COMBINED PROJECT INFORMATION DOCUMENTS / INTEGRATED SAFEGUARDS DATA SHEET (PID/ISDS)
ADDITIONAL FINANCING

Report No.: PIDISDSA20881

Date Prepared/Updated: 19-Dec-2016

I. BASIC INFORMATION

A. Basic Project Data

Country:	Liberia	**Project ID:**	P162477
		Parent Project ID (if any):	P128909
Project Name:	Liberia Health Systems Strengthening Project - Additional Financing (P162477)		
Parent Project Name:	Liberia Health Systems Strengthening (P128909)		
Region:	AFRICA		
Estimated Appraisal Date:	08-Dec-2015	**Estimated Board Date:**	
Practice Area (Lead):	Health, Nutrition & Population	**Lending Instrument:**	Investment Project Financing
Borrower(s):	Ministry Of Finance and Development Planning		
Implementing Agency:	MOH Project Implementation Unit		

Financing (in USD Million)

Financing Source	Amount
Global Financing Facility	16.00
Total Project Cost	16.00

Environmental Category:	
Appraisal Review Decision (from Decision Note):	The review did authorize the team to appraise and negotiate
Other Decision:	
Is this a Repeater project?	No

B. Introduction and Context

Country Context

The Liberia country context was re-defined with the Ebola Virus Disease (EVD) crisis which resulted in reduced economic growth for the country. Liberia►(s economic growth in 2014 was less than 1 percent, compared with a previously projected level of 6 percent. The country►(s fiscal deficit also substantially widened from 1.9 percent of GDP in FY13/14 to nearly 10 percent of GDP in FY14/15. In addition, the already fragile employment situation was adversely affected, with an estimated 50 percent of the working population no longer employed as a result of the impact of the Ebola crisis. Inflation hiked to above 13 percent at the peak of the crisis, with adverse impacts on food security. Also, the EVD crisis severely constrained the ability of the Government of Liberia (GOL) to deliver key social services, including basic and secondary health services, thereby leading to many preventable deaths.

Sectoral and institutional Context

The Ebola Virus Disease (EVD) outbreak eroded a number of previous gains, and further weakened the already fragile health system. Deliveries by skilled birth attendants, for example, declined by 7 percent from 2013 to 2014; ANC 4th (ANC4) visits dropped by 8 percent; measles coverage declined by 21 percent from 2013 to 2014; and health facility utilization plummeted by 40 percent (5.5 visits in 2013 to 3.3 visits per inhabitant in 2014). An interruption in essential immunizations also resulted in measles and meningitis outbreaks. Continuing poor health outcomes have been linked to, and compounded by the fact that Liberia lost 10 percent of its doctors and 8 percent of its nurses and midwives to Ebola (i.e. 8.1 percent of its health workers). A 2015 study estimates that the deaths of these health workers may result in an increase in the maternal mortality ratio by 111 percent relative to pre-Ebola rates.

Post-conflict conditions, coupled with the more recent impact of the EVD outbreak, place Liberia at the bottom of global rankings for maternal, neonatal and child health (MNCH). The maternal mortality ratio (MMR) remains high, at 1,072 deaths per 100,000 live births, and has continued to increase since 2000. In addition, over one in ten children will die before the age of five, although neonatal mortality has declined by 19% from 32 to 26 (per 1,000). Liberia►(s maternal and newborn deaths are driven by preventable and treatable complications.

Key Issues, Gaps, and Priorities

Large variations and gaps exist in utilization of critical services/interventions across different stages of life. Poor quality of care is a major cause of high maternal and under-five mortality. This is demonstrated by the fact that major causes of maternal and neonatal deaths are pre-term complications and intra-partum related events despite the relatively high services utilization. This suggests a major challenge with the quality of care provided to women and children. In addition to this, there are also large geographical disparities in health services. According to the post-Ebola health sector assessment carried out by the MoH and development partners, for example, a total of 29 percent of Liberia►(s population, particularly those in rural areas, must walk more than 60 minutes or 5 kilometres to reach the nearest primary health care (PHC) facility. A study of remoteness and health care in Liberia found that ►(greater distance from facilities is significantly associated with reduced care seeking and service utilization among rural populations►(. This is evidenced by urban-rural disparities in both under-five mortality which was higher in rural areas (120 deaths per 1,000 live births) than in urban areas (106 deaths per 1,000 live births), and full immunization coverage, which ranged from 68 percent in the North-West region to 38 percent in the South-East region.

A national reproductive, maternal, newborn, child, and adolescent health RMNCAH investment

case (IC) has been developed with support from the Global Financing Facility in Support of Every Woman Every Child (GFF). This RMNCAH IC is consistent with the priorities identified in the National ►(Investment Plan for Building a Resilient Health System: 2015 to 2021►(, and provides a diagnostic of health system challenges. It serves as the evidence base for identifying and prioritizing strategies that could be operationalized in the next five years to overcome the most critical bottlenecks affecting equitable, quality service RMNCAH delivery. Reaching vulnerable and underserved populations require investment in every aspect of the health system, including leadership and governance, workforce, infrastructure, commodities and supplies, service delivery, information systems, community engagement, and financing. Liberia, for example, requires multi-sectoral (health, nutrition, WASH, gender, education, protection, communication) tailored approaches targeting different populations (adolescents, women, new-borns, and children) with specific attention to preparedness and building resilience. Specific attention has been paid to identifying long-term transformational and innovative interventions that could potentially lead to sustainability and positive outcomes.

The RMNCAH IC identifies the following six priorities areas, which will be supported to some degree by the AF: (a) Quality emergency obstetric and neonatal care; (b) Strengthening the Civil Registration and Vital Statistics (CRVS) system; (c) Adolescent health; (d) Emergency preparedness, surveillance and response, especially maternal and neonatal deaths surveillance and response (MNDSR); (e) Sustainable community engagement, Enabling environment; and, (f) Leadership, governance, and management

Resource mapping exercises for the RMNCAH IC identified significant gaps. Implementation of the RMNCAH IC would require US$719 million in the next five years, with a US$400.6 million (56%) financing gap. Figure 3 shows partner commitments and the financing gap over the next five years. Domestic resources is estimated to be about US$201 million, which is 40% of committed resources and 18% of total cost of RMNCAH IC. The World Bank and USAID are the two largest external financiers of the RMNCAH IC, followed by the Global Fund.

Total health expenditure (THE) has seen a marked increase over the last decade increasing from US$100 million in 2007/08 to over US$365 million in 2013/14 as reported in a series of National Health Accounts (NHA). Despite the fact that the GoL budget allocation has been increasing over the years (reaching 12 percent of the total GoL budget in FY2014/15), it remains a small proportion of the. External donors and households - through out-of-pocket payment - are the two main financers accounting each for about 40 percent of total health expenditure. Although the exact amount is difficult to establish, it is well known that a substantial portion of the external financing is provided ►(off-budget►(through NGOs directly to counties and communities. A recent donor mapping exercise by MoH has estimated that close to three-fourth of donor funding is channeled through ►(off-budget►(mechanisms.

The health sector encounters two critical challenges related to budget execution and allocation, among others: (a) health budget executions have been consistently lower than the amount allotted (appropriated by legislature); and, (b) the absence of transparent and objective resource allocation formula (RAF) has resulted in an inequitable distribution of the health budget across counties. Under this project, and with support from the GFF, concerted effort will be placed on supporting efforts to operationalize the RAF, with a view to supporting increased allocative efficiency and by extension, improved domestic resource mobilization (DRM). Relatedly, support will also be provided to the establishment of the Liberia Health Equity Fund (LHEF). LHEF is a strategy that

proposes to support universal health coverage (UHC) through: (i) strengthening primary health care delivery; (ii) prioritizing sustainable financing for health (with a focus on essential drugs); and, (iii) improving household financial protection.

C. Proposed Development Objective(s)

Original Project Development Objective(s) - Parent

The Project Development Objective (PDO) is to improve the quality of maternal health, child health, and infectious diseaseservicesin selected secondary-level health facilities.

Current Project Development Objective(s) - Parent

The Revised Project Development Objectives are to improve the quality of maternal health, child health, and infectious disease services in selected secondary-level health facilities; and to support the emergency response needed to contain and control the Ebola outbreak.

Proposed Project Development Objective(s) - Additional Financing

The new proposed PDO is to improve the quality of primary and secondary health care services, with a focus on maternal, neonatal and child health.

Key Results

On the results framework, two new PDO outcome indicators and seven new intermediate outcome indicators have been added; these reflect the new AF-financed activities, and also include three new corporate level core indicators. The targets of the original indicators have also been revised to reflect the proposed extended project closing date of May 30, 2020.

D. Project Description

Proposed project interventions under the AF aim to expand the scope of work supported under the HSSP to support the implementation of the country's RMNCAH IC in the medium-long term with clear focus on RMNCAH services.

The overall aim of the project is to support the development of quality service delivery systems at the community, primary, and secondary levels, through the following activities: (a) performance based financing approaches at the primary and secondary levels; (b) support to the community-based health services delivery; (c) support to strengthening the country➢(s health workforce, with a specific focus on the GMRP and in-services training; and (d) support to strengthening critical services and support Systems.

Component Name

Component 1: Support to Quality Service Delivery Systems
(Original: US$10 million; after Ebola restructuring: US$6 million; This AF: US$13.7 million; total after AF: US$19.7 million)

Comments (optional)

Component Name

Sub-component 1.1: Strengthening quality improvement at selected secondary-level facilities

Comments (optional)

Component Name

Sub-component 1.2: Strengthen primary and community-based health services delivery to improve coverage of quality RMNCAH services

Comments (optional)

Component Name

Component 2: Support to Strengthening Fit-for-Purpose Health Workforce
(Original: US$4.2 million; after Ebola restructuring: US$2.2 million; this AF: US$0.5 million; total after AF: US$2.7 million)

Comments (optional)

Component Name

Sub-component 2.1: Support to the Graduate Medical Residency Program (GMRP) (Original activity)

Comments (optional)

Component Name

Sub-component 2.2: In-service training programs to mid-level health cadres

Comments (optional)

Component Name

Component 3: Project Management

Comments (optional)

Component Name

Component 4: Support to Strengthening Critical Services and Support Systems

Comments (optional)

Component Name

Sub-component 4.1. EVD Response Support

Comments (optional)

Component Name

Sub-component 4.2. Strengthening Support Functions (New Activity)

Comments (optional)

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

There is no major safeguards issue, as infrastructure support under the Component 2 will focus on minor rehabilitation of existing accommodations and facilities. Besides the construction-related safeguards issues, improving the capacity of health care facilities and the procurement and distribution of medical supplies including essential equipment, lifesaving drugs, contraceptives, and medical supplies as envisioned under Component 1 of the project may contribute to impacts arising from handling and disposal of medical wastes and other products usually generated during the provision of health care.

The Environment and Social Management Framework (ESMF) for the Ebola Emergency Response Project (EERP) has been revised to reflect the scope of the HSSP AF, and will be used along with the updated Health care Medical Waste Management Plan (HCWMP) to mitigate the potential impacts of the project. The HCWMP was disclosed on October 26, 2015 and does not need to be re-disclosed under this project. The ESMP was re-disclosed in-country on March 04, 2016 It is important to note that no land acquisition or any form of displacement is anticipated as construction/rehabilitation works will be carried out exclusively in existing facilities that are already owned by the GOL. An Environmental and Social Management Specialist has been hired within the PIU to lead the implementation of ESMF together with the Division of Environmental and Occupational Health (DEOH) at the MoH.

F. Environmental and Social Safeguards Specialists

Demba Balde (GSU01)

Sekou Abou Kamara (GEN01)

II. Implementation

Institutional and Implementation Arrangements

For monitoring of activities, the Project Technical Committee (PTC) headed by the Chief Medical Officer (CMO)/Deputy Minister of Health Services will continue to meet quarterly to review the progress of project activities, while more frequent thematic working group meetings for sub-component activities will be held with key MoH Departments and development partners.

III. Safeguard Policies that might apply

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	The project has the potential for increased medical waste generation from health facilities and the need for proper management and disposal of this waste. As mentioned above, the ESMF has been updated and re-disclosed. The HCWMP ►(which includes an Annex on World Health Organization (WHO) protocols regarding the handling of Ebola- does not need to be re-disclosed. An Environmental and Social Management Specialist has been hired within the PIU to lead the implementation of ESMF together with the DEOH at the MoH.

Natural Habitats OP/BP 4.04	No	None of the project intervention areas will be close to any protected areas, including those with any high biodiversity.
Forests OP/BP 4.36	No	The project does not involve forests or forestry.
Pest Management OP 4.09	No	The project does not involve pest management.
Physical Cultural Resources OP/BP 4.11	No	The project is not expected to affect any physical cultural resources; the project may entail minor civil works which will take place within existing facilities only.
Indigenous Peoples OP/BP 4.10	No	There are no Indigenous Peoples in the project area.
Involuntary Resettlement OP/ BP 4.12	No	This policy is not triggered since the project activities do not require any land acquisition that would lead to land acquisition or restrictions of access to resources or livelihoods. Potential rehabilitation works will be minor and within existing facilities.
Safety of Dams OP/BP 4.37	No	N/A
Projects on International Waterways OP/BP 7.50	No	N/A
Projects in Disputed Areas OP/ BP 7.60	No	N/A

IV. Key Safeguard Policy Issues and Their Management

A. Summary of Key Safeguard Issues

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:
The project has been rated category B of Operational Policy 4:01 (Environmental Assessment). The appraisal under category B of Operational Policy 4:01 (Environmental Assessment) entails that potential increase in generation of health care waste by the existing hospitals and health centers, and the need to properly dispose of these wastes. Some potentially adverse impacts are associated with operation of hospitals and health centers (e.g. medical waste generation and disposal through incineration, waste water disposal, general waste disposal). Land acquisition for construction of health and ancillary facilities is not envisaged.
2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:
There are no potential indirect or long term impacts due to anticipated future activities in project areas. On the contrary, it will introduce better healthcare facility management practices and improved healthcare waste management systems at both the primary and secondary levels in project target counties and facilities.
3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.
N/A
4. Describe measures taken by the borrower to address safeguard policy issues. Provide an

assessment of borrower capacity to plan and implement the measures described.
The ESMF for the EERP has been revised to reflect the scope of the HSSP AF, and will be used along with the Updated HCWMP to mitigate the potential impacts of the project. The HCWMP was disclosed on October 26, 2015 ad does not need to be re-disclosed under this project. The ESMF was re-disclosed in-country on October 26, 2015. An Environmental and Social Management Specialist has been hired within the PIU to lead the implementation of EMSF together with the DEOH at the MOH.
5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.
In case of any change in the scope of the project to include construction, the due-diligence measures will be developed, in consultation with the World Bank, and no such physical investments will be undertaken without Bank approval and clearance.

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other	
Date of receipt by the Bank	26-Feb-2016
Date of submission to InfoShop	04-Mar-2016
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	
"In country" Disclosure	
Liberia	07-Mar-2016
Comments:	
If the project triggers the Pest Management and/or Physical Cultural Resources policies, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/ Audit/or EMP.	
If in-country disclosure of any of the above documents is not expected, please explain why:	

C. Compliance Monitoring Indicators at the Corporate Level

OP/BP/GP 4.01 - Environment Assessment	
Does the project require a stand-alone EA (including EMP) report?	Yes [ ] No [ ] NA [×]
The World Bank Policy on Disclosure of Information	
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes [ ] No [ ] NA [×]
Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?	Yes [ ] No [ ] NA [×]
All Safeguard Policies	
Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	Yes [ ] No [ ] NA [×]

Have costs related to safeguard policy measures been included in the project cost?	Yes [ ] No [ ] NA [×]
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes [ ] No [ ] NA [×]
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	Yes [ ] No [ ] NA [×]

V. Contact point

World Bank

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Title: Senior Health Specialist

Borrower/Client/Recipient

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Implementing Agencies

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VI. For more information contact:

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VII. Approval

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Approved By		
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Practice Manager/ Manager:	Name: Alaa Mahmoud Hamed Abdel-Hamid (PMGR)	Date: 20-Dec-2016
Country Director:	Name: Sergiy V. Kulyk (CD)	Date: 21-Dec-2016