) 2017-2021; (b) adding the Corporate Results Indicators (CRIs); and (c) adding new intermediate indicators to monitor better the project focus on health systems strengthening;
iv. revise Component 1 by: (a) dropping 6 DLRs which are no longer relevant and converting their allocations into input-based financing to better support project activities; (b) adding 6 DLRs for FY 2020; and (c) adding Sub-component 1.4 “Support for scaling up of selected high impact interventions in MNCH and nutrition for FY2020.”
v. add a fourth component – the Contingent Emergency Response Component (CERC);
vi. reallocate funds among components and categories;
vii. revise overall disbursement estimates;
viii. migrate from quarterly Statement of Expenditure (SOE) Reporting to six monthly IFR based reporting with disbursements to Designated Accounts based on approved expenditure forecast;

[1] Unfortunately, GMP was not done comprehensively with only weight being measured. The under-five card has been revised to add measurements for height for age and both weight for age and height for age will be measured for the remaining period of project implementation

ix. migrate the project's procurement to the new World Bank Procurement Regulations for IPF Borrowers and the relevant anticorruption guidelines[2].

II. DESCRIPTION OF PROPOSED CHANGES

A. Provided below are the detailed proposed changes:

7. ***Change in Project Closing Date***: The project closing date will be extended by one year from June 30, 2019 to June 30, 2020 to allow the government to complete project activities and achieve the DLIs.

8. ***Changes in Institutional Arrangements and Flow of Funds:*** The continued restructuring of the MoH has led to significant changes in the MoH organizational structure and staffing at all levels including financial and procurement systems. Various departments and positions have been created, merged or abolished at all levels. This has led to the following revisions to the project implementation arrangements:

i. The Senior Management Team (SMT) of the MoH has been assigned to oversee project implementation. The SMT will meet monthly to review the implementation progress of ZHSIP and other WBG supported projects.
ii. The programmatic management of maternal, neonatal, child health and nutrition has been migrated from MCDMCH to the Department of Public Health under MoH.
iii. The project funds will be managed by the Accounting and Internal Audit Departments of MoH.

9. The detailed changes in the institutional arrangements and flow of funds will be updated in the Project Implementation Manual (PIM).

10. ***Changes in the Results Framework (RF).*** The proposed revisions to the project's RF are as follows:

i. revising the original five PDO indicators to align them with those in the DHIS-2-, National Health Strategic Plan 2017-2021 and the Seventh National Development Plan 2017-2021 (Table 1).
ii. revising yearly and end target values for all PDO indicators and IRIs (Annex 1)
iii. revising the intermediate result indicators (IRIs) by:
    a. changing the HNP CRIs from PDO indicators to IRIs in the ZHSIP RF (Table2);
    b. dropping 4 IRIs because they are no longer relevant (Table 3);
    c. introducing 11 IRIs to better monitor the project focus on health systems strengthening and increasing the coverage of services in targeted rural areas (Table 4).

[2] "Procurement in Investment Project Financing Goods, Works, Non-Consulting and Consulting Services" of July 2016 Revised November 2017 and August 2018,

Table 1. Revised Original PDO Indicators

Original PDO Indicators	Revised PDO indicators
Deliveries by skilled health providers (percentage)	Deliveries by skilled health providers in the project areas
Heath centers with essential medicines and commodities in stock (percentage)	Health facilities (health post, health centres and district hospitals) with all tracer drugs, vaccines, and nutritional commodities in stock nationally
Health centers offering integrated Management of Childhood Illnesses (percentage)	Health centres (health post, health centres and district hospitals) offering integrated management of childhood Illnesses (IMCI) based on new standard guidelines in the project areas
Under -2 children received monthly growth monitoring and promotion (percentage)	Under-2 children received monthly growth monitoring and promotion[3] (GMP) based on new standard guidelines in the project areas
Children 0-11 months fully immunized (percentage)	Fully immunized children at 12 months of age in the project areas

Table 2. HNP CRIs to be changed from PDO indicators to IRIs in the ZHSIP Results Framework

CRI	Type
1. People who have received essential health, nutrition, and population (HNP) services in project areas	Composite
2. People who have received essential health, nutrition, and population (HNP) services - Female (RMS requirement)	Composite -Female
3. Number of children immunized in project areas	Breakdown
4. Number of women and children who have received basic nutrition services in project areas	Breakdown
5. Number of deliveries attended by skilled health personnel in project areas	Breakdown

Table 3. IRIs to be dropped

Indicator	Reason for dropping indicator
1. Trained health providers in MNCH and nutrition deployed to facilities in the project	The indicator is beyond the control of the project. Achievement of the indicator is based on macroeconomic performance of the country.
2. Health facilities using electronic inventory control and logistics management system in the project areas.	Indicator no longer relevant. Dropped based on Government decision to implement and scale up the electronic Logistics Management Information (eLMIS) throughout the country instead of scaling up the electronic Zambia Inventory Control System (eZICS) pilot.
3. Direct project beneficiaries	The indicator replaced with the CRI indicator
4. Female Beneficiaries	The indicator replaced with the CRI indicator

[3] Includes weight, height, mid arm circumference and a nutrition promotion indicator

Table 4: New IRIs added to the Results Framework

New Intermediate Result Indicators	Data Source
1. Nurses and midwives trained in MNCH and nutrition competencies based on enhanced preservice & in-service training and continuous professional development (CPD) in project areas (Cumulative)	Integrated Electronic Human Resource Information System (iHRIS)
2. Rural health facilities (health post, health centres and district hospitals) with at least one qualified health worker in the project areas	iHRIS/ District Health Management Team (DHMT) Records
3. Health facilities (health post, health centres and district hospitals) conducting GMP based on new standard guidelines in the project areas	DHMT records
4. Outreach sites in targeted provinces conducting GMP based on new standard guidelines in the project areas.	DHMT records
5. Health facilities (health centres and district hospitals) conducting cervical cancer screening in project areas	DHMT records
6. Women attending ANC within the first three months of Pregnancy in the project areas	DHIS-2/ DHMT records
7. Lactating women accessing post-natal care within six days in the project areas	DHIS-2/ DHMT records
8. Neighborhood health committees (NHCs) implementing the RBF approach in the project areas	DHMT records
9. NHCs implementing community health management information system (CHMIS) in targeted in the project areas	DHMT Records
10. Number of structures protected by indoor residual spraying in project areas.	National Malaria Elimination Centre (NMEC) records
11. Number of health care providers and tutors Trained in essential newborn care (ENC) competency-based training.	iHRIS/DHMT Records

11. ***Revise some of the DLRs by dropping 6DLRs to be disbursed on actuals as input -based financing:*** Six DLRs (2.4, 2.5, 6.2, 6.3, 6.4 and 6.5) will be dropped because they are no longer relevant:

i. ***DLR#2.4 and 2.5***: all the relevant health workers who need the 3-month in-service induction training have been trained. The new cohorts of health workers entering the work force no longer need such a training as it has been incorporated in the pre-service curricula.

ii. ***DLR# 6.2, 6.3, 6.4 and 6.5:*** The Ministry of Health has decided to implement the eLMIS throughout the country instead of scaling up the eZICS pilot. It is proposed under this restructuring to convert the allocation of the these DLRs into input financing to support completion and evaluation of pilot to generate evidence for future reference and decision making and scaling up health services.

12. A total of SDR 2,900,000 in allocation for these six DLRs will therefore be reallocated to a new category six that will disburse on actuals to support scaling up of selected high impact interventions in MNCH and nutrition. The high impact interventions will include both direct and indirect causes of maternal morbidity and mortality, and the major causes of morbidity and mortality in under five children. Strengthening of the community platform will continue to be supported under Sub-component 1.3 and Component 2.

Table 5: DLRs to be dropped and allocations to be disbursed on actuals as input-based financing

DLI#	DLR	DLR Allocation (SDR)	SDR Achieved	SDR Advanced	Status of DLI	DLR to Convert to Input Finnacing
DLI #2: The number of vacancies for nurses and midwifes in primary health facilities in Targeted Provinces filled by	DLR # 2.4	500,000	100,000	-	Partial Achievement	400,000
	DLR # 2.5	700,000	-	-	Not Achived	700,000
DLI #6: The electronic Zambia Inventory Control System (eZICS) is piloted and implemented in Targeted Provinces	DLR # 6.2	300,000	-	-	Not Achieved	300,000
	DLR # 6.3	600,000	-	-	Not Achieved	600,000
	DLR # 6.4	600,000	-	-	Not Achieved	600,000
	DLR # 6.5	300,000	-	-	Not Achieved	300,000
Total						**2,900,000**

13. ***Add 4DLRs to be achieved in the project extension period under Categoty1(a)- DLI based disbursement financing***: For the four remaining DLIs (4, 7, 8 and 9 that are still applicable for the project extension period, there is a total undisbursed amount of **SDR 3,142,500** due to underachievement of results in the past. Four corresponding new DLRs will therefore be added under the 4 DLIs for the one-year project extension period (calendar year 2019 and 2020) as follows:

i. **For DLI# 4, the undisbursed amount is SDR 1,250,000**
- Add DLR #4.7: Percentage point increase from the baseline in the number of PHC facilities in targeted provinces stocked with all tracer drugs by June 30, 2020.
- Disbursement formula: SDR 62,000 SDR for every 1 percentage point increase from the baseline in the number of PHC facilities in targeted provinces stocked with all tracer drugs by June 30, 2020.

ii. **For DLI# 7, the undisbursed amount is SDR 385,000**
- Add DLR 7.7: Percentage point increase from the baseline in the number of women registered during the first trimester of their pregnancy in targeted provinces by June 30, 2020.
- Disbursement formula: 18,900 SDR for every 1 percentage point increase from the baseline in the number of women registered during the first trimester of their pregnancy in targeted provinces by June 30, 2020.

iii. **For DLI# 8, the undisbursed amount is SDR 620,000**.
- Adding DLR 8.7: Percentage point increase from the baseline in number of mothers who received post-natal care within 6 days of delivery in targeted provinces by June 30, 2020.
- Disbursement formula: 32,000 SDR for every 1 percentage point increase from the baseline in the number of mothers who received post-natal care within 6 days of delivery in targeted provinces by June 30, 2020.

iv. **For DLI#9, the undisbursed amount is SDR 887,500**
- Adding DLR 9.7: Percentage of Outreach Centers in targeted provinces conducting GMP following the revised national GMP standards and guidelines by June 30, 2020.
- Disbursement formula: 48,000 SDR for every 1 percentage point of Outreach Centers in targeted provinces conducting GMP following the revised national GMP standards and guidelines by June 30, 2020.

14. ***Addition of Sub-component 1.4 for scaling up selected high impact interventions to reduce maternal and neonatal mortality.*** Under the proposed sub-component, the project will support:

i. **Malaria Elimination Program**. The Government has identified malaria control and eventual elimination as one of its main public health priorities. Targeted indoors residual spraying (IRS) is one of the key interventions for malaria in Zambia. While the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the US Presidential Malaria initiative (PMI), and the Malaria Control and Elimination Partnership in Africa (MACEPA) are key supporters for IRS in the country, their combined resources cannot support the spraying of 3,473,750 eligible structures during the 2019 IRS campaign. Therefore, in response to a Government's formal request, the project will support (a) the training of IRS operators and (b) the operating costs for the 2019 IRS campaign in 9 out of 10 provinces[4]; (c) and monitoring and evaluation of IRS campaign. A total of 2.4 million households and 10.4 million people are expected to be protected during the 2019 IRS campaign with the Project's support. This is expected to improve the impact on maternal mortality and child mortality throughout the country. There will be no change or additional environmental safeguards requirements for IRS since these have already been put in place with the support of PMI and GFATM in the previous years and will continue to be applicable for this campaign.

ii. ***Scaling up neonatal care at PHC level.*** The project will support the implementation of the National Newborn Health Scale-Up Plan 2016–2020, *inter alia*: (a) development of standard operating procedures for neonatal care in health facilities and community; (b) provision of low-dose, high-frequency training in neonatal care for health workers ; (c) provision of required equipment such as continuous positive airway pressure (CPAP) for delivery sites; (d) implementation and scale up of Kangaroo mother care at delivery facilities; (e) strengthening the referral system; and (f) strengthening perinatal audits and surveillance.

iii. **Scaling up *cervical cancer screening at PHC level.*** In Zambia, cervical cancer is the most common cancer in adult population. It accounts for over 30% of new cancer cases. Over 3 million females aged 15 years and older are at risk of developing cancer of the cervix. In the past, the project supported the evaluation of HPV vaccination for school girls. For the remaining duration, the project will support the scaling up of cervical cancer screening in selected health facilities in the targeted provinces as part of the implementation of the National Cancer Control Strategic Plan. Activities financed by the project will include:

(a) Support procurement of Visual Inspection with Acetic Acid (VIA), Cryotherapy and Loop electrosurgical excision procedure (LEEP);
(b) Other equipment including appropriate beds for cervical cancer examination.
(c) continuous professional development (CPD) training for service providers in cervical cancer screening;
(d) strengthening the referral mechanisms of clients and specimens using currently available transport systems; and
(e) monitoring and evaluation, including support for the Zambia National Cancer Registry (ZNCR); supporting to strengthen monitoring and evaluation system for cervical cancer including support to strengthening of the ZNCR.

15. These new activities will not require additional safeguards instruments. Satisfactory implementation of current instruments under the parent project, namely national plan of action and strategies for implementation of the national plan of the HCWMP should incorporate the infectious waste and occupational health and safety aspects needed for this component.

[4] The IRS campaign in Eastern Province will be funded by PMI

16. ***Changes in Disbursement Categories and Reallocations Among Disbursement Categories: Creation of category six under part A of the project for a total of*** **SDR 3,900,000** to be disbursed on actuals to support service delivery scale up as stated above. This category will comprise: (i) reallocation of **SDR 1,000,000** from Category 4; (ii) a total **SDR 2,900,000** from DLI#2 (SDR 1.1million) and from DLI#6 (SDR 1.8million) for the DLRs that are no longer relevant (Table 5).

Table 6. Change in expenditure category under **IDA Credit 53940**

Expenditure category	Original amount of the Credit allocated (SDR million)	Revised amount of the Credit allocated (SDR million)
(1) DLI Based Financing under Part **A** of the project	17.9	15.0
(2) Goods, works non- consulting services, consultant services Training and Operating Costs required for Sub-Projects and to be financed out of Subproject Grants under Part B of the Project	7.9	7.9
(3) Goods, non-consulting services, consultant services, Training and Operating Costs Under Part **C** of the Project (except under Part **C.7** of the Project)	6.8	6.8
(4) Consultants services under Part **C.7** of the Projects	1.3	0.3
(5) Emergency Expenditures under Part D of the Project	0.0	0.0
(6) Goods, non-consulting services, consultant services, Training and Operating Costs Under Part **A** of the Project.	0.0	3.9
TOTAL AMOUNT	**33.9**	**33.9**

Table 7. Change in the amount allocated **for TF 16639** ***by expenditure category***

Expenditure category	Original amount allocated (US$ million)	Revised amount allocated (US$ million)
(1) Goods, works non- consulting services, consultant services Training and Operating Costs required for Sub-Projects and to be financed out of Subproject Grants under Part B of the Project	12	14.5
(2) Consultants services under Part **C.7** of the Projects	3	0.5
Total Financing	**15**	**15**

17. **Change *in Components:*** In addition to the new Sub component 1.4 as discussed above, a zero-cost Contingent Emergency Response Component (CERC) will be added as a fourth component to support rapid response to epidemics control and preparedness as per the Government's request to the Bank to access the Pandemic Emergency Financing Facility (PEF).

18. ***Change in Component Costs and Reallocation of Funds:*** The proposal is to reallocate a total of US$3.9 million from Component 3 as follows:

(i) US$1.4 million[5] will be allocated to sub- component 1 under Part A of the project for input-based activities to support scaling up selected service delivery interventions as stated above; and

(ii) US$2.5 million to Component 2 to support scaling up RBF activities, especially strengthening of the base community service delivery platform which is critical to the delivery of nutrition interventions.

Table 8. Project costs and financing by component

Project Component	Original Component Allocation(US$million)				Proposed Component reallocation (US$millions)			
	Original Project Component Cost	IDA Financing	HRITF Financing	% IDA Financing	Total Finnacing after Reallocation	IDA Financing	HRITF Financing	% IDA Financing
Component 1: Strengthen capacity for primary and community level MNCH	27.5	27.5	0	100%	28.9	28.9	0	100%
Component 2: Strengthen utilization of primary and community level MNCH and nutrition services with results based financing approaches	24	12	12	50%	26.5	12	14.5	45%
Component 3: Strengthen project management and policy analysis	15.5	12.5	3	81%	11.6	11.1	0.5	96%
Component 4: Contingent Emergency Response Component (CERC)	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%
Total Financing	67	52	15	78%	67	52	15	78%

19. ***Change*** **to Designated Accounts and Financial Management Arrangements**: The current authorized limits of Designated Accounts be removed as the project moves to IFR based disbursement. The frequency of reporting of eligible expenditures will be changed from monthly to quarterly. Funds will be disbursed to the Designated Accounts based on quarterly Interim Final Reports (IFRs) with the project's estimated expenditures for the next six months. Such changes are justified because (i) the project currently submits its withdrawal applications regularly and the quarterly IFRs on time; and (ii) the Government needs enough funds at their disposal for inputs-based financing activities as well as accelerated project implementation.

20. **Changes in Procurement Arrangements:** All procurement responsibilities will be transferred to the MoH as it is now the sole project implementing agency. *Project procurement will also migrate to the new World Bank procurement guidelines* to take advantage of the various flexibilities and innovative approaches under the New Procurement Framework (NPF) and applicable regulations. To facilitate this change, the Financing and Grant Agreements will be amended to enable migration from the Guidelines: "Procurement of Goods, Works and Non-Consulting Services under IBRD Loans and IDA Credits and Grants by World Bank Borrowers" dated January 2011 and Guidelines: "Selection and Employment of Consultants under IBRD Loans and IDA Credits and Grants by World Bank Borrowers" dated January 2011 to the NPF: "Procurement Regulations for Investment Project Financing (IPF) for Borrowers – Goods, Works, Non-Consulting and Consulting Services" of July 2016 including relevant anticorruption guidelines. This notwithstanding, applicable Government Procurement Rules and Regulations will continue to be in force for procurement activities utilizing funds gained through DLIs subject to any relevant modifications acceptable to the Bank. Procurement details, including

[5] The proposed reallocated amounts are based on a rate of USD1.397170 to 1 SDR.

appropriate clarity of accountability over procurement, record keeping, and frequency and scope of prior and post review will be detailed in the procurement module in the revised PIM, and in the procurement plans.

B. Appraisal Summary

21. This section focuses on the appraisal for the addition of Sub-component 1.4 for input financing to support selected high impact interventions in MNCH and the CERC component.

Addition of Sub-component 1.4

22. **Malaria Elimination Program**. Malaria is endemic throughout Zambia and continues to be a significant public health problem. The goal is to eliminate local malaria infection and disease in Zambia by 2021. Despite major achievements in malaria control, the disease remains a significant cause of morbidity and mortality in Zambia, with more than 16 million people at risk, over 5 million cases per year and one in five children under five infected with malaria. Among 2,000 reported malaria deaths annually, the majority are among under-five children and pregnant women. According to the 2018 malaria indicator survey (MIS), the national malaria parasite prevalence dropped to 9% among children under age five years in 2018 compared with 19 percent in 2015. However, in the target project provinces under the ZHSIP, the malaria parasite prevalence continues to be above 9% of the national average.

Table 9. Malaria Prevalence rate in children <5 years by province

SN	Province	Malaria Prevalence rate in children <5years
1.	Central	1.7
2.	Eastern	7.7
3.	Copperbelt	8.7
4.	Luapula	30.4
5.	Lusaka	0.1
6.	Muchinga	23.0
7.	Northern	11.0
8.	North-Western	13.2
9.	Southern	0.0
10.	Western	10.4

23. Given the high burden of malaria in Zambia, especially among children under five and pregnant women, project support for malaria control, which is one of the “best buys” in global health, is justified. IRS is cost effective and one of the key pillars of malaria control in SSA recommended by WHO.

24. Zambia National Malaria Control Center has a good track record of conducting annual IRS campaigns since 2003 with the support of the US Presidential Malaria Initiative, the World Bank and the GFATM. The proposed sub-component 1.4 will further strengthen the country’s capacity in IRS by supporting the training of spray operators as well as finance the operating cost of the 2019 IRS campaign. In 2017 spray season, the National Malaria Elimination programme (NMEP) covered 1,915,821 structures (82% of targeted 2,331,898 structures); this represented 58% of the total eligible structures countrywide (3,281,046). A total population of 7,800,704 was protected by IRS representing 55% of the total targeted population in 2017. In 2018 spray campaign, a total of 1,798,395 structures were sprayed (92 % of 1,958,905 targeted structures) representing 55% of the total eligible structures countrywide (3,281,046); 7,451,289 people were protected by IRS representing 52.5% of the total population in 2018. In 2019, the NMEP plans to spray a total of 3,376,196 eligible structures countrywide.

25. Prior to every IRS campaign, the program conducts annual needs assessments to ensure that adequate supplies and consumables are available for a successful and quality spray campaign. Key to these assessments is to quantify needs for insecticides, spray pumps and personal protective equipment among others. Environmental safe-guards are key during the campaigns in this regard the following actions are undertaken:

- All districts implementing IRS have sock pits for managing liquid waste of non-DDT insecticides.
- DDT has been reintroduced for IRS and will be used in 59 districts. In this regard DDT evaporation bays have been constructed in these districts to manage liquid waste derived from DDT use.
- Prior to the reintroduction of DDT, a Strategic Environmental Assessment was conducted by the Zambia Environmental Management Agency (ZEMA) to ensure that all districts met the minimum standards for using DDT as per Stockholm Convention
- During all the annual trainings prior to implementation a module on environmental compliance is delivered to all participating in the programme.
- Monitoring of environmental compliance before, during and after all spray campaigns is undertaken by ZEMA

26. **Support the scaling up neonatal care at PHC level**. Zambia's neonatal mortality rate remains high at 24 deaths per 1,000 live births and accounts for about 30% of under-five deaths. Zambia's 2018-2021 RMNCAH&N Roadmap aims to reduce this rate to 5 per 1,000 live births by 2021. The causes of neonatal mortality include birth asphyxia and neonatal sepsis, which reflect poor quality of neonatal care. The project will support the scale up of key interventions to improve quality of neonatal care identified in the 2018-2021 RMNCAH&N Roadmap, through funding training, key commodities and equipment as well as non-salary operating costs in selected districts in project areas.

27. **Support scaling up cervical cancer screening in maternal health services at PHC level.** In Zambia, cervical cancer is the most common cancer among females. Women with cervical cancer present themselves too late to health facilities and therefore mortality rate due to this type of cancer remains high. In the 15 and 44 age group, the age standardized incidence and mortality rates are 58 and 36 per 100,000 women respectively. Like many other countries in LMICs, Zambia has faced challenges in implementing cervical cancer prevention programmes. Integrating cervical cancer prevention and treatment with the existing programmes such as HIV, adolescent and maternal health services will help reaching out to more women. As per the, National Cancer Control Strategic Plan, the plan to screen and treat cervical cancers involves three levels with different technologies:

(i) Provincial level hospitals- VIA, Cryotherapy and LEEP
(ii) District hospitals - VIA, Cryotherapy, +/- LEEP
(iii) Health centers – VIA and Cryotherapy

28. The project will focus on supporting the scale up of cervical screening using above technologies at the provincial, district and health centers in selected districts in project areas.

Addition of the CERC component

29. Zambia has suffered several major national disasters and disease outbreaks in the past (including cholera), and such threats remain. The country has developed the National Action Plan for Health Security 2017-2021 and is in the process of developing a National Integrated Emergency Response, Mitigation and Adaptation Plan to handle future public health emergencies. Integrating a CERC into the project will allow the country to rapidly access a portion of its undisbursed International Development Association (IDA) balances to address immediate financing needs in the event of a crisis and/or emergency. It will strengthen the level of country preparedness and eliminate the need for time-consuming restructuring in the immediate aftermath of a crisis, when the government is in urgent need of quick liquidity.

30. The availability of such immediate financing is critically important in: (i) supporting the client in the initial response; (ii) helping to coordinate the early recovery phase from an emergency; and (iii) bridging the gap to longer-term recovery and reconstruction phases. CERC can be used for other immediate and emerging risks, such as natural and man-made disasters, conflicts, epidemics and economic shocks.

31. The MoH will prepare a Contingent Emergency Response Implementation Plan (CERIP) for each eligible crisis or emergency. The CERIP will provide the implementation arrangements for the emergency response, including: (i) institutional arrangements; (ii) specific activities for the response; (iii) financial management arrangements; (iv) procurement methods and procedures; (v) documentation required for the withdrawal application; and (vi) relevant safeguards instruments. The PIM will be updated to include the CERC Component.

III. SUMMARY OF CHANGES

	Changed	Not Changed
Results Framework	✓	
Components and Cost	✓	
Loan Closing Date(s)	✓	
Reallocation between Disbursement Categories	✓	
Disbursements Arrangements	✓	
Disbursement Estimates	✓	
Institutional Arrangements	✓	
Financial Management	✓	
Procurement	✓	
Implementation Schedule	✓	
Other Change(s)	✓	
Technical Analysis	✓	
Implementing Agency		✓
DDO Status		✓
Project's Development Objectives		✓
Cancellations Proposed		✓
Overall Risk Rating		✓
Safeguard Policies Triggered		✓
EA category		✓

Legal Covenants		✓
APA Reliance		✓
Economic and Financial Analysis		✓
Social Analysis		✓
Environmental Analysis		✓

IV. DETAILED CHANGE(S)

COMPONENTS

Current Component Name	Current Cost (US$M)	Action	Proposed Component Name	Proposed Cost (US$M)
Component 1: Strengthening capacity for primary and community level MNCH and nutrition services	27.50		Component 1: Strengthening capacity for primary and community level MNCH and nutrition services	27.50
Component 2: Strengthening utilization of primary and community level MNCH and nutrition services through results based financing ap proaches	24.00		Component 2: Strengthening utilization of primary and community level MNCH and nutrition services through results based financing ap proaches	24.00
Component 3: Strengthening project management and policy analysis	15.50		Component 3: Strengthening project management and policy analysis	15.50
	0.00	New	Component 4: Contingent Emergency Response Component (CERC)	0.00
TOTAL	**67.00**			**67.00**

LOAN CLOSING DATE(S)

Ln/Cr/Tf	Status	Original Closing	Revised Closing(s)	Proposed Closing	Proposed Deadline for Withdrawal Applications
IDA-53940	Effective	30-Jun-2019		30-Jun-2020	30-Oct-2020
TF-16639	Effective	30-Jun-2019		30-Jun-2020	30-Oct-2020

REALLOCATION BETWEEN DISBURSEMENT CATEGORIES

Current Allocation	Actuals + Committed	Proposed Allocation	Financing % (Type Total)	
			Current	Proposed
IDA-53940-001 | Currency: XDR				
iLap Category Sequence No: 1	Current Expenditure Category: DLI BASED FINANCING Part A			
17,900,000.00	11,740,262.97	18,900,000.00	100.00	100.00
iLap Category Sequence No: 2	Current Expenditure Category: GD WK CON NON-C TRN OP sb prj PrB			
7,900,000.00	6,711,605.52	7,900,000.00	50.00	50.00
iLap Category Sequence No: 3	Current Expenditure Category: GD CON N-CON TRN OP Prt C excptC7			
6,800,000.00	4,950,570.44	6,800,000.00	100.00	100.00
iLap Category Sequence No: 4	Current Expenditure Category: CONSULTANTS SERVICES Part C.7			
1,300,000.00	98,448.00	300,000.00	40.00	40.00
Total **33,900,000.00**	**23,500,886.93**	**33,900,000.00**		
TF-16639-001 | Currency: USD				
iLap Category Sequence No: 1	Current Expenditure Category: GD WK CON NON-C TRN OP sb prj PrB			
12,000,000.00	9,451,992.34	14,500,000.00	50.00	50.00
iLap Category Sequence No: 2	Current Expenditure Category: CONSULTANTS SERVICES Part C.7			
3,000,000.00	204,593.11	500,000.00	60.00	60.00
Total **15,000,000.00**	**9,656,585.45**	**15,000,000.00**		

DISBURSEMENT ESTIMATES

Change in Disbursement Estimates
Yes

Year	Current	Proposed
2014	0.00	0.00
2015	10,100,000.00	2,000,000.00
2016	13,580,000.00	4,589,013.14
2017	12,835,000.00	9,889,160.87
2018	11,305,000.00	14,267,659.16
2019	3,180,000.00	13,169,069.71
2020	1,000,000.00	2,905,405.12

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Results framework

COUNTRY: Zambia
Health Services Improvement Project

Project Development Objectives(s)

The project development objective is "to improve health delivery systems and utilization of maternal, newborn and child health and nutrition services in project areas."

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	DLI	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Improve health delivery systems for MNCH and nutrition services							
Deliveries attended by skilled health providers (Percentage)	DLI 2	27.00	31.00	33.00	39.00	45.00	57.00
Health Centers with essential medicines and commodities in stock (percent) (Percentage)		33.30	38.30	43.30	51.00	52.50	53.00
Health Centers offering integrated Management of Childhood Illnesses (Percentage)		0.00	0.00	13.00	213.00	51.00	64.00
Improve utilization of MNCH and nutrition services							
Under-2 children received monthly growth monitoring and promotion (Percentage)		0.00	0.00	55.00	65.00	75.00	82.80

Indicator Name	DLI	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Children 0-11 months fully immunized (Percentage)		80.00	80.00	82.00	84.00	86.00	90.00

Intermediate Results Indicators by Components

Indicator Name	DLI	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Component 1: Strengthening capacity for primary and community level MNCH and nutrition services							
Health workers trained in MNCH and nutrition competencies (Number)	DLI 1	0.00	400.00	800.00	1,200.00	1,600.00	2,000.00
Percentage of trained health workers deployed to facilities in the five provinces. (Percentage)		0.00	70.00	75.00	80.00	82.50	85.00
Health facilities (health centers and district hospitals) using electronic inventory control and logistics management system (Number)		0.00	94.00	151.00	376.00	565.00	734.00
Regional hubs and staging posts equipped in target areas (Number)		0.00	1.00	2.00	4.00	5.00	6.00
Component 2: Strengthening utilization of primary and community level MNCH and nutrition services through results based financing ap proaches							

Indicator Name	DLI	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Health facilities (health centers and district hospitals) implementing the RBF approach (Number)		70.00	92.00	149.00	275.00	365.00	545.00
Protocols and guidelines at community and primary care levels updated and disseminated (Number)		0.00	1.00	2.00	3.00	4.00	4.00
Direct project beneficiaries (Number)		0.00	0.00	1,300,000.00	1,850,000.00	2,950,000.00	3,300,000.00
Female beneficiaries (Percentage)		0.00	20.00	35.00	45.00	50.00	55.00
People who have received essential health, nutrition, and population (HNP) services (CRI, Number)		931,505.00	1,887,451.00	2,051,232.00	2,213,033.00	4,027,370.00	4,544,409.00
Action: This indicator has been Revised	***Rationale:*** ***This is a composite CRIs Indicator that has been updated as follows:*** • ***Targets for this CRIs have been revised*** • ***Actuals achieved since project effectiveness has been revised based on the DHIS-2 as shown below:*** ○ ***Baseline 12/2013 – 931,505*** ○ ***12/2014 – 961,720*** ○ ***12/2015 – 1,035,865*** ○ ***12/2016 – 1,136,029*** ○ ***12/2017 – 1,065,387*** ○ ***12/2018 – 3,548,820***						

Indicator Name	DLI	Baseline	Intermediate Targets				End Target
			1	2	3	4	
	• ***Target for the number of people who received essential health, nutrition and population services in the project areas – Female (Composite breakdown) target is at 80% (universal Access) of the composite CRI.*** • ***The composite actual add up to the three breakdown CRIs (children immunized, deliveries by skilled attendants, Women and children receiving basic nutrition).*** • ***The data for all CRIs was complete only for the year 2018.***						
People who have received essential health, nutrition, and population (HNP) services - Female (RMS requirement) (CRI, Number)		851,721.00	1,321,216.00	1,435,862.00	1,549,123.00	2,819,159.00	3,181,086.00
Action: This indicator has been Revised	***Rationale:*** ***This is a composite breakdown - female CRIs requirement has been updated as follows:*** • ***Targets for this CRI have been revised to 80% (universal coverage) of the composite*** • ***Actuals achieved since project effectiveness has been revised based on the DHIS-2*** ○ ***Baseline 12/2013 – 851,721*** ○ ***12/2014 – 883,421*** ○ ***12/2015 – 948,917*** ○ ***12/2016 – 1,044,312*** ○ ***12/2017 – 967,796*** ○ ***12/2018 – 2,185,483***						
Number of children immunized (CRI, Number)		156,439.00	211,935.00	217,927.00	223,058.00	229,291.00	236,699.00

Indicator Name	DLI	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Action: This indicator has been Revised	***Rationale:*** ***CRI Breakdown - figures based on corrected and revised ISR.*** ***Baseline 2013 - 156,439*** ***12/2014 - 153,524*** ***12/2015 - 170,487*** ***12/2016 - 179,837*** ***12/2017 - 190,968*** ***12/2018 - 223,058***						
Number of women and children who have received basic nutrition services (CRI, Number)		683,030.00	1,400,000.00	1,550,000.00	1,700,000.00	3,500,000.00	4,000,000.00
Action: This indicator has been Revised	***Rationale:*** ***CRI Breakdown - figures based on corrected and revised ISR*** ***Baseline 2013 - 683,030*** ***12/2014 - 684,112*** ***12/2015 - 741,110*** ***12/2016 - 834,456*** ***12/2017 - 727,204*** ***12/2018 - 3,149,239***						
Number of deliveries attended by skilled health personnel (CRI, Number)		92,036.00	275,516.00	283,305.00	289,975.00	298,079.00	307,709.00

Indicator Name	DLI	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Action: This indicator has been Revised	***Rationale:*** ***CRI Breakdown - figures based on corrected and revised ISR.*** ***Baseline 2013 - 92,036*** ***12/2014 - 124,080*** ***12/2015 - 124,268*** ***12/2016 - 121,736*** ***12/2017 - 147,215*** ***12/2018 - 188,223***						
Component 3: Strengthening project management and policy analysis							
Health policy analysis conducted and results disseminated (Number)		0.00	0.00	1.00	2.00	3.00	3.00
Districts with community information system integrated DHIS-2 (Number)		0.00	0.00	10.00	25.00	35.00	39.00

Disbursement Linked Indicators Matrix

DLI 1	Health workers trained in MNCH and nutrition competencies			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Intermediate Outcome	Yes	Number	300,000.00	666.67
Period	**Value**		**Allocated Amount (USD)**	**Formula**

Baseline	0.00			
March 31, 2016 to October 31, 2018	300,000.00		300,000.00	300,000.00

DLI 2	Deliveries attended by skilled health providers			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Outcome	Yes	Percentage	2,600,000.00	57.69
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	27.00			
March 31, 2016 to October 31, 2018	33.00		2,600,000.00	1,500,000.00

Verification Protocol Table: Disbursement Linked Indicators

DLI 1	Health workers trained in MNCH and nutrition competencies
Description	Number of health workers trained in MNCH and nutrition competencies in the targeted provinces.
Data source/ Agency	MoH Reports and project data and supervision records
Verification Entity	The external verification firm will be responsible for gathering evidence while the MoH will deliver this evidence to the World Bank in a timely manner
Procedure	The MOH generates a report of achievement of the stated disbursement linked Results (DLR)

DLI 2	Deliveries attended by skilled health providers
Description	Numerator: Number of deliveries conducted by skilled personnel (medical doctors and registered midwife) in health facilities in project areas. Denominator: Expected deliveries in project areas.
Data source/ Agency	MoH/MCDMCH Reports and Project data and supervision reports
Verification Entity	The external verification firm will be responsible for gathering and vetting the requisite evidence, while the MCDMCH/MoH will provide this evidence to the World Bank in a satisfactory format.
Procedure	MMOH/MCDMCH generates reports on DLI achievements that are submitted to the IVA for verification

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Annex 1: DLI/DLR Schedule of Achievements and Disbursements as at June 17, 2019

DLI#	DLR	Disbursement Calculation	Status of DLI	Oustanding (SDR)	DLRs to Continue with DLI Based Financing	DLR to Convert to Input Finnacing
DLI #1: Capacity to implement comprehensive pre-service training program on MNCH and nutrition for nurses and midwives strengthened	DLR # 1.1	300,000	Fully Achieved	-	-	-
	DLR # 1.2	900,000	Fully Achieved	-	-	-
	DLR # 1.3	800,000	Fully Achieved	-	-	-
	Sub-total	2,000,000				
DLI #2: The number of vacancies for nurses and midwifes in primary health facilities in Targeted Provinces filled by newly recruited nurses and midwifes who have completed the three (3) month induction in-service training on MNCH and nutrition increases	DLR # 2.1	400,000	Fully Achieved	-	-	-
	DLR # 2.2	500,000	Fully Achieved	-	-	-
	DLR # 2.3	500,000	Fully Achieved	-	-	-
	DLR # 2.4	100,000	Partial Achievement	400,000	-	400,000
	DLR # 2.5	0	Not Achived	700,000	-	700,000
	Sub-total	1,500,000				
DLI # 3: The number of nurses and midwives in primary health facilities in Targeted Provinces who have completed the continuing professional development training in MNCH and nutrition increases	DLR # 3.1	250,000	Fully Achieved	-	-	-
	DLR # 3.2	550,000	Fully Achieved	-	-	-
	DLR # 3.3	400,000	Fully Achieved	-	-	-
	DLR # 3.4	400,000	Fully Achieved	-	-	-
	DLR # 3.5	400,000	Fully Achieved	-	-	-
	Sub-total	2,000,000				
DLI #4: The number of primary health facilities in Targeted Provinces stocked with all tracer drugs increases	DLR # 4.1	300,000	Fully Achieved	-	-	-
	DLR # 4.2	400,000	Fully Achieved	-	-	-
	DLR # 4.3	100,000	Fully Achieved	-	-	-
	DLR # 4.4	125,000	Not Achieved	375,000	375,000	-
	DLR # 4.5	125,000	Not Achieved	375,000	375,000	-
	DLR # 4.6	0	Not Achieved	500,000	500,000	-
	DLR # 4.7	1,250,000				
	Sub-total	2,300,000				
DLI #5: Regional essential commodities storage and distribution hubs established in Targeted Provinces	DLR # 5.1	200,000	Fully Achieved	-	-	-
	DLR # 5.2	900,000	Fully Achieved	-	-	-
	DLR # 5.3	900,000	Fully Achieved	-	-	-
	Sub-total	2,000,000				

DLI#	DLR	Proposed Disbursement Calculation	Status of DLI	Oustanding (SDR)	DLRs to Continue with DLI Based Financing	DLR to Convert to Input Finnacing
DLI #6: The electronic Zambia Inventory Control System (eZICS) is piloted and implemented in Targeted Provinces	DLR # 6.1	200,000	Fully Achieved	-	-	-
	DLR # 6.2	0	Not Achieved	300,000	-	300,000
	DLR # 6.3	0	Not Achieved	600,000	-	600,000
	DLR # 6.4	0	Not Achieved	600,000	-	600,000
	DLR # 6.5	0	Not Achieved	300,000	-	300,000
	Sub-total	200,000				
DLI #7: The number of women registered during the first trimester of their pregnancy in targeted Provinces increases	DLR # 7.1	130,000	Fully Achieved	-	-	-
	DLR # 7.2	200,000	Fully Achieved	-	-	-
	DLR # 7.3	227,500	Partial achievement	122,500	122,500	-
	DLR # 7.4	87,500	Partial achievement	262,500	262,500	-
	DLR # 7.5	200,000	Fully Achieved	-	-	-
	DLR # 7.6	70,000	Fully Achieved	-	-	-
	DLR # 7.7	385,000				
	Sub-total	1,300,000				
DLI #8: The number of mothers who delivered at health facilities in Targeted Provinces and who received post-natal care increases	DLR # 8.1	200,000	Fully Achieved	-	-	-
	DLR # 8.2	400,000	Fully Achieved	-	-	-
	DLR # 8.3	500,000	Fully Achieved	-	-	-
	DLR # 8.4	125,000	Not Achieved	375,000	375,000	
	DLR # 8.5	75,000	Not Achieved	225,000	225,000	-
	DLR # 8.6	80,000	Partial achievement	20,000	20,000	-
	DLR # 8.7	620,000				
	Sub-total	2,000,000				
DLI #9: The number of Outreach Centers in Targeted Provinces conducting GMP monitoring following national standards and guidelines increases	DLR # 9.1	200,000	Fully Achieved	-	-	-
	DLR # 9.2	350,000	Fully Achieved	-	-	-
	DLR # 9.3	100,000	Partial achievement	300,000	300,000	
	DLR # 9.4	100,000	Partial achievement	300,000	300,000	
	DLR # 9.5	62,500	Partial achievement	187,500	187,500	
	DLR # 9.6	0	Not Achieved	100,000	100,000	
	DLR # 9.7	887,500				
	Sub-total	1,700,000				
Total SDR		15,000,000		6,042,500	3,142,500	2,900,000