



# Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 17-Nov-2022 | Report No: PIDA34958



**BASIC INFORMATION**

**A. Basic Project Data**

Country Chad	Project ID P180039	Project Name Chad-Additional Financing-Health System Performance Strengthening Project	Parent Project ID (if any) P172504
Parent Project Name Health System Performance Strengthening Project	Region WESTERN AND CENTRAL AFRICA	Estimated Appraisal Date 21-Nov-2022	Estimated Board Date 20-Dec-2022
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Republic of Chad	Implementing Agency Ministry of Public Health and Prevention

Proposed Development Objective(s) Parent

The Project Development Objective is to improve the utilization and quality of service delivery of essential health services with a particular focus on reproductive, maternal, child and adolescent health, and nutrition services for the population of Chad in project-supported areas

Proposed Development Objective(s) Additional Financing

To improve utilization and quality of service delivery of essential health services with a particular focus on reproductive, maternal, child and adolescent health, and nutrition services for the population of Chad in project-supported areas, and to provide immediate and effective response to an eligible crisis or emergency

Components

- Scaling up Performance-Based Financing for better health service delivery
- Strengthening service delivery readiness to deliver quality RMNCAH-N services
- Project management and verification of results
- Contingent Emergency Response Component

**PROJECT FINANCING DATA (US\$, Millions)**

**SUMMARY**

<b>Total Project Cost</b>	150.00
<b>Total Financing</b>	150.00
<b>of which IBRD/IDA</b>	150.00
<b>Financing Gap</b>	0.00



**DETAILS**

**World Bank Group Financing**

International Development Association (IDA)	150.00
IDA Grant	150.00

Environmental and Social Risk Classification

Moderate

Other Decision (as needed)

**B. Introduction and Context**

- This Project Paper seeks the approval of the World Bank Group Board of Directors to provide an International Development Association (IDA) grant in the amount of US\$150.0 million equivalent – US\$100.0 million from the National PBA and US\$50.0 million from the Crisis Response Window (CRW) – for Additional Financing (AF) to the Health System Performance Strengthening Project (HSPSP) (P172504).** This AF aim to (i) Respond to nutritional crisis in Chad currently face by Chad, (ii) fill financing gap and (iii) expand project activities to additional provinces.
- A restructuring is also proposed to:** (i) expand the project coverage; (ii) reallocate funds across components and between expenditure categories, (iii) introduce CERC activities based on the approved CERC action plan, and (iv) modify the results framework to include new indicators to monitor implementation of planned CERC activities and revise the original indicators and their targets to reflect the increased investment and target population.
- The HSPSP, with a total financing of US\$106.5 million, was approved on August 6, 2021, signed on September 21, 2021, and became effective on November 29, 2021 with a closing date of December 31, 2026.** The project was originally financed by an IDA grant of US\$90.0 million and a Global Financing Facility (GFF) Trust Fund (TF) of US\$16.5 million.
- Chad is facing a nutrition crisis, which forced the Government of Chad (GoC) to declare food and nutrition state of emergency on June 1, 2022, through a Decree N1520/PCMT/PMT/2022.** At the peak of the nutrition crisis, between June and September 2022, it was estimated that around 1.67 million children under the age of five would suffer from acute malnutrition. An estimated 335,000 children with Severe Acute Malnutrition (SAM), for whom the support for Ready-to-Use Therapeutic Food (RUTF) is a priority, were at risk of mortality. It is also estimated that 250,000 pregnant women will suffer from



malnutrition. According to the preliminary results of the 2021 Standardized Monitoring and Assessment of Relief and Transition (SMART) – a nutrition survey – the Global Acute Malnutrition (GAM) rate was 11.5 percent at the national level and severe acute malnutrition averaged 2.1 percent, worse than the previous year and exceeded the World Health Organization (WHO) emergency threshold of 10 percent. The GAM prevalence rate exceeded 15 percent in seven provinces: Kanem (16.2 %), Bahr El Gazel (16.5%), Batha (16%), Salamat (15.5%), Wadi Fira (16.2%), Ennedi-Est (17%), and Ennedi-Ouest (18.5%).

5. **Major drivers of malnutrition:** (a) inadequate complementary feeding for children and poor infant and young child feeding practices; (b) inadequate access to quality health services; (c) poor sanitation; (d) low levels of education; (e) high levels of early marriage and pregnancy (increasing the probability of low birth weights and nutritional deficiencies); and (f) pervasive gender inequity, and social norms that impede optimal nutrition practices, among others. These factors are compounded by inadequate access to nutritious food, particularly during the lean months of June, July, and August, which is further exacerbated by poor agricultural performance, soaring food prices due to the war in Ukraine.

6. **The GoC prepared the National Response Plan (NRP) to respond to the food security and malnutrition crisis in April 2022, with an estimated budget of US\$168.4 million.** The NRP covers five priority areas, namely: (i) Food assistance; (ii) Agro-sylvo-pastoral support; (iii) Food supplement and veterinary inputs; (iv) Prevention and treatment of malnutrition; and (v) Coordination and Monitoring and Evaluation (M&E).

7. **The GoC has allocated roughly US\$71.3 million to respond to this crisis, leaving a financing gap of US\$97.1 million.** To successfully implement the NRP, the GoC has requested development partners (DPs), including the World Bank, to contribute to closing the financing gap.

8. **Following the crisis and subsequent development of the NRP, the GoC requested the Bank to immediately activate the CERC through a formal request dated May 4, 2022.** On July 25, 2022 the Bank activated the CERC and reallocated US\$50.0 million from the HSPSP to support the GoC's response to the ongoing severe nutrition crisis. The CERC Manual and Action Plan were prepared by the GoC and approved by the Bank. The CERC Action Plan earmarked US\$5.0 million for the purchase of agricultural inputs and US\$45.0 million for RUTFs, medicines, and community mobilization for nutrition. Contracts have been negotiated and signed between the GoC and UN agencies (UNICEF, WFP, and FAO) to procure these inputs. The contracts are expected to be fully paid for by the end of November 2022. These contracts were developed, using the standard procurement agreement template agreed between the world bank and United Nation Agencies. The contract clearly specifies the use of World Bank Guidelines and Procedures and application of ESF instrument during project implementation.

### C. Proposed Development Objective(s)

#### Original PDO

9. The Project Development Objective is to improve the utilization and quality of service delivery of essential health services with a particular focus on reproductive, maternal, child and adolescent health, and nutrition services for the population of Chad in project-supported areas.



#### Current PDO

1. The revised PDO is to improve utilization and quality of service delivery of essential health services with a particular focus on reproductive, maternal, child and adolescent health, and nutrition services for the population of Chad in project-supported areas, and to provide immediate and effective response to an eligible crisis or emergency.

#### Key Results

2. **As noted, the PDO will remain unchanged.** However, the targets of relevant indicators of the results framework have been revised and updated to reflect the extended scope of activities following the expansion of the Parent project coverage.
3. **Furthermore, following the activation of the CERC, three key activities will be implemented by the UN agencies (UNICEF, WFP, and FAO), namely:**
  - (a) Procurement and distribution of RUTFs and drugs to ensure availability of inputs, such as Plumpy Nut, Plumpy Sup, F100 milk, F75, CSB+, and medications (antibiotics, deworming, micronutrient supplementation, and ReSoMal); Contracts have been signed between the Government and UN Agencies (UNICEF and WFP) to procure these nutrition Inputs and distribute to malnutrition treatment centers.
  - (b) Community mobilization with a focus on increasing nutrition services coverage by strengthening community platforms and addressing demand-side barriers that impede access to nutrition services. Training of community relays and communication campaigns will be an integral part of this activity. Community mobilization will be done by NGOs and community health workers.
  - (c) Procurement and distribution of small agricultural equipment and improved seeds to strengthen the production capacity of smallholders who risk consuming their seeds for the next production cycle. The project will collaborate with the agriculture Global Practice (GP) on this activity. This assistance will mainly benefit approximately 12,500 poor agricultural households with priority given to (i) Households that lack financial resources to meet their needs, (ii) Female-headed households (widowed, divorced) with children under the age of five; and (iii) Households with physically disabled heads and/or internally displaced households.
4. **As a result, The Result framework have been modified and updated to reflect the activation of CERC and the expansion of the project in four additional provinces.** One CERC PDO indicator and three CERC intermediate indicators are added to the result Framework. The end targets of some indicators of the parent project have been revised to reflect the increase in the population coverage.
5. **The need for additional resources to respond to the nutrition crisis and the project financing gap was formally conveyed by the GoC to the World Bank on October 26, 2022.** This AF will provide the needed resources to enable the project to address the nutrition crisis as well as cover the four additional provinces – Moyen-Chari, Salamat, Lac, and Kanem – that were not included in the initial project design because of the reasons highlighted above.



#### D. Project Description

6. **The AF proposes to expand the project coverage area to four additional provinces** (Moyen-Chari, Salamat, Lac, and Kanem). These provinces were selected by the GoC based on their poor health and nutrition indicators and their geographical locations.

7. **Project components will remain unchanged, but the components' costs will be adjusted to reflect the \$50.0 million allocated to CERC from the CRW as well the additional US\$100.0 million from IDA.** The project components' costs have been revised to reflect the replenishment of funds taken from Components 1 and 2 to finance CERC activities, fill the financing gap identified in the Parent Project, and finance activities in the additional provinces. Under Component 1, a total of US\$80.0 million will be allocated from the IDA PBA to fill the financing gap and finance the activities in the new project areas (US\$60.0 million to Subcomponent 1.1 and US\$20.0 million to Subcomponent 1.2). Similarly, US\$35.1 million from the IDA CRW will be added to Component 1 to replenish funds taken for CERC activation (US\$18.5 million to Subcomponent 1.1 and US\$16.6 million to Subcomponent 1.2). In addition, US\$10.0 million from IDA PBA will be added to Component 2 to fill the financing gap and finance the new project areas activities (Subcomponent 2.1 – US\$5.0 million, Subcomponent 2.2 – US\$3.0 million, Subcomponent 2.3 – US\$1.0 million, and Subcomponent 2.4 – US\$1.0 million). A total of US\$14.9 million from CRW will be allocated to Component 2 to replenish funds taken for CERC activation (Subcomponent 2.1 (US\$9.9 million) and Subcomponent 2.2 (US\$5.0 million)). Component 3 will be allocated US\$10.0 million IDA PBA (Subcomponent 3.1 (US\$1.0 million) and Subcomponent 3.2 (US\$9.0 million)). AF will finance the activities in the current project areas and in the four additional provinces. Table 3 shows the revised project cost and financing.

8. In addition, the following activities under the approved CERC Action plan are added.

- (a) Procurement and distribution of RUTFs and drugs to ensure availability of inputs, such as Plumpy Nut, Plumpy Sup, F100 milk, F75, CSB+, and medications (antibiotics, deworming, micronutrient supplementation, and ReSoMal); Contracts have been signed between the Government and UN Agencies (UNICEF and WFP) to procure these nutrition Inputs and distribute to malnutrition treatment centers.
- (b) Community mobilization with a focus on increasing nutrition services coverage by strengthening community platforms and addressing demand-side barriers that impede access to nutrition services. Training of community relays and communication campaigns will be an integral part of this activity. Community mobilization will be done by NGOs and community health workers.
- (c) Procurement and distribution of small agricultural equipment and improved seeds to strengthen the production capacity of smallholders who risk consuming their seeds for the next production cycle. The project will collaborate with the agriculture Global Practice (GP) on this activity. This assistance will mainly benefit approximately 12,500 poor agricultural households with priority given to (i) Households that lack financial resources to meet their needs, (ii) Female-headed households (widowed, divorced) with children under the age of five; and (iii) Households with physically disabled heads and/or internally displaced households.



9. Table 1 provides a breakdown on the revised project cost and financing.

**Table 1: Revised Project Cost and Financing (US\$ millions)**

Project Components	Parent Project Cost US\$ million			Parent + Additional Financing US\$ million				
	IDA	GFF TF	Total	IDA PBA	IDA CRW	GFF TF	GFF EHS	Total
<b>1. Scaling up PBF for better health service delivery</b>	<b>58.5</b>	<b>9.0</b>	<b>67.5</b>	<b>103.4</b>	<b>35.1</b>	<b>9.0</b>		<b>147.5</b>
1.1. Performance-Based Payments	38.5	5.0	43.5	80.0	18.5	5.0		103.5
1.2: Subsidies for Free Care	20.0	4.0	24.0	23.4	16.6	4.0		44.0
<b>2. Strengthening service delivery readiness to deliver quality RMNCAH-N services</b>	<b>21.5</b>	<b>4.5</b>	<b>26.0</b>	<b>16.6</b>	<b>14.9</b>	<b>4.5</b>		<b>36.0</b>
2.1. Strengthening health facilities readiness for service delivery	12.0	1.0	13.0	7.1	9.9	1.0		18.0
2.2. Strengthening community platforms for service delivery	7.0	1.0	8.0	5.0	5.0	1.0		11.0
2.3. TA for health system strengthening	1.5	1.0	2.5	2.5	0.0	1.0		3.5
2.4. Support to build Chad's CRVS system	1.0	1.5	2.5	2.0	0.0	1.5		3.5
<b>3. Project management and verification of results</b>	<b>10.0</b>	<b>3.0</b>	<b>13.0</b>	<b>20.0</b>	<b>0.0</b>	<b>3.0</b>		<b>23.0</b>
3.1. Project management	2.0	1.0	3.0	3.0	0.0	1.0		4.0
3.2. Verification and supervision of PBF	8.0	2.0	10.0	17.0	0.0	2.0		19.0
<b>4. Contingent Emergency Response Component</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>50.0</b>	<b>0.0</b>	<b>0.0</b>		<b>50.0</b>
<b>TOTAL PROJECT COST</b>	<b>90.0</b>	<b>16.5</b>	<b>106.5</b>	<b>190.0</b>	<b>50.0</b>	<b>16.5</b>		<b>256.5</b>

Legal Operational Policies

Triggered?

Projects on International Waterways OP 7.50

No

Projects in Disputed Areas OP 7.60

No

Summary of Assessment of Environmental and Social Risks and Impacts



## E. Implementation

### Institutional and Implementation Arrangements

10. **There will be no change in the institutional arrangements.** However, the implementation arrangements will be modified to include UN Agencies to implement the CERC activities. The Ministry of Public Health and Prevention (MPHP) will remain the implementing agency for the project. The MPHP has established a well-functioning Project Implementation Unit (PIU) responsible for the overall project planning, oversight, coordination, and management of the project, in collaboration with relevant divisions and departments of the MPHP. The PIU has experience in working on projects financed by the World Bank. This same PIU is also managing the Regional Disease Surveillance Systems Enhancement (REDISSE IV) and the coronavirus (COVID-19) projects (P176658 and P173894 respectively). The PIU has the following staff: Project Coordinator, Financial Management (FM) Specialist, Procurement Specialist, Internal Auditor, Accountant, M&E Specialist, Environmental and Social (E&S) Development Specialist, Public Health Expert, and Communication Specialist. Oversight of the Parent Project is provided by a Steering Committee headed by the MPHP or a designee. Representatives who serve on the Project Steering Committee include those from the Ministry of Finance and Budget (MFB), the Ministry of Economy, Development Planning, the Ministry of Economy, Development Planning, and International Cooperation (MEDPIC), the MPHP, and any other ministry that plays a role in the implementation of the project. The Steering Committee provides high-level strategic and technical guidance and participates in the evaluation of project Implementation Progress (IP). The Steering Committee convenes biannually to evaluate and monitor the implementation of the Annual Work Plan and Budget (AWP&B). Furthermore, as part of the GFF process, the national GFF Country Platform oversees achievement of interventions related to the GFF Investment Case (IC). Representatives from the MPHP, MEDPIC, MFB, UN agencies, the private sector, civil society, and nongovernmental organizations (NGOs) are all part of the national GFF Country Platform. The national GFF Country Platform is coordinating the development of the IC and participates in M&E during implementation.

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**Implementing Agencies**

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**APPROVAL**

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