I. Project Context

Country Context

Over the last 15 years, China has experienced rapid urban growth, with approximately 49 percent of the population (1.3 billion) living in urban areas; by 2020 it is projected that 70 percent will be residing in urban areas. This large scale and rapid urbanization has posed many challenges, including the significant disparity between urban and rural areas. In response to this shift, Government has established pilots to integrate development of rural and urban areas, and Chongqing, an important municipality in the western region promoted in 1997 to a municipality directly under national government administration, was the only provincial level selected as a pilot. Chongqing, located close to the geographic center of China, is mountainous, with steep folded mountains, and includes the basin formed by the Yangtze River and its tributaries. Its growth rate (an average of 17 percent) exceeds China's aggregate. Notwithstanding this growth, Chongqing remains a middle-ranking region. In 2010 the “one hour economic circle” was 64 percent urban while the northeast and southeast “wings” continue to be predominately rural with only 37 and 30 of their respective populations residing in urban areas. As part of the pilot on integrated urban and rural development, the Chongqing Municipal Government has adopted a Master Plan for reform in urban and rural areas. An on-going World Bank Project to support integrated urban and rural services has a multi-sectoral focus. The proposed Chongqing Urban-Rural Integration Project (CURIP) II-Health will focus on the health sector at District and County levels.

II. Sectoral and Institutional Context

The health status of Chongqing reflects the large gap in economic development between urban and rural areas: 2007 data show higher infant mortality rates for the less wealthy rural areas, usage of health care was also unequal, and rural areas had lower immunization rates. A number of factors affect health status and utilization of services, and the rural areas face shortages of hospital bed space, appropriate equipment, and quantity and quality staff. These disparities contribute to the availability of quality care in non-urban areas.

Notwithstanding Government's introduction of measures under its National Health Reform to achieve universal coverage, including the removal of mark-ups for drugs, some of the constraints described above still affect the health seeking behavior: there is a tendency to access care at the tertiary level, as opposed to accessing health care at facilities closer in proximity. Consequently there is a critical need to invest in rural health facilities and associated services to narrow the existing urban/rural disparities in health, and the intention of the Chongqing Municipal Government is to increase the availability of in- and out-patient services in non-urban areas.

III. Project Development Objectives

The Project Development Objective is to improve the access of populations in selected non-metropolitan areas to County/District level hospital-based services, raising the efficiency of service production and improving the quality of care in targeted hospitals.

IV. Project Description

Component Name
Component 1: Preparing for Reform and Strengthening Service Delivery Performance
Component 2: Improvement of County/District level Health Facilities
Component 3: Implementation Support, Monitoring and Evaluation

V. Financing (in USD Million)

For Loans/Credits/Others  Amount

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PROJECT INFORMATION DOCUMENT (PID)
APPRAISAL STAGE

Report No.: PIDA297
VI. Implementation

A Project Steering Committee, headed by a Vice Mayor, has been set up at the Chongqing Municipal level, with senior officials of the Municipal government, Chongqing Development and Reform Commission, Chongqing Finance Bureau, Chongqing Health Bureau, the Human Resources and Social Security, and the Foreign Affairs Office.

The Chongqing Development and Reform Commission will have overall responsibility to coordinate project design and implementation. Under the Project Steering Committee, a Project Management Office led by the Chongqing Development and Reform Commission will manage the activities of Component Two (Improvement of County/District Level Health Facilities) and Component Three (Project Implementation Support and Monitoring and Evaluation). A Project Manage Office has also be set up in the Chongqing Health Bureau which will be responsible for the preparation and implementation of Component One (Preparing for Reform and Strengthening Service Delivery Performance). The Health Bureau Project Management Office will work closely and in full consultation with the Chongqing Project Management Office. At the County/District level, the project leading groups have been or will be set up to guide project implementation at hospital level. Each hospital will set up Project Implementation Unit to carry out the activities at hospital level. The Chongqing Finance Bureau will be responsible for overall project fund management.

A Project Operational Manual is to be finalized which will provide guidelines and procedures for all aspects of project implementation including project contents, organizational structure, financial management, procurement, safeguards, and monitoring and evaluation.

An Environment Assessment, including Environment Management Plan, has been prepared and disclosed in-country and in the InfoShop. The Resettlement Action Plans have also been prepared and disclosed in-country and in the InfoShop. These documents were informed by two rounds of consultation.

VII. Safeguard Policies (including public consultation)

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VIII. Contact point

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