



RESTRUCTURING PAPER  
ON A  
PROPOSED PROJECT RESTRUCTURING  
OF  
HEALTH SYSTEM SUPPORT AND STRENGTHENING PROJECT  
APPROVED ON SEPTEMBER 27, 2018  
TO  
CENTRAL AFRICAN REPUBLIC

HEALTH, NUTRITION & POPULATION

AFRICA WEST

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**ABBREVIATIONS AND ACRONYMS**

<b>Abbreviation</b>	<b>Definition</b>
<b>COVID19</b>	Coronavirus disease 2019
<b>CRI</b>	Corporate results indicator
<b>FCV</b>	Fragility, conflict, violence
<b>GBV</b>	Gender-based violence
<b>GEMS</b>	Geo-enabled monitoring and supervision
<b>HIV/AIDS</b>	Human immuno-deficiency virus infection /Acquired immune deficiency syndrome
<b>MICS</b>	Multiple indicators cluster survey
<b>MOH</b>	Ministry of Health
<b>MTR</b>	Mid-term review
<b>NHSC</b>	National health steering committee
<b>PBF</b>	Performance-based financing
<b>PBF TU</b>	Performance-based financing technical unit
<b>PDO</b>	Project development objective
<b>SENI</b>	Health System Support and Strengthening Project
<b>SP</b>	Sulfadoxine-pyrimethamine
<b>SYSCOHADA</b>	An accounting system



**BASIC DATA**

**Product Information**

Project ID P164953	Financing Instrument Investment Project Financing
Original EA Category Partial Assessment (B)	Current EA Category Partial Assessment (B)
Approval Date 27-Sep-2018	Current Closing Date 31-Dec-2021

**Organizations**

Borrower Central African Republic	Responsible Agency Ministry of Public Health and Population
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**Project Development Objective (PDO)**

Original PDO

To increase utilization and improve the quality of essential health services in targeted areas in the territory of the Recipient.

**Summary Status of Financing (US\$, Millions)**

Ln/Cr/Tf	Approval	Signing	Effectiveness	Closing	Net		
					Commitment	Disbursed	Undisbursed
IDA-D3750	27-Sep-2018	12-Dec-2018	07-Feb-2019	31-Dec-2021	43.00	19.46	23.98
TF-A8196	27-Sep-2018	12-Dec-2018	07-Feb-2019	31-Dec-2021	10.00	4.46	5.54

**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. There has been significant progress made by the Government and by the project coordination team towards the achievement of the project development objectives. Overall disbursement stands at US\$23.87 million (45%), and the disbursement ratio rose to 25 percent from 3 percent in December 2020. The implementation progress is moderately satisfactory, and progress toward to the achievement of the project development objectives is moderately unsatisfactory, owing to issues with the results framework, which are being addressed as part of this restructuring.
2. Component 1 (improve the quality and utilization of essential health services at facility through **performance-based financing** (PBF)) is now progressing well, with the completeness of the project coordination team, and the setting up of the counter-verification agencies to verify the health services delivered. In addition, health facilities have received overdue subsidy payments and these payments are now on track. Component 2 (**strengthening the health system**, including addressing **gender-based violence** (GBV)), large progress was noted in the establishment of a national health information system (NHIS) which is an inter-agency and multi-partnership endeavor. The recruitment of data managers in all districts of the country has also greatly contributed to the monitoring and evaluation of the project, and reliable and up-to-date data are more accessible. The government has managed effective partnerships with multiple collaborations. Great progress was also noted in the implementation of a holistic approach for GBV, which is composed not only of medical response to the GBV survivors, but also the psychosocial care, and a community social mobilization strategy for prevention. The distribution of essential drugs directly to very remote health centers was achieved, as well as the deployment of midwives in the project areas were recruited as part of the health system strengthening component. There are no outstanding project audits to date. This would be the first restructuring of this project.
3. The very high levels of insecurity and instability that marked the period of the presidential elections have made it difficult to distribute essential medicine and health supplies in some areas. Also, the unforeseen occurrence of the COVID-19 pandemic and its impact on the health system, in addition to dilapidated roads, lack of a national supply chain system and limited number of banks in country (at least 40 percent of health facilities do not have bank accounts) still poses major constraints to project implementation. In addition, these factors had a major negative impact on the focus, development and operationalization of the national community health strategy, which heavily affects the consideration of community health service-related indicators.
4. During the mid-term review (MTR) in April 2021, it was confirmed that the current strategy for the distribution of funds and health supplies to the health facilities will continue, given that there is no other viable option. The regular use of the geo-enabled monitoring and supervision system (GEMS) tool has contributed to improved governance as well as to regular monitoring of implementation activities, including verification of subsidy payments, delivery of essential drugs to health facilities, baseline assessments for GBV, and tracking of missions conducted by the project.

### B. *Rationale for restructuring*

5. During the MTR, the discussions regarding the results indicators and progress in achieving them revealed that the data originally used to determine end-project target values was based on outdated and partial information. For example, the last household survey available at that time was the 1996 Demographic Health Survey and the Multiple Indicator Cluster Survey (MICS) 2010 of which only indicators related to HIV/AIDS were available. Since then, new



data have become available through the improvement of the NHIS which was almost non-existent in 2017-18, and recently published household surveys (MICS 2018-2019) which indicate that several of the original target values were overestimated and some miscalculated. Therefore, the target values are being revised to be aligned with the new data.

6. The community-level interventions experienced a delay related to the project's community essential service delivery activities due to the COVID-19 pandemic that occupied the entire health sector and the country, and the security and political disruptions caused by general elections. All of these factors led to the inability to further develop the community health service delivery strategy, which has impacted achievement of several indicators, namely for deworming, vitamin A, family planning distribution as well as community referrals. The national community health strategy, which still needs updating, will eventually be put in place in accordance with the guidelines of the national community health policy.
7. Implementation experienced significant delays due to the COVID19 pandemic, which impacted not only the health system but the overall economy of the country. Other devastating infectious disease outbreaks occurred during the first half of the project, such as measles, yellow fever, and vaccine-derived polio, which also disrupted delivery of services. Still further delays were encountered during the period of the presidential elections, which brought about instability and insecurity. As a result, the closing date will be extended to September 30, 2022 to allow sufficient time to carry out project activities that aim to achieve project development objectives.
8. It was expected that the government would contribute US\$1 million to the project in counterpart funding. Because funds were diverted from the limited national budget to support the purchase of childhood vaccines, there is no funding available for the project. It was also agreed between the Bank and the Government that the IDA funds, along with funds from GFF, are sufficient to carry out the remaining activities to reach project objectives, so this legal covenant will be deleted from the financing agreement.

## **II. DESCRIPTION OF PROPOSED CHANGES**

9. The proposed changes are as follows:

- (a) Revision of the results framework:

- The initial targets were determined based on projections using data that were available at the time (the last household survey available at that time was the Demographic Health Survey of 1996; there was also a partial Multiple Indicator Cluster Survey (MICS) from 2010. With more recent data available (MICS 2018-19, the reproductive, maternal-child and adolescent health Investment Case) and with the improvement of the National Health Information System, there is now more reliable and updated information to calculate these targets (see Table 1). With these revisions, the team expects the PDO to be achieved.

- (b) Extension of the closing date from December 31, 2021 to September 30, 2022:

- The project funds are expected to be fully disbursed by the revised closing date. Three large scale procurements for essential medicine, additional purchase of GBV post-rape kits, cold chain equipment for routine vaccination, quarterly payments of NGOs for the five GBV focus districts, and counter-verification entities for the verification of the PBF quality and quantitative service delivery are envisioned to ensure timely disbursement by the new closing date.



(c) Removal of the legal covenant related to counterpart funding.

**Table 1. Revised Results Framework**

PDO Indicators by Objectives/ Outcomes	CRI	Baseline	Original End Target	Revised End Target	Comments
<b>Improve utilization &amp; quality of essential health services in facilities &amp; communities through PBF</b>					
People who have received essential health, nutrition, and population (HNP) services	Yes	0	474,066	450,640	Adjustment based on more recent and reliable demographic data
Number of children immunized	Yes	0	98,186	--	No change
Number of women and children who received basic nutrition services	Yes	0	192,496	179,658	Adjustment based on more recent and reliable demographic data
Number of deliveries attended by skilled health personnel	Yes	0	183,384	172,796	Adjustment based on more recent and reliable demographic data
Quality average score of health centers in targeted areas (Percentage)		0	80	--	No change
Quality average score of district hospitals (Percentage)		74	85	--	No change

Intermediate Results Indicators by Components		Baseline	Original End Target	Revised End Target	
<b>Improve utilization &amp; quality of essential health services in facilities &amp; communities through PBF</b>					
Pregnant women receiving ante-natal care visits (at least 4) (Number)		0	569,000	251,613	Adjustment based on more recent and reliable demographic data (the annual target was twice the estimated number of pregnant women in



					the project districts).
Children 6-59 months receiving vitamin A supplementation (twice per year) in total catchment area (Number)		0	67,532	X	Delete; community-based interventions not operational
Women and adolescents who received family planning services (Number)		0	203,331	X	Delete; the supplies for this depend on another partner. UNFPA no longer has family planning supplies available for the country
Women receiving post-natal care visit (at least 2) (Number)		0	173,958	89,979	Adjustment based on more recent and reliable demographic data
Pregnant women receiving two doses of intermittent preventive treatment (SP) for malaria (Number)		0	107,519	69,887	The continued availability of inputs for this indicator depends on another partner.
People receiving health services free of charge (Number)		0	372,351	--	No change
People referred to health facilities by community workers (Number)		0	292,652	X	Delete; community-based interventions not operational
Quality satisfaction score of beneficiaries for health services in district hospitals. (Percentage)		70	85	80	Poor accessibility, conflict and difficulty in supply distribution anticipated beyond control of project
Children (1-5 years old) receiving a deworming tablet in total catchment area (Number)		0	67,532	X	Delete; community-based interventions not operational
Facilities receiving performance payments on time (Percentage)		0	80	--	No change



Reinforcing institutional capacity for Health system strengthening incl. establishing district hospitals integrated GBV services					
Completeness of country health data in health management information system (Percentage)		3	80	--	No change
Districts hospitals with integrated GBV services (Number)		0	3	--	No change
Availability of tracer drugs at health centers (Percentage)		84	94	85	Accessibility issues anticipated beyond the control of the project. Delays or inability to distribute supplies in some districts could be expected. Feedback of challenges was evidenced, reported and documented.
Health professionals employed full-time in health facilities (Number)		0	4,306	1506	This target was erroneously calculated with a rate of progress of 5% per year at the preparation stage of the project (the target of 4,306 for the intervention districts is, according to the SARA/HeRAMS <sup>1</sup> survey, more than all the qualified staff in the country).
Completeness of country health data in health management information system (Percentage)		3	80	--	No change

<sup>1</sup> SARA: Service availability readiness assessment; HeRAMS: Health Resources Availability Monitoring System



**III. SUMMARY OF CHANGES**

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



IV. DETAILED CHANGE(S)

LOAN CLOSING DATE(S)

Ln/Cr/Tf	Status	Original Closing	Revised Closing(s)	Proposed Closing	Proposed Deadline for Withdrawal Applications
IDA-D3750	Effective	31-Dec-2021		30-Sep-2022	30-Jan-2023
TF-A8196	Effective	31-Dec-2021		30-Sep-2022	30-Jan-2023

DISBURSEMENT ESTIMATES

Change in Disbursement Estimates  
Yes

Year	Current	Proposed
2019	3,256,212.51	3,000,000.00
2020	11,525,662.89	10,000,000.00
2021	24,451,634.70	20,000,000.00
2022	13,766,489.90	15,000,000.00
2023	0.00	6,000,000.00
2024	0.00	0.00

LEGAL COVENANTS

Loan/Credit/TF	Description	Status	Action
IDA-D3750	The Recipient shall, not later than six (6) months after the Effective Date, cause the PBF TU to customize its existing accounting software to ensure that its accounting software has been updated to comply with the SYSCOHADA accounting system, which shall be applied to the Project.	Complied with	No Change



IDA-D3750	Not later than six (6) months after the Effective Date, the Recipient shall appoint an external auditor with terms of reference, qualifications and experience satisfactory to the Association.	Complied with	No Change
IDA-D3750	The Recipient shall, not later than six (6) months after the Effective Date, cause the PBF TU to recruit, and thereafter retain, an internal auditor with qualification and experience satisfactory to the Association.	Expected soon	No Change
IDA-D3750	The Recipient shall, not later than six (6) months after the Effective Date, cause the PBF TU to recruit, and thereafter retain, an accountant and a procurement specialist with qualification and experience satisfactory to the Association.	Complied with	No Change
IDA-D3750	Counterpart Funding (i): The Recipient shall, not later than one (1) month after the Effective Date, open and maintain until the completion of the Project, a separate account for the exclusive purpose of financing activities under the Project ("Counterpart Funding"), to deposit amounts of up to one million United States Dollars (US\$1,000,000) in the aggregate.	Complied with	No Change
IDA-D3750	Counterpart Funding (ii): The Recipient shall, not later than six (6) months after the Effective Date, commit to deposit the sum of (three hundred thousand) United States Dollars (US\$300,000) in Project Account.	Complied with	Marked for Deletion
IDA-D3750	Counterpart Funding (iii): The Recipient shall, no later than June 30, 2020 (or June 30 of the second year of Project implementation, if after the year 2020), deposit the sum of (four hundred thousand) United States Dollars (US\$400,000) in Project Account.	Not complied with	Marked for Deletion



IDA-D3750	Counterpart Funding (iv): The Recipient shall, no later than June 30, 2021 (or June 30 of the third year of Project implementation, if after the year 2021), deposit the sum of (three hundred thousand) United States Dollars (US\$300,000) in Project Account.	Not yet due	Marked for Deletion
IDA-D3750	The Recipient shall at all times during Project implementation maintain, the National Health Steering Committee (“NHSC”) with composition and mandate acceptable to the Association.	Complied with	No Change
IDA-D3750	The Recipient shall establish, and at all times during Project implementation, maintain the PBF Technical Unit (“PBF TU”) within the MOH.	Complied with	No Change
IDA-D3750	The PBF TU shall, at all times during Project implementation, retain the following staff, inter alia, each with terms of reference, qualifications and experience satisfactory to the Association: (i) a coordinator; (ii) a procurement specialist; (iii) a financial management specialist; (iv) a monitoring and evaluation specialist; and (v) a social and environmental specialist.	Complied with	No Change
IDA-D3750	The Recipient shall, not later than three (3) months after the Effective Date, cause the PBF TU to recruit, and throughout Project implementation, retain Independent Verification Agencies, with qualifications, experience, and terms of reference satisfactory to the Association, for purposes of carrying out independent verification of the services to be financed by the PBF Payments under Part 1.1 of the Project.	After delay complied with	No Change
IDA-D3750	The Recipient shall ensure that relevant environmental and social mitigation measures and clauses are included in the tender documents in accordance with the Safeguards Instruments.	Complied with	No Change



IDA-D3750	The Recipient shall ensure that all terms of reference for any technical assistance or studies carried out under the Project are consistent with the Bank’s social and environmental safeguard policy requirements, as well as the Recipient’s own environmental and social laws and regulations.	Complied with	No Change
IDA-D3750	The Recipient shall ensure that all technical assistance under the Project, shall only be undertaken pursuant to terms of reference reviewed and found satisfactory by the Association, such terms of reference to ensure that the technical assistance takes into account, and calls for application of the Association’s environmental and social safeguards policies and the Recipient’s own laws relating to the environment and social aspects.	Complied with	No Change
IDA-D3750	The Recipient shall ensure that employees, agents, service providers, contractors and subcontractors carry out the Project in conformity with acceptable environmental and social standards, practices and codes of conduct (which shall, inter alia, contain measures that prohibit, endeavor to prevent and address Project-related gender based violence and sexual exploitation and abuse), the provisions of the Recipient’s environmental and social laws.	Complied with	No Change
IDA-D3750	The Recipient shall, throughout Project implementation, cause the PBF TU, to maintain and publicize the availability of a Project-level grievance redress mechanism and a feedback mechanism, in form and substance satisfactory to the Association, in order to hear and determine fairly and in good faith all complaints and feedback raised in relation to the Project, and take all measures necessary to implement the determinations made by said grievance feedback and redress mechanism in a manner satisfactory to the Association.	Complied with	No Change
IDA-D3750	The Recipient shall furnish to the Association, not later than November 30 of each year, the annual work plans and budgets approved by the Steering Committee for the Association’s review and approval; except for the	Complied with	No Change



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annual work plan and budget for the Project for the first year of Project implementation, which shall be furnished no later than one (1) month after the Effective Date.



**Results framework**

**COUNTRY: Central African Republic**  
**Health System Support and Strengthening Project**

**Project Development Objectives(s)**

To increase utilization and improve the quality of essential health services in targeted areas in the territory of the Recipient.

**Project Development Objective Indicators by Objectives/ Outcomes**

Indicator Name	PBC	Baseline	Intermediate Targets		End Target
			1	2	
<b>Improve utilization &amp; quality of essential health services in facilities &amp; communities through PBF</b>					
People who have received essential health, nutrition, and population (HNP) services (CRI, Number)		0.00	158,021.00	316,044.00	450,640.00
<i>Action: This indicator has been Revised</i>	<i>Rationale: Adjustments made to coincide with the adjustments made on the three sub-targets below.</i>				
Number of children immunized (CRI, Number)		0.00	32,729.00	65,457.00	98,186.00
Number of women and children who have received basic nutrition services (CRI, Number)		0.00	64,165.00	128,330.00	179,658.00
<i>Action: This indicator has been Revised</i>					
Number of deliveries attended by skilled health personnel (CRI, Number)		0.00	61,128.00	122,256.00	172,796.00



Indicator Name	PBC	Baseline	Intermediate Targets		End Target
			1	2	
<b>Action: This indicator has been Revised</b>					
<b>Rationale:</b> <i>Adjustment following the slowdown in activities during the post-election crisis</i>					
Quality average score of health centers in targeted areas (Percentage)		0.00	60.00	70.00	80.00
Quality average score of district hospitals (Percentage)		74.00			85.00
<b>Action: This indicator is New</b>					
<b>Rationale:</b> <i>This is not a new indicator, but this indicator was moved up from Intermediate indicators to PDO indicators to provide another quality PDO indicator.</i>					

**Intermediate Results Indicators by Components**

Indicator Name	PBC	Baseline	Intermediate Targets		End Target
			1	2	
<b>Improve utilization &amp; quality of essential health services in facilities &amp; communities through PBF</b>					
Ante-natal care visits (at least 4) received by pregnant women (Number)		0.00	189,667.00	379,334.00	251,613.00
<b>Action: This indicator has been Revised</b>					
<b>Rationale:</b> <i>Adjustment based on new demographic data (the annual target was twice the estimated number of pregnant women in the project districts).</i>					



Indicator Name	PBC	Baseline	Intermediate Targets		End Target
			1	2	
Children 6-59 months receiving vitamin A supplementation (twice per year) in total catchment area (Number)		0.00	22,511.00	45,021.00	67,532.00
<b>Action: This indicator has been Marked for Deletion</b>	<b>Rationale:</b> <i>The National Community Health strategy not yet operational due to COVID19, conflict.</i>				
Women and adolescents who received family planning services (Number)		0.00	67,777.00	135,554.00	203,331.00
<b>Action: This indicator has been Marked for Deletion</b>	<b>Rationale:</b> <i>The supplies for this depends on another partner. UNFPA no longer has family planning supplies available for the country, as clearly indicated in April 2021. The provision of essential community-based services is not yet operational.</i>				
Post-natal care visits received by women (Number)		0.00	57,986.00	115,972.00	89,979.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <i>Adjustment based on more recent and reliable demographic data</i>				
Pregnant women receiving two doses of intermittent preventive treatment (SP) for malaria (Number)		0.00	35,840.00	71,679.00	69,887.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <i>The continued availability of inputs for this indicator depends on another partner. There are difficulties in ensuring the availability of supply for this indicator.</i>				
People receiving health services free of charge (Number)		0.00	118,113.00	242,132.00	372,351.00
<b>Action: This indicator has been Revised</b>					



Indicator Name	PBC	Baseline	Intermediate Targets		End Target
			1	2	
People referred to health facilities by community workers (Number)		0.00	92,832.00	190,305.00	292,652.00
<b>Action: This indicator has been Marked for Deletion</b>	<b>Rationale:</b> <i>The National Community Health strategy not yet operational due to COVID19, conflict</i>				
Quality satisfaction score of beneficiaries for health services in district hospitals. (Percentage)		70.00	77.00	81.00	80.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <i>Poor accessibility, conflict and difficulty in supply distribution anticipated beyond control of project</i>				
Quality average score of district hospitals (Percentage)		74.00	78.00	82.00	85.00
<b>Action: This indicator has been Marked for Deletion</b>	<b>Rationale:</b> <i>This intermediate indicator will be moved up to become a PDO indicator.</i>				
Children (1-5 years old) receiving a deworming tablet in total catchment area (Number)		0.00	22,511.00	45,021.00	67,532.00
<b>Action: This indicator has been Marked for Deletion</b>	<b>Rationale:</b> <i>The National Community Health strategy not yet operational due to COVID19, conflict</i>				
Facilities receiving performance payments (Percentage)		0.00	60.00	70.00	80.00
<b>Action: This indicator has been Revised</b>					
<b>Reinforcing institutional capacity for HSS incl. establishing district hospitals integrated GBV ser.</b>					



Indicator Name	PBC	Baseline	Intermediate Targets		End Target
			1	2	
Completeness of country health data in health management information system (Percentage)		3.00	60.00	70.00	80.00
<b>Action: This indicator has been Revised</b>					
Districts hospitals with integrated GBV services (Number)		0.00	1.00	2.00	3.00
<b>Action: This indicator has been Revised</b>					
Availability of tracer drugs at health centers (Percentage)		84.00	86.00	88.00	85.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <i>Accessibility issues anticipated beyond the control of the project. Delays or inability to distribute supplies in some districts could be expected. Feedback of challenges was evidenced, reported and documented.</i>				
Health professionals employed in health facilities (Number)		1,239.00	1,366.00	1,434.00	1,506.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <i>This target was erroneously calculated with a rate of progress of 5% per year at the preparation stage of the project (the target of 4,306 for the intervention districts is, according to the SARA / HeRAMS survey, more than all the qualified staff in the country).</i>				



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