INTEGRATED SAFEGUARDS DATA SHEET
CONCEPT STAGE

Report No.: ISDSC4037

Date ISDS Prepared/Updated: 19-Aug-2013
Date ISDS Approved/Disclosed: 20-Aug-2013

I. BASIC INFORMATION

A. Basic Project Data

<table>
<thead>
<tr>
<th>Country:</th>
<th>Congo, Republic of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Name:</td>
<td>Health Sector Project (P143849)</td>
</tr>
<tr>
<td>Task Team Leader:</td>
<td>Hadia Nazem Samaha</td>
</tr>
<tr>
<td>Estimated Appraisal Date:</td>
<td>28-Oct-2013</td>
</tr>
<tr>
<td>Estimated Board Date:</td>
<td>16-Jan-2014</td>
</tr>
<tr>
<td>Managing Unit:</td>
<td>AFTHW</td>
</tr>
<tr>
<td>Lending Instrument:</td>
<td>Investment Project Financing</td>
</tr>
<tr>
<td>Sector(s):</td>
<td>Health (100%)</td>
</tr>
<tr>
<td>Theme(s):</td>
<td>Child health (25%), Other communicable diseases (25%), Health system performance (25%), Population and reproductive health (25%)</td>
</tr>
<tr>
<td>Total Project Cost:</td>
<td>120.00</td>
</tr>
<tr>
<td>Total Bank Financing:</td>
<td>10.00</td>
</tr>
<tr>
<td>Total Cofinancing:</td>
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</tr>
<tr>
<td>Financing Source</td>
<td>Amount</td>
</tr>
<tr>
<td>BORROWER/RECIPIENT</td>
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<tr>
<td>International Development Association (IDA)</td>
<td>10.00</td>
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<tr>
<td>Health Results-based Financing</td>
<td>10.00</td>
</tr>
<tr>
<td>Total</td>
<td>120.00</td>
</tr>
</tbody>
</table>

Environmental Category: C - Not Required

Is this a Repeater project? No

B. Project Objectives

22. The project development objective (PDO) of the proposed operation is to increase the utilization and quality of maternal and child health services in targeted rural and urban areas of the Republic of Congo (ROC).

C. Project Description
The project will test innovations initially in 6 out of the 12 Departments of ROC (the 6 to be identified during pre-appraisal) and will scale up those that are proven successful during the life of the project. The project will comprise the following components.

Component 1: Improvement of access and quality of health services at health facilities through performance-based financing (PBF)

This component would be supported by the Government’s own funds, IDA resources and a grant from the Health Results Innovation Trust Fund (HRITF). It will finance PBF implementation through the contracting of performance-purchasing agencies (PPAs). This support would have the following two dimensions:

Subcomponent 1.1: Performance payments to health facilities

Building on the ongoing experience with PBF, grants will be paid to health facilities based on the: (i) number of maternal and child health (MCH) services delivered to the targeted population; and (ii) the technical quality of those services. Facility payments will be made quarterly after the volume of services and the quality of care have been verified and certified by an independent performance purchasing agency (PPA).

Due to challenges encountered in improving hospital performance, various options to strengthen hospital management will be explored. Such options could include, in addition to PBF, contracting with individual managers or firms, or recruitment of hospital management consultants. For now tertiary hospitals will not be part of this project.

More than half of the population of Congo lives in two large urban centers: Brazzaville and Pointe Noire. Assessments in urban areas document the widespread availability of both public and private curative services. Both types of providers are underutilized and the coverage of preventive services remains lower than expected. The project will explore various options, including: (i) subsidizing curative and preventive services through PBF (lowering out of pocket costs to clients); (b) contracting with private for profit providers to provide essential services (through PBF); and (c) contracting with non-state actors (Performance-Based Contracting) to increase coverage of preventive and promotive services in specified geographical parts of the cities.

Subcomponent 1.2: Support to PBF implementation and supervision

Given the technical challenges of PBF implementation and the shortage of technical capacity and human resources within the MOH, the project proposes to identify international NGOs with demonstrated experience with PBF to act as the PPAs. This subcomponent will finance activities related to PBF implementation and supervision. The graph below describes the potential institutional and administrative arrangements that will be put in place for the PBF activities.

Component 2: Strengthen Health Care Financing Policies

Sub-component 2.1 Introducing fee-waivers for the poor and fee exemptions for selected services

Financial barriers to access services are high in ROC. There is evidence that utilization of basic maternal and child health services is low and this may be attributable in part to the pervasive
presence of user fees in all public facilities.

This sub-component will draw on the experience of the Social Protection Program that is also under preparation, to identify households that will benefit from fee waivers. However, alternative definitions of target groups to tackle observed differences in health status and in effective access to health services may be considered. As is shown in Tables 1 and 2, above, access to some key maternal and child health services is bi-modal, with those in the two or three bottom quintiles exhibiting rather similar and lower access to services, and the top two quintiles exhibiting similar but higher access. The sub-component will also promote the adoption of fee exemptions for selected health services with high externalities and which are under-valued by the population. These exemptions will hold for all patients, and not just for the poor. For example, some preventive services for mothers and children and obstetric services may be included in the list of exempted services.

Sub-component 2.2 Improving budget allocations

A preliminary review of budget allocations by the Ministry of Health (MOH) to the departments suggests that certain inequalities would be overcome if the MOH adopted an explicit budget allocation formula. An allocation formula or criterion could consider the department’s population, the per capita cost of the minimum and complementary benefit packages, the degree of remoteness, poverty, and other variables. The project will support the assessment of resource allocation, carry out fiscal space analysis.

This sub-component will also include a debate with government officials and other stakeholders about the appropriateness of the government’s current budget allocation to the health sector, the potential need to expand it, and the sources of any such expansion (the question of fiscal space arises in this context). As part of this sub-component, the preparation stage of the project will support a critical review of the existing primary and complementary benefit packages, help revise their contents and cost out these packages. The review and revisions of the primary benefit package will aim at ensuring that the services that are selected include those with the highest potential for accelerating the country’s achievement of MDGs 1, 4, 5 and 6.

Sub-Component 2.3: Assessment of health insurance options.

The government of ROC has embarked on the path to reach universal coverage through health insurance. A report written by Congolese policy makers who visited Rwanda and Ghana describes health insurance in these countries and makes recommendations about how health insurance should be structured in ROC. A second document takes the recommendations from that report to propose in draft form a law for the establishment of universal health insurance in ROC. This sub-component will provide technical assistance to the government of ROC to further refine the draft law while discussing the feasibility of such a reform, looking at different options, and a timeline for implementation. A health insurance experiment in one department of the country may be considered and will be addressed during appraisal.

Component 3: Strengthen the Governance of the national Health System and support the implementation of the project
Performance frameworks will be introduced at the health district (Circonscriptions Socio Sanitaire - CSS) level, at the department (Direction Départementale de Santé, DDS) level, and in selected Ministry of Health departments at the central level. This component will also include technical assistance to strengthen specific functions such as the Health Management Information System (HMIS) and Monitoring and Evaluation (M&E) capacity. Furthermore, this component will also include the creation of a PBF technical unit which will be merged with the project implementation unit at the MOH. Finally, this component contains the third party firm which will carry out surveys and counter-verify PBF performance. An impact evaluation, financed through the HRITF will be used to test the effectiveness of the innovations.

Sub-component 3.1: Health Management Information System (HMIS) Strengthening

Shortcomings in ROCs health information system do not allow for proper monitoring and evaluation (M&E) of health sector performance. Inaccurate and incomplete HMIS data combined with infrequent household surveys and the absences of health facility survey data to assess quality of care, mean that policy makers do not have the information they need to make evidence based decisions. This sub-component will strengthen the HMIS system, support the conduct of two demographic and health surveys, and finance two rounds of health facility surveys (using the Service Delivery Indicators approach pioneered by the Bank). This will be accomplished by a contract with an External Evaluation Agency (EEA). The EEA will also include (a) monitoring and evaluation of Component 1; (b) strengthening of the recipient's capacity to carry out data collection and analysis; and (c) help carry out the impact evaluation.

Sub component 3.2 Capacity Building and Technical Assistance to strengthen health sector

This sub-component support the development and implementation of a capacity building program in ROC aimed at high and medium-level policy-makers from the central MOH, other ministries (such as Finance, Planning, and Economy), senior staff from the health departments. The training will adopts the form and methods of WBI’s Flagship Program on Health Systems Strengthening, with a thematic emphasis on the most pressing policy issues in the country, such as pharmaceutical policy, human resource policies, PBF, benefit packages, and universal health coverage. Management training for facility managers and senior level technical staff would include training on how to implement PBF (performance frameworks, verification, contract management etc.), human resource policies, financial management, pharmaceuticals management and distribution, and monitoring and evaluation among others. In addition to management training, it will be imperative to train staff at all levels on clinical protocols; this training will include doctors, nurses, auxiliary workers, mid-wives and traditional providers (as necessary). This training would be based on updated protocols.

Since PBF is a new approach being utilized in ROC, sufficient attention will be paid to ensuring that health sector staff at all levels are well versed in the topic and that they have the requisite skills to implement this project. This area of capacity building will include training on contract management and verification, performance frameworks, information and communication technology and evaluation among others.

Finally, this sub-component will develop activities and interventions that would help address the issue of availability, quality, and costs of drugs in health facilities.
Sub-component 3.3: Technical and Management Support to the implementation of the project

At the central level, a national technical PBF unit will guide PBF implementation to draw lessons and policy implications for the health sector. It should be chaired by the Director of Cabinet of the MOH and includes key directorates of the MOH, the Ministry of Planning and Economy, the Ministry of Finance, and representatives from the donor community. The PBF technical unit will oversee the implementation of PBF, document the lessons learned from various initiatives of PBF in the country, provide guidance to the PIU and PPA, and generate policy direction for the institutionalization of PBF in ROC.

The National Technical PBF Unit will be in charge of: (i) supporting the regulatory function that the Ministry has to assume in PBF implementation, (ii) monitoring the progress of PBF implementation in the field, and promoting ownership of PBF by the Ministry, and (iii) exploring ways and mechanisms to institutionalizing PBF as a national policy in ROC and to scaling up PBF beyond the 6 initial departments. Finally, the PBF unit will also support the coordination, implementation and management of the project.

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

No civil works will be undertaken and no adverse environmental or social impacts are expected. The project does not require any land acquisition leading to involuntary resettlement and/or restrictions of access to resources and livelihood. Thus, the project is expected to have a positive impact for all direct and indirect beneficiaries, including vulnerable groups such as children, women and the poor who are the main target beneficiaries of the project.

However, this will be a nationwide project and hence part of the population targeted will include Indigenous Peoples (IPs). The expected impacts are positive as the IPs do not have access to quality care and hence the project will ensure that quality free care is provided to them to ensure a better health outcome. An Indigenous Peoples Health Needs Assessment has been conducted as part of the current PDSS (P106851) project will be used as a starting point in developing the Indigenous Peoples Plan Framework (IPPF).

E. Borrowers Institutional Capacity for Safeguard Policies

The country has continued to build its capacities on safeguards management during the implementation of several World Bank financed projects. The Ministry of Health will be in charge of implementing the project; the MOH is familiar with World Bank safeguards policies since they have collaborated on several World Bank projects including the current health project, PDSS, which is still active.

F. Environmental and Social Safeguards Specialists on the Team

Antoine V. Lema (AFTCS)

II. SAFEGUARD POLICIES THAT MIGHT APPLY

<table>
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<tr>
<th>Safeguard Policies</th>
<th>Triggered?</th>
<th>Explanation (Optional)</th>
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<tbody>
<tr>
<td>Environmental Assessment OP/BP 4.01</td>
<td>Yes</td>
<td>The project has minimal environmental impacts that shall be governed by national and local laws and procedures. However, the increased</td>
</tr>
</tbody>
</table>
A National Waste Management Plan will be updated/prepared by appraisal for review by the Bank and subsequently disclosed.

|自然环境资源 OP/BP 4.04 | No | 项目将不会影响自然环境资源。
| 热带雨林 OP/BP 4.36 | No | 项目不涉及热带雨林或林业。
| 应对害虫管理 OP/BP 4.09 | No | 项目不涉及应对害虫管理。
| 物理文化遗产 OP/BP 4.11 | No | 项目不涉及物理文化遗产。
| 原住民 OP/BP 4.10 | Yes | 项目是一个国家级项目，将涉及和影响原住民。一个IPPF将被准备、咨询和公开。
| 不自愿搬迁 OP/BP 4.12 | No | 项目不涉及因搬迁而导致的不自愿搬迁和/或对资源和生计的限制。
| 水坝安全 OP/BP 4.37 | No | 项目不涉及水坝。
| 国际水道项目 OP/BP 7.50 | No | N/A
| 纠纷地区项目 OP/BP 7.60 | No | N/A

### III. SAFEGUARD PREPARATION PLAN

**A. Tentative target date for preparing the PAD Stage ISDS:** 30-Aug-2013

**B. Time frame for launching and completing the safeguard-related studies that may be needed.**

**The specific studies and their timing** should be specified in the PAD-stage ISDS:

The studies will be launched during pre-appraisal mission in June and are expected to be completed by end of September, 2013.

### IV. APPROVALS

**Task Team Leader:**
Name: Hadia Nazem Samaha

<table>
<thead>
<tr>
<th>Approved By:</th>
</tr>
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<tbody>
<tr>
<td>Regional Safeguards Coordinator: Name:</td>
</tr>
<tr>
<td>Sector Manager: Name: Abdo S. Yazbeck (SM)</td>
</tr>
</tbody>
</table>