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The World Bank

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Report No: PAD5034

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT PAPER

ON A

PROPOSED ADDITIONAL GRANT FROM THE IDA CRISIS RESPONSE WINDOW

IN THE AMOUNT OF SDR 14.16 MILLION (US\$19 MILLION EQUIVALENT)

AND A PROPOSED ADDITIONAL IDA GRANT

IN THE AMOUNT OF SDR 0.74 MILLION (US\$1 MILLION EQUIVALENT)

TO THE

REPUBLIC OF HAITI

FOR A

ADDITIONAL FINANCING FOR STRENGTHENING PRIMARY HEALTH CARE AND
SURVEILLANCE IN HAITI PROJECT

May 23, 2022

Health, Nutrition & Population Global Practice
Latin America And Caribbean Region

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CURRENCY EQUIVALENTS

Exchange Rate Effective April 30, 2022

Currency Unit = Haitian Gourdes (HTG)

HTG \$109.00 = US\$1

SDR 0.74388157 = US\$1

FISCAL YEAR

October 1 – September 30

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ABBREVIATIONS AND ACRONYMS

| | |
|----------|---|
| AF | Additional Financing |
| CDC | Center for Disease Control and Prevention |
| CERC | Contingent Emergency Response Component |
| COVID-19 | Coronavirus Disease |
| CPF | Country Partnership Framework |
| CRI | Corporate Results Indicator |
| CRW | Crisis Response Window |
| DDSs | Health Departmental Directorates (<i>Directions Départementales de la Santé</i>) |
| DELR | Directorate for Epidemiology, Laboratory and Research (<i>Direction de l'épidémiologie, du laboratoire et de la Recherche</i>) |
| DGPC | Civil Protection Agency (<i>Direction Générale de la Protection Civile</i>) |
| DPSPE | Directorate for Health Promotion and Protection of the Environment (<i>Direction de la Promotion de la Santé et de la Protection de l'environnement</i>) |
| DRM | Disaster Risk Management |
| ESMF | Environmental and Social Management Framework |
| E&S | Environmental and Social |
| FM | Financial Management |
| GAVI | The Vaccine Alliance |
| GF | Global Fund to Fight AIDS, Tuberculosis and Malaria |
| GFF | Global Financing Facility |
| GoH | Government of Haiti |
| GRM | Grievance Redress Mechanism |
| GRS | Grievance Redress Service |
| HEIS | Hands-on Expanded Implementation Support |
| HF's | Health Facilities |
| IBRD | International Bank for Reconstruction and Development |
| IDA | International Development Association |
| IPF | Investment Project Financing |
| ISR | Implementation Status and Results Report |
| LNSP | National Laboratory of Public Health (<i>Laboratoire National de Santé Publique</i>) |
| MESI | Monitoring, Evaluation and Integrated Surveillance (<i>Monitoring, Evaluation et Surveillance Intégrée</i>) |
| MSPP | Ministry of Public Health and Population (<i>Ministère de la Santé Publique et de la Population</i>) |
| PASMISSI | Improving Maternal and Child Health through Integrated Social Services Project (<i>Projet d'Amélioration de la Santé Maternelle et Infantile à travers des Services Sociaux Intégrés</i>) |
| PBA | Performance-based Allocation |
| PDNA | Post-Disaster Needs Assessment |
| PDO | Project Development Objective |
| PHC | Primary Health Care |
| PROSYS | Strengthening Primary Health Care and Surveillance in Haiti Project (<i>Projet de Renforcement des Systèmes de Santé Primaires et de la Surveillance</i>) |
| SDR | Special Drawing Rights |

| | |
|-------|--|
| SISNU | National Health Information System (<i>System d'Information Sanitaire Nationale Unique</i>) |
| SNADI | National System of Distribution and Supply of Inputs (<i>Système National de Distribution et d'Aprovisionnement en Intrants</i>) |
| STEP | Systematic Tracking and Exchanges in Procurement |
| RBF | Results-Based Financing |
| RGAP | Regional Gender Action Plan |
| TA | Technical Assistance |
| UEP | Evaluation and Planning Unit (<i>Unite d'Evaluation et de Plannification</i>) |
| UGP | Project Management Unit (<i>Unité de Gestion de Projet</i>) |
| WB | World Bank |

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BASIC INFORMATION – PARENT (Strengthening Primary Health Care and Surveillance in Haiti - P167512)

| | | | | |
|-----------------------|--|--|-----------------------|--|
| Country Haiti | Product Line IBRD/IDA | Team Leader(s) Nicolas Antoine Robert Collin Dit De Montesson | | |
| Project ID P167512 | Financing Instrument Investment Project Financing | Resp CC HLCHN (9319) | Req CC LCC3C (451) | Practice Area (Lead) Health, Nutrition & Population |

Implementing Agency: Ministry of Public Health and Population, Project Management Unit

| | |
|--|--|
| Is this a regionally tagged project? No | |
|--|--|

| |
|----------------------------------|
| Bank/IFC Collaboration No |
|----------------------------------|

| | | | | |
|------------------------------|-----------------------------|------------------------------------|--|---|
| Approval Date 16-May-2019 | Closing Date 31-Dec-2024 | Expected Guarantee Expiration Date | Original Environmental Assessment Category Partial Assessment (B) | Current EA Category Partial Assessment (B) |
|------------------------------|-----------------------------|------------------------------------|--|---|

Financing & Implementation Modalities

| | |
|---|--|
| <input type="checkbox"/> Multiphase Programmatic Approach [MPA] | <input checked="" type="checkbox"/> Contingent Emergency Response Component (CERC) |
| <input type="checkbox"/> Series of Projects (SOP) | <input checked="" type="checkbox"/> Fragile State(s) |
| <input type="checkbox"/> Performance-Based Conditions (PBCs) | <input type="checkbox"/> Small State(s) |
| <input type="checkbox"/> Financial Intermediaries (FI) | <input type="checkbox"/> Fragile within a Non-fragile Country |
| <input type="checkbox"/> Project-Based Guarantee | <input type="checkbox"/> Conflict |
| <input type="checkbox"/> Deferred Drawdown | <input type="checkbox"/> Responding to Natural or Man-made disaster |
| <input type="checkbox"/> Alternate Procurement Arrangements (APA) | <input type="checkbox"/> Hands-on Expanded Implementation Support (HEIS) |



Development Objective(s)

The PDO of the proposed Project is to: (i) increase utilization of primary health care services in selected geographical areas; and (ii) strengthen surveillance capacity especially for cholera.

Ratings (from Parent ISR)

| | Implementation | | | | Latest ISR |
|--------------------------------------|----------------|-------------|-------------|-------------|-------------|
| | 03-Sep-2019 | 26-Jun-2020 | 21-Jan-2021 | 22-Aug-2021 | 25-Feb-2022 |
| Progress towards achievement of PDO | S | MS | MS | MS | MS |
| Overall Implementation Progress (IP) | S | MS | MS | MU | MS |
| Overall Safeguards Rating | S | S | S | MS | MS |
| Overall Risk | S | S | S | S | S |
| Financial Management | S | S | S | MS | MS |
| Project Management | S | S | S | MS | MS |
| Procurement | S | S | S | MS | MS |
| Monitoring and Evaluation | S | S | S | S | S |

BASIC INFORMATION – ADDITIONAL FINANCING (AF Strengthening Primary Health Care and Surveillance in Haiti - P178755)

| | | | |
|------------|--|----------------------------|-------------------------------------|
| Project ID | Project Name | Additional Financing Type | Urgent Need or Capacity Constraints |
| P178755 | AF Strengthening Primary Health Care and Surveillance in Haiti | Cost Overrun/Financing Gap | No |



| | | | |
|--------------------------------------|------------------------|---------------|--|
| Financing instrument | Product line | Approval Date | |
| Investment Project Financing | IBRD/IDA | 16-Jun-2022 | |
| Projected Date of Full Disbursement | Bank/IFC Collaboration | | |
| 30-Apr-2025 | No | | |
| Is this a regionally tagged project? | | | |
| No | | | |

Financing & Implementation Modalities

| | |
|--|---|
| <input type="checkbox"/> Series of Projects (SOP) | <input checked="" type="checkbox"/> Fragile State(s) |
| <input type="checkbox"/> Performance-Based Conditions (PBCs) | <input type="checkbox"/> Small State(s) |
| <input type="checkbox"/> Financial Intermediaries (FI) | <input type="checkbox"/> Fragile within a Non-fragile Country |
| <input type="checkbox"/> Project-Based Guarantee | <input type="checkbox"/> Conflict |
| <input type="checkbox"/> Deferred Drawdown | <input checked="" type="checkbox"/> Responding to Natural or Man-made disaster |
| <input type="checkbox"/> Alternate Procurement Arrangements (APA) | <input checked="" type="checkbox"/> Hands-on Expanded Implementation Support (HEIS) |
| <input checked="" type="checkbox"/> Contingent Emergency Response Component (CERC) | |

Disbursement Summary (from Parent ISR)

| Source of Funds | Net Commitments | Total Disbursed | Remaining Balance | Disbursed | |
|-----------------|-----------------|-----------------|-------------------|-----------|------|
| IBRD | | | | | % |
| IDA | 55.00 | 17.86 | 38.04 | | 32 % |
| Grants | 15.00 | | 15.00 | | 0 % |

PROJECT FINANCING DATA – ADDITIONAL FINANCING (AF Strengthening Primary Health Care and Surveillance in Haiti - P178755)**FINANCING DATA (US\$, Millions)****SUMMARY (Total Financing)**



| | Current Financing | Proposed Additional Financing | Total Proposed Financing |
|---------------------------|-------------------|-------------------------------|--------------------------|
| Total Project Cost | 70.00 | 20.00 | 90.00 |
| Total Financing | 70.00 | 20.00 | 90.00 |
| of which IBRD/IDA | 55.00 | 20.00 | 75.00 |
| Financing Gap | 0.00 | 0.00 | 0.00 |

DETAILS - Additional Financing

World Bank Group Financing

| | |
|---|-------|
| International Development Association (IDA) | 20.00 |
| IDA Grant | 20.00 |

IDA Resources (in US\$, Millions)

| | Credit Amount | Grant Amount | Guarantee Amount | Total Amount |
|------------------------------|---------------|--------------|------------------|--------------|
| Haiti | 0.00 | 20.00 | 0.00 | 20.00 |
| National PBA | 0.00 | 1.00 | 0.00 | 1.00 |
| Crisis Response Window (CRW) | 0.00 | 19.00 | 0.00 | 19.00 |
| Total | 0.00 | 20.00 | 0.00 | 20.00 |

COMPLIANCE

Policy

Does the project depart from the CPF in content or in other significant respects?

Yes No

Does the project require any other Policy waiver(s)?

Yes No

INSTITUTIONAL DATA

Practice Area (Lead)

Health, Nutrition & Population

**Contributing Practice Areas****Climate Change and Disaster Screening**

This operation has been screened for short and long-term climate change and disaster risks

PROJECT TEAM**Bank Staff**

| Name | Role | Specialization | Unit |
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| | | | |
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| Extended Team | | | |
| Name | Title | Organization | Location |



I. BACKGROUND AND RATIONALE FOR ADDITIONAL FINANCING

- 1. This Project paper seeks the approval of the World Bank (WB) Board of Executive Directors to provide an additional grant of SDR 14.16 million (Special Drawing Rights) (US\$19 million equivalent) from the International Development Association (IDA) Crisis Response Window (CRW) and a proposed additional IDA grant in the amount of SDR 0.74 million (US\$1 million equivalent) for the Strengthening Primary Health Care (PHC) and Surveillance in Haiti Project (*Projet de Renforcement des Systèmes de Santé Primaires et de la Surveillance – PROSYS*) (P167512).** The proposed Additional Financing (AF) would replenish the US\$20 million reallocated from the PROSYS' Components 1 and 2 to Component 4 – Contingent Emergency Response Component (CERC) on February 22, 2022, for the earthquake response.
- 2. On May 16, 2019, the PROSYS was approved by the WB Board of Executive Directors, with the aim of increasing utilization of essential PHC services and strengthening surveillance capacity, through an approach focusing on addressing systemic and organizational deficiencies.** The Project became effective on August 28, 2019. The Project closing date is December 31, 2024. The Project Development Objectives (PDO) are to: (i) increase utilization of PHC services in selected geographical areas; and (ii) strengthen surveillance capacity, especially for cholera. The Project has four components: Component 1 – Strengthening PHC Service Delivery; Component 2 – Strengthening Surveillance and Control for Infectious Diseases; Component 3 – Supporting Project Management and Implementation Support; and Component 4 – CERC. The Project is financed by a grant of US\$55 million from the IDA and US\$15 million from the Global Financing Facility (GFF). A Project restructuring was processed on May 3, 2021, to add an external co-financing of US\$22.2 million from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) that complement and scale up the Project's strengthening activities.
- 3. The performance towards achievement of the PDO and Overall Implementation Progress of the PROSYS Project were rated Moderately Satisfactory in the last Implementation Status and Results Report (ISR) dated February 25, 2022.** The Regional Vice President approved an exception¹ to provide AF to the Parent Project since its overall implementation performance rating has not been rated consistently Moderately Satisfactory or better to for the previous 12 months. Despite growing challenges encountered since the beginning of Project implementation due to the deteriorating political and security situation, the COVID-19 (Coronavirus Disease) pandemic, and the August 2021 earthquake, the Project has shown resilience. The accumulation of crises caused a shift of attention and human resources towards their management and the preparation and implementation of WB projects, the Haiti COVID-19 Response Project (P173811), its AF (P178296), and the activation of the CERC under the PROSYS Project. Nevertheless, 31.94 percent of IDA resources of the PROSYS Project have been disbursed as of May 6, 2022, which is close to the planned disbursements during the last Project restructuring. The Project has already achieved critical milestones required to accelerate implementation and to achieve the PDO (see two paragraphs below). There is currently no overdue audit report for the Project.
- 4. The Project has made good implementation progress across all components.** Under Component 1, all indicators are on track to be achieved or have already surpassed the targets. Concerning the Results-Based Financing (RBF) program, the Ministry of Public Health and Population (*Ministère de la Santé Publique et de la Population*, MSPP) has completed and implemented the redesign of the RBF program to incorporate COVID-19 constraints for infection prevention and control measures, as well as other improvements planned under the Project. For instance, health facilities (HFs) under the RBF program have developed action plans based on the results of community

¹ Exception approved by the Regional Vice President on April 15, 2022.



satisfaction surveys and routine quality indicators. Most recent surveys of patient satisfaction show that on average 80 percent of patients are satisfied with the services received from RBF HFs. The strengthening of the Project Management Unit (*Unité de Gestion de Projet*, UGP), combined with the completion of major procurement processes for the new Technical Assistance (TA), external verification and information system development contracts which are the core of the operationalization of the program, are expected to further boost service utilization and revert some of the losses from the COVID-19 pandemic and earthquake. Moreover, the Project has already completed 46 out of the original target of 55 rehabilitations of HFs. The Project has initiated the assessments of four regional warehouses' rehabilitation needs, and contracts for the rehabilitations are expected to be signed by June 2022.

5. **In spite of implementation challenges, progress has been made under Components 2 and 3.** Under Component 2, the country has celebrated three years without cholera cases in February 2022. This marks a clear success for the PROSYS Project. Intensive efforts are ongoing with the MSPP, Center for Disease Control and Prevention (CDC) and GF to strengthen the lab transportation network, lab capacity and surveillance tools across the country. Activities concerning maternal death investigations have accelerated although logistical and security constraints have hampered scaling up efforts. Finally, and in line with the objective of controlling infectious diseases, the Project has financed critical supplies and operational costs for surveillance, laboratory, and field response activities to the COVID-19 pandemic, contributing to the national response efforts. Under Component 3, the change in MSPP administrative processes following the appointment of a new Minister and the restructuring of the UGP conducted in coordination with the Minister's Cabinet, CDC, and the GF has been affecting the UGP's capacity to implement Project activities in 2021. However, the recruitment of key management positions in the UGP has been completed (Executive Director, Operations Director, and Technical Director) in November 2021. Additional technical and fiduciary UGP staff have been recruited and the last recruitments are expected to be completed in July 2022. The completion of the UGP restructuring is expected to allow further acceleration of Project implementation.

6. **On Component 4, following the August 14, 2021, earthquake, the PROSYS CERC was activated to respond to the extensive damage to the health infrastructure.** Activities under the CERC aim to restore access to health services in the three affected departments of *Nippes*, *Sud* and *Grand'Anse* by focusing on: (i) reconstructing destroyed health infrastructure (including clearing of unsafe remaining infrastructure); (ii) rehabilitating damaged health infrastructure; (iii) providing equipment and supplies to reconstructed and rehabilitated health infrastructure; and (iv) supporting the coordination of all stakeholders involved in the reconstruction activities in the sector. These activities will directly benefit more than 650,000 people living in the affected areas. Based on the Post-Disaster Needs Assessment (PDNA) for the health sector, the cost of the CERC activities amounts to US\$20 million and it covers approximately 65 percent of the total sector needs (US\$20 million out of an estimated US\$31 million reconstruction needs). An estimated 30 sites will be rehabilitated under the CERC component. More sites might be added depending on final reconstruction and rehabilitation costs. Other needs are covered by other sector stakeholders. Due to limited UGP capacity and growing demand for the UGP and MSPP staff time by the WB (preparation of two new AF, as well as resolution of ongoing implementation issues) and other partners (new financing from CDC and the GF), the CERC activation process to respond to the August 2021 earthquake has been slow. The Project has supported the dispatch of MSPP personnel onsite to coordinate response and assessment efforts. The earthquake and the control of access roads by gangs have impacted the pace of Project implementation in the southern peninsula, limiting UGP's options for supervision and support to these departments as well as firms' access (for civil works as well as service and TA under the RBF program).



7. **The rationale for the proposed AF is to address the financing gap caused by the reallocation of US\$20 million from Components 1 and 2 to Component 4 (CERC) of the Project to support the earthquake response in the Southern peninsula of the country.**

8. **Lessons learned under the Parent Project.** This proposed AF incorporates lessons from the Parent Project, such as the need to continue to include CERCs in investment projects where there is a likelihood of crises, disaster, or emergency. The UGP has led over 200 rehabilitations under the Improving Maternal and Child Health through Integrated Social Services Project (*Projet d'Amélioration de la Santé Maternelle et Infantile à travers des Services Sociaux Intégrés – PASMISSE*) and the PROSYS Project, including for the Post-Hurricane Matthew response. Under the AF, the UGP will adapt its procurement and supervision tools by strengthening supervision of civil works through external firms and potentially United Nations agencies, assigning sub-national environmental and social (E&S) focal points, as well as providing Hands-on Expanded Implementation Support (HEIS) to strengthen contracts design and enforcement, as well as to manage implementation challenges such as commodities price volatility. Based on the positive experiences of solar-based medical equipment after Hurricane Matthew, the CERC activities will also implement energy solutions that are not dependent on the availability of fuel or the electrical grid, to the extent possible. Finally, based on lessons learned from the earthquake response as well as the experience from hurricane Matthew the Project will continue to strengthen robust coordination mechanisms between the Government of Haiti (GoH) and partners, including at the sub-national levels, to prevent duplication of reconstruction efforts and maximize available support.

II. DESCRIPTION OF ADDITIONAL FINANCING

9. **This AF will fill the financing gap created by the triggering the CERC related to supporting the post-earthquake emergency response.** Specifically, the AF will enable the replenishment of the Project funds to ensure the funding and implementation of critical originally planned activities. No changes to the activities or the implementation arrangements are envisioned. Through this AF, financing used to fund the CERC will be provided back to Components 1 and 2. The proposed AF remains aligned with the Country Partnership Framework (CPF) of Haiti for the period FY16–21,² updated in the Performance and Learning Review dated May 31, 2018,³ as well as the WB's approach to supporting Haiti's earthquake recovery (see Annex 1). The AF also supports the WB's Green, Resilient and Inclusive Development approach as it would improve the overall resilience of the health sector to natural and man-made disasters, focusing on the most vulnerable population groups.

10. **Following the activation of the CERC, the Project will also be restructured to:**

- **Revise the PDO:** The PDO of the original Project does not reflect the CERC activities. Hence, the PDO will be amended as follows “to: (i) increase utilization of PHC services in selected geographical areas; (ii) strengthen surveillance capacity, especially for cholera; and (iii) provide an immediate and effective response to an eligible crisis or emergency⁴.”

² The Haiti CPF for the Period FY16–21 (Report No. 98132-HT, dated August 27, 2015) was discussed by the Board of Executive Directors on September 29, 2015.

³ The Performance and Learning Review (Report No. 124812-HT, dated May 31, 2018) was discussed by the Board of Executive Directors on June 27, 2018.

⁴ “Eligible Emergency” means an event that has caused, or is likely to imminently cause, a major adverse economic and/or social impact to the Recipient, associated with a natural or man-made crisis or disaster. The WB's CERC guidance note (dated October 16, 2017) on how to establish, activate, and provide implementation support for Project-specific CERCs in IPF operations, states that a CERC is eligible when there



- **Revise the Results Framework.** The Results Framework will be revised to reflect the CERC activities as follows:
 - a) Add one PDO Indicator to reflect the rehabilitations that will be supported through the CERC, in addition to those planned under Component 1: “Number of health facilities rehabilitated or reconstructed”.
 - b) Delete the current Intermediate Results Indicator “Number of health facilities undergoing rehabilitation”, since a new PDO indicator capturing the previous and planned rehabilitations under the Project will be added to the RF.
- **Reallocate costs across components and disbursement categories:** Following the activation of the CERC, reallocations will be made under the Parent Project (IDA grant D-467) as follow: Component 1 (Strengthening PHC Service Delivery) will be reduced from US\$55.60 million to US\$42.60 million, and Component 2 (Strengthening Surveillance and Control for Infectious Diseases) will be reduced from US\$29.60 to US\$22.60 million, to assign US\$20 million to Component 4 (CERC). This amount will be reallocated from Expenditure Category 1 to Category 4. The proposed AF will fill the financing gap for Category 1 (Components 1 and 2).
- **Change Disbursement arrangements:** For the proposed AF, the advance method of disbursement will not be available until lapsed loans under country portfolio are resolved. With that exception, disbursement arrangements will remain the same as those under the Parent Project.
- **Provide HEIS:** The procurement arrangements will be adjusted to include the provision of HEIS.

Table 1: Revised allocations and costs across Project Components

| Current Component Name | Parent Project Cost (US\$ millions) | Revised allocation after CERC Activation (US\$ millions) | Proposed AF allocation (US\$ millions) to cover financing gap | Total Proposed Cost including AF (US\$ millions) |
|--|-------------------------------------|--|---|--|
| Component 1 – Strengthening PHC Service Delivery | 55.60 | 42.60 | 13.00 | 55.60 |
| Component 2 – Strengthening Surveillance and Control for Infectious Diseases | 29.60 | 22.60 | 7.00 | 29.60 |
| Component 3 – Supporting Project Management and Implementation Support | 7.00 | 7.00 | 0 | 7.00 |
| Component 4 – CERC | 0.00 | 20.00 | 0 | 20.00 |
| TOTAL | 92.20 (*) | 92.20 (*) | 20.00 | 112.20 (*) |

(*) This total Project funding includes the GF external financing of US\$22.2 million which is not included in the Project’s data sheet but was processed as part of the Project restructuring processed in May 2021.

11. **The AF will replenish the financing to Components 1 and 2 of the Project.** Component 1 will finance activities to strengthen PHC service delivery via PHC referral networks, with each network consisting of: (i) a community referral hospital, health centers and dispensaries operating at different levels within the network; and (ii)

is an “official declaration of emergency or equivalent as agreed with the WB (for example, a statement of facts from a designated authority of the Borrower or action by a third party).



Community Health Workers at the community level. This component will finance: (i) improvements in the structural and organizational capacity for PHC service delivery; and (ii) enhancements in service delivery through incentives and increased accountability through the RBF Program. Component 2 will help maintain the MSPP's effective nationwide surveillance and response capacity in the fight against cholera, while integrating cholera surveillance and response tools into the general surveillance and response systems. This component will continue to finance critical surveillance and control activities for cholera and will expand to cover other infectious diseases, including two vaccine-preventable diseases – diphtheria and measles – and maternal deaths (all of which are part of the list of mandatory notifiable diseases), complementing the CDC's support for MSPP's surveillance capacity.

12. **There are no changes to the implementation arrangements under the proposed AF.** As the restructuring and strengthening of the UGP is being finalized, the implementation arrangements are deemed appropriate. To ensure appropriate implementation capacity given the increased volume of financing, additional fiduciary and technical staff could be recruited during implementation if needed. To ensure safeguards compliance and close monitoring of activities in the field, the UGP will assign E&S focal points based at the sub-national level. Moreover, the use of remote monitoring and supervision approaches will be continued, and potential new ones will be assessed for implementation. These tools will include those supported by the WB such as the Geo-Enabling initiative for Monitoring and Supervision, particularly for rehabilitation activities.

III. KEY RISKS

13. **The overall residual risk rating of the Project remains substantial, given the mitigation measures that are implemented and planned under the proposed AF.** The remaining main risks and mitigation measures are as follow:

14. **Political and Governance risks are increased from Substantial to High.** The combination of the assassination of the President in July 2021 with the recurrent postponing of the general elections in Haiti to elect the President and Parliament aggravate the instability. Elections were initially postponed until September 2021, then rescheduled for November 7, 2021, and currently planned to be held before the end of 2022 (without a concrete tentative date). The high uncertainty concerning changes in the political leadership or deepening of the political crisis constitutes a high risk for the effective implementation of Project activities and achievement of the PDO. Currently, the GoH stewardship is already very low, affecting coordination efforts among the MSPP and partners at the central and sub-national levels. Mitigation measures include adding supervision capacity on the ground and adaptable implementation modes and schedules.

15. **Macroeconomic Risk remains High.** Haiti has been engulfed in a protracted political crisis with attendant macroeconomic consequences, limiting budget predictability and the fiscal space to support growth-enhancing sectors, invest in public goods including medicines and routine vaccines for which partners require Government co-financing.⁵ The macroeconomic imbalances caused by the prevailing political and insecurity concerns are further compounded by global geopolitical tensions originating from the war in Ukraine. The latter is causing higher commodity prices and supply shortages that will trigger additional exchange rate depreciation and inflation pressures, especially since Haiti is import dependent with around 55 percent of food consumption covered by imports. The growing costs of operations in Haiti pose a high risk to achieving the PDO, most notably concerning materials and services related to civil works, leading to further Project exposure to cost overrun and financing gap.

⁵ As part of the change in income classification from low-income to lower-middle income country, Haiti faces increased co-financing requirements from GAVI for the procurement of routine vaccines.



While mitigation measures are limited, the UGP will reassess Project costs frequently and will build cost-contingency mechanisms in key contracts to adapt to inflationary trends.

16. **Fiduciary risk is downgraded from High to Substantial.** Taking into consideration mitigation measures, the financial management (FM) risk is rated as Substantial as well as the procurement risk. The Procurement risk is downgraded from High to Substantial. Mitigations measures that have been put in place include the recent restructuring of the UGP and strengthening of the procurement unit with two additional staff that has led to an acceleration and improved quality of procurement processes and monitoring through WB's Systematic Tracking and Exchanges in Procurement (STEP). The main mitigations measures include: (i) recruiting additional staff at UGP and reinforcing of the internal control units; (ii) completing the transition and transaction recording into the new accounting software; and (iii) expanding the scope of the external audit terms of reference by including the AF. The provision of HEIS under the proposed AF will further mitigate the procurement risks (See mitigation measures in the fiduciary section below).

17. **Other risks.** The risk of insecurity in achieving the PDO is Substantial. The growing insecurity has affected Project Implementation by: (i) disrupting access to Project sites in the southern peninsula for contractors, the UGP and the WB; (ii) increasing costs of operations throughout the country; and (iii) disrupting UGP's ability to function normally due to staff and family members' kidnapping and associated financial costs, and its impact on stress and mental health. Mitigation measures include: (i) the implementation of hybrid office-home-based work for UGP staff to limit movements on streets; (ii) remote supervision approaches; (iii) the use of in-country air travel services to access Project sites; and (iv) assigning E&S focal points with duty stations in the departments, closer to Project sites. All other risks remain unchanged.

IV. APPRAISAL SUMMARY

A. Economic and Financial Analysis

18. **This AF aims to replenish all the funds used for the CERC.** Since these funds are going to fund the activities originally planned, the ex-ante economic analysis conducted for the Parent Project at appraisal remains valid. In addition, the economic analysis of the activities financed under the CERC component will be done ex-post during the Implementation Completion Report, in line with the Operations Policy and Country Services guidance.

19. **Despite the economic slowdown, inflation, and the increase in prices, the economic analysis of the Parent Project remains valid.** It used conservative assumptions and took into account that the return on investments in maternal and child health is particularly high in the context of Haiti. Global evidence shows high social returns to investments in maternal and child health, particularly in contexts like Haiti, where poor health erodes human capital by harming physical and cognitive development and reducing educational outcomes and economic productivity. Essential health indicators, especially for maternal and child health, are still lagging behind other countries in the region and even behind other low-income countries. The original economic analysis considered the following benefits in the cost-benefit analysis of the Project: (i) the prevention of potential disease outbreaks (e.g., cholera) through an improved notification system; (ii) averted deaths of women of child-bearing age with improved access to institutional deliveries; and (iii) averted deaths of under-five children that are fully vaccinated. The cost-benefit analysis found a largely positive Net Present Value for all scenarios considered and of at least US\$9.50 million. The



estimated internal rate of return ranged between 30.8 percent and 76.3 percent, depending on the scenario considered/discard factor used.

B. Technical

20. **The proposed AF activities are included in Components 1 and 2 of the Parent Project.** The technical analysis remains the same. The proposed AF's expected development impact will be, among others, to improve basic health outcomes, generating substantial benefits from reduced mortality and morbidity from direct Project interventions. The following benefits are considered in the cost-benefit analysis of the Project: (i) the prevention of potential disease outbreaks (e.g., cholera) through an improved notification system; (ii) averted deaths of women of child-bearing age with improved access to institutional deliveries; and (iii) averted deaths of under-five children that are fully vaccinated. The results chain remains the same.

21. **Value added of WB's support.** The role of the WB is key in several respects, going beyond the financing provided, particularly for the convening power in fostering coordination of post-earthquake reconstruction of health infrastructure. Moreover, among other areas, the WB's involvement enables the provision of high-quality TA, engagement in policy dialogue, the ability to benefit from international experience as well as the WB's implementation experience in various countries. As part of the GFF process, the WB and the GFF are key stakeholders that can use their convening powers around complex reforms and processes to leverage financing. This advantage could extend to areas such as the development and implementation of the Community Health Strategy (under Component 1) or the transition towards a more sustainable and efficient surveillance and response systems (under Component 2).

Climate change

22. **Haiti continues to be vulnerable to recurrent natural disasters, and climate change exacerbates these risks.** The projected impacts of climate change for Haiti include an increase in average temperatures of 0.5°C to 2.3°C by 2060, with the warming expected to be most marked for the period covering December to February every year. These higher temperatures, coupled with predicted changes in precipitation patterns and likely rainfall decreases from June to August, are expected to increase the frequency, intensity, and impacts of extreme weather events in the country, including hurricanes, storm surges, and flooding. These changes in temperature and precipitation are expected to have significant impacts on the health of the populations, which will be exposed to heatwaves, climate-induced diseases and environmental determinants of health, food and water insecurity, and injuries caused by severe weather events. In addition, the incidence of water and vector-borne diseases is expected to increase in frequency and severity resulting from climate change and inadequate water and sanitation conditions in some areas of the country. These natural disasters disproportionately affect vulnerable groups and can damage health care facilities and supply chains, sometimes disabling them completely when their services are most required. The latest major disaster happened in October 2016 when Hurricane Matthew struck Haiti, affecting over two million people. The increase in cholera cases that followed spread to the Southern departments and the Northwest and was only controlled after several months of intensified efforts. Post-hurricane reconstruction needs were assessed at 25 percent of gross domestic product, or US\$2.2 billion. Public expenditure increased to meet post-Matthew reconstruction needs, but resource mobilization continues to be a challenge.

23. **The AF is in line with the WB climate change commitments and incorporates climate change considerations in the Project design, particularly as they relate to the provision of health care facilities, training and the surveillance and control of infectious diseases, including climate-induced ones.** These considerations will



contribute to mitigating the impacts of the health sector on climate, by reducing the carbon footprint and reliance on fossil fuels in HFs; and adapting the Haitian health system to better prevent, detect, and respond to climate related diseases and events. The Project will reduce observed climate vulnerabilities of Haiti's population and enable the health system to adapt to climate-induced changes to the country's disease profile.

24. The proposed AF would address the financing gap in Components 1 and 2 caused by the activation of the CERC, and Project activities will contribute to climate mitigation and adaptation. The AF includes activities that will strengthen both the climate mitigation and adaptation capacity of the Haitian health system. In terms of mitigation, the AF will finance low-carbon and climate resilient infrastructure and equipment, such as solar-powered energy systems and solar fridges to store vaccines (continuing the nation-wide solarization of vaccines storage fridges in HFs undertaken by the WB, the Vaccine Alliance (GAVI) and United Nations International Children's Emergency Fund, since 2017). This investment will lead to substantial reductions in green-house gases generated by the health system. The AF will prioritize the acquisition of the most energy and resource efficient options available. Similar to the ongoing collaboration between the energy sector and the health sector under the COVID-19 Response Project (P173811), the CERC and non-CERC rehabilitation, reconstruction, and equipment of HFs will seek to implement climate friendly energy solutions in collaboration with the WB Energy Global Practice, in particular through investments in designing and implementing solar-based power supply. An estimated US\$35 million⁶ will support the rehabilitation and reconstruction of health infrastructure and new equipment. Efforts to include climate considerations in the rehabilitation and operation of HFs involve integrating climate resilient elements in civil works (e.g., storm drains, filtration, and cooling systems), measures to improve conservation of resources, and the provision of training. These considerations specifically aim to minimize the carbon footprint of the health sector and promote green and climate friendly practices among health care staff.

Gender

25. The proposed AF will continue with the same gender approach as under the Parent Project. According to analysis undertaken for the FY16-FY19 WB Regional Gender Action Plan (RGAP) for Latin America and the Caribbean, the accumulation of health endowments is a key dimension of gender equality in the region. Relatively high maternal morbidity, and barriers to accessing reproductive health care, adversely affect women's health endowments – particularly for poorer women – which in turn further widens the gap between women's and men's economic opportunities. Reduced access to reproductive health care also adversely affects agency – women's ability to make decisions to achieve desired outcomes – which is another key dimension of gender equality according to the RGAP. The Project has a strong focus on enhancing access to maternal and reproductive health care, thereby enhancing gender equality. In addition, key indicators, including one of the PDO indicators – the percentage of children aged between 12 and 23 months fully vaccinated in Project intervention areas – are monitored on a gender-disaggregated basis. Furthermore, one PDO-level indicator and two intermediate indicators measure utilization of specific health services among women only.

Citizen Engagement

26. The Project has shown good performance on citizen engagement mechanisms. Citizen engagement mechanisms continue to include patient surveys that are systematically conducted as part of the verification process at HFs under the RBF program. To ensure that the feedback loop is closed, facilities develop concise action plans to address issues under their control (this mechanism is incorporated in the RBF manual). In addition, there are: (i)

⁶ This includes the reallocation of US\$20m for CERC activities focused on rehabilitation, reconstruction and equipment for HFs affected in the Southern Peninsula, as well as rehabilitations planned under Component 1 (approximately for \$15m under this proposed AF).



direct consultations and engagement of project beneficiaries, community leaders, community associations active in the municipality, as well as representatives of municipal authorities in the preparation, implementation and monitoring of civil works and community-level activities; and (ii) a Project-specific Grievance Redress Mechanism (GRM) operated by UGP allowing beneficiaries and potentially affected individuals to submit complaints and ensure timely feedback and resolution. The Project Indicators include a citizen engagement indicator ("percentage of facilities under RBF that developed an action plan(s) based on the results of community satisfaction surveys"), which continues capturing user surveys under the RBF program.

C. Financial Management

27. **FM arrangements for this AF will be the same as for the ongoing Parent Project.** A FM assessment was conducted and finalized on April 12, 2022, in accordance with OP/BP for Investment Project Financing (IPF) and in line with the FM Manual for WB IPF Operations. It concluded that as the proposed AF aims to fill the financing gap created by the activation of the CERC without any additional or new activities to those originally planned, the same implementation arrangements for the Parent Project are still valid.

28. **The fiduciary responsibilities of the proposed AF would be managed using the existing capacity at MSPP-UGP established under the ongoing Parent Project.** UGP-MSPP structure includes FM staff with adequate capacities, as it has been assessed through the implementation of the Parent Project. The UGP will need to ensure that sufficient FM staff will be available to absorb the increase in the volume of transactions of operations. It is expected to reinforce the FM team with an additional accountant to manage the workload. MSPP-UGP is using an accounting software recently acquired, and a consultant has been engaged to handle the transition.

29. **The FM risk is rated as Substantial.** The latest FM performance for the Parent Project was rated Moderately Satisfactory, mostly due to moderate shortcomings affecting the capacity to provide timely and reliable information required to manage and monitor the implementation of the Project. Accounting records of the UGP were not systematically kept up to date as the UGP faced a high staff turnover and also had to put in place a new accounting system. The UGP had delays submitting interim financial reports and audit reports and starting the audit firm's hiring process for the Project's financial statements. Mitigation measures for the risks and issues assessed include: (i) strengthening the capacity established at UGP by reinforcing the FM and the internal control units; (ii) completing the transition and transaction recording into the new accounting software; and (iii) expanding the scope of the external audit terms of reference by including the AF.

D. Procurement

30. **Procurement for the proposed Project will be undertaken by MSPP through the UGP in place for the PROSYS (P167512) and in compliance with the applicable WB policies and guidelines.**

31. **The procurement risk is rated Substantial.** A procurement assessment was conducted in March 2022. The assessment concluded that the procurement risk is rated Substantial due to the country's high governance risk profile, the limited and highly uncompetitive domestic procurement market and the depreciation of the Gourde. The main procurement risks identified are: (i) the security and political context in Haiti that makes it difficult to attract qualified suppliers and consultants; (ii) the increasing workload of the MSPP; and (iii) the complexity of some of the contracts, particularly: the reconstruction of destroyed health infrastructure, the rehabilitation of damaged health infrastructure; equipment and supplies for the reconstructed and rehabilitated health infrastructure which might prevent Project procurement from moving forward. Specifically, the main areas of concern include: (i) not



having adequate staffing capable of handling the increased volume of work; and (ii) delays in finalizing the procurement documents and processes. These risks will be mitigated through: (i) raising awareness and communicating with potential suppliers/ contractors, consultants, and other stakeholders about the upcoming tenders; (ii) the recruitment of additional procurement staff; and (iii) closer coordination with technical stakeholders to provide quality technical inputs in a timely manner. The WB will also provide closer procurement implementation support and HEIS support.

32. **WB Procurement Regulations for IPF Borrowers.** All procurements under the Project will be carried out in compliance with the applicable WB procurement guidelines and procurement policies for IPF (Procurement Regulations for IPF Borrowers, issued in July 2016, revised in November 2017, August 2018, and November 2020 - "Procurement Regulations"), with due consideration to "Guidelines on Preventing and Combating Fraud and Corruption in projects Financed by International Bank for Reconstruction and Development (IBRD) Loans and IDA Credits and Grants", dated July 1, 2016, and other provisions stipulated in the Financing Agreement.

33. **The UGP will be responsible for all procurement and contracting related queries and processing, including management and compliance with fiduciary requirements.** Procurement arrangements shall be in line with all major aspects of the operation and the features and context described in the Project Procurement Strategy for Development prepared by the Recipient with full support from the WB. Procurement planning for the proposed Project shall follow provisions outlined in paragraph 5.9 of the above-mentioned "Procurement Regulations". The STEP system will be used to prepare, clear and update Procurement Plans and conduct all procurement transactions for the Project.

34. **The WB's oversight of procurement will be done through increased implementation support in addition to procurement HEIS, as requested by the GoH on July 5, 2021.** The procurement arrangements will be adjusted to include the provision of HEIS to support UGP's capacity to perform the procurement activities under the Project. The WB standard prior and post review arrangements apply as specified in the procurement plan.

E. Environment (including Safeguards)

35. **As with the Parent Project, the AF operation is assessed as a Category B Project with moderate environmental risk.** Potential risks and impacts are anticipated to be minimal, site-specific, and manageable to an acceptable level. All activities will remain the same as under the Parent Project, and no new Operational Policies are triggered in the context of the AF operation. As such, three environmental Safeguard policies remain triggered: Environmental Assessment (OP/BP 4.01), Pest Management (OP 4.09), and Physical Cultural Resources (OP/BP 4.11).

36. **The precise locations of health care facilities to receive support under AF activities is currently unknown, as are the exact interventions to be financed at each location or sub-project.** To assess and manage all E&S risks under the Parent Project, UGP prepared and disclosed an Environmental and Social Management Framework (ESMF). The ESMF sets out standards, methods and procedures specifying how sub-projects will systematically incorporate and address environmental issues in their screening, selection, categorization, siting, design, implementation, and maintenance throughout implementation. Given the identical scope in Project activities, a framework approach through the ESMF will continue to apply, and the ESMF has been updated to reflect: (i) activities undertaken in the



context of the CERC triggered in response to the August 2021 earthquake; and (ii) the activities to be financed under the AF operation, which has been disclosed on April 26, 2022⁷.

37. **The long-term environmental impacts from the AF are expected to be positive, both for local communities in terms of access to adequate health care and promotion of human development in Haiti, and for the environment, in terms of investment in more efficient supply chain infrastructure and application of internationally accepted good practices in promoting sustainable biomedical waste management.** Nonetheless, Project interventions may result in short-term risks and impacts that could adversely affect the biophysical environment or human- and community-health if proper mitigation measures are not in place. These potential impacts are varied but could include ground water contamination, air, and noise pollution, as well as an elevated public health risk associated with the management of waste from health structures during Project implementation and operation. The ESMF includes specific provisions to mitigate against potential risks from medical waste in facilities benefitting from Project financing. PROSYS is also providing TA support to help develop Haiti's strategic approach to medical waste management and supporting engagement with other donors and partners in the health sector in Haiti. This TA will ensure more holistic approaches to healthcare waste management, including through identification of existing facilities and service providers to manage the transport and safe disposal of wastes.

38. **Pest Management (OP 4.09) and Physical Cultural Resources (OP/BP 4.11): OP 4.09 was triggered as a precautionary measure under the Parent Project since Project-financed activities may include the reconstruction or rehabilitation of HFs.** Provisions on Pest Management to preventing termite infestation are included in the ESMF. Pest Management would also be needed for rodent or other insect infestations at medical facilities, and mitigation measures are presented in the ESMF. The ESMF also sets out Chance Find procedures even if, given the nature of Project activities, the likelihood of finding physical cultural resources is low. Nonetheless, physical cultural resources may be found during small-scale rehabilitation activities, and OP4.11 has been triggered accordingly.

39. **MSPP-UGP will be responsible for environmental risk management and will work closely with MSPP's Directorate for Health Promotion and Protection of the Environment (*Direction de la Promotion de la Santé et de la Protection de l'environnement, DPSPE*).** MSPP-UGP has recently undergone some structural changes, in part, to deploy staff to monitor and manage potential E&S risk. The unit is implementing an existing WB-financed Project under the ESMF (COVID-19 Response Project, P173811 and its AF P178296). MSPP-UGP is hiring an environmental specialist to support on PROSYS implementation, as well as an environmental specialist and a social specialist to support on the COVID-19 and COVID-19-AF operations. In addition, local monitoring consultants are to be recruited across the departments in which the Project is being implemented to better monitor and report on risks and impacts in real time in a decentralized manner.

F. Social (including Safeguards)

40. **The policy on Involuntary Resettlement (OP/BP 4.12) remains triggered under the AF.** Potential small-scale impacts could lead to: (i) damage to existing structures surrounding the targeted buildings to be rehabilitated; and (ii) business interruption and loss of economic income during the rehabilitation activities. Persons who could be affected include squatters, owners, or renters of property, as well as street vendors, owners of kiosks or individuals involved in other economic livelihood activities. Given that the exact list of sites is not known at the time of Project

⁷ On the WB website: <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099200004262211260/p178755080c2330708f6108e29de18108e>. On the MSPP website: <https://mspp.gov.ht/site/downloads/Cadre-de-gestion-environnementale-et-sociale-AF%20PROSYS%20Avril%202022.pdf>



appraisal, the MSPP has prepared a Resettlement Policy Framework, originally disclosed in March 2019 and updated in the context of the AF operation. As the rehabilitation efforts will target existing structures, physical resettlement of households or land acquisition is not expected at this time. Considering the long delays that other projects in Haiti have experienced in completing land acquisition and land-related compensation, the Project team will exert all efforts to avoid land acquisition, as well as permanent physical resettlement. Systematic preliminary screening of sub-projects will be conducted to identify and manage potential social impacts, including involuntary resettlement, land acquisition and other livelihood impacts. Most rehabilitation workers are expected to be local, with only a few high skilled/technical workers required from outside the community. The Project will require that E&S Management Plans include labor influx management, worker safety, and community health and safety measures. It will also ensure that labor-related commitments are reflected in the contract bidding documents.

41. **The DPSPE and the MSPP-UGP specialists, will continue their support for strengthening capacity under the Project.** A dedicated social specialist will be maintained in UGP and will keep working closely with DPSPE on social safeguards and citizen engagement mechanisms. The UGP's safeguards specialists will be involved early in site selection and be part of technical discussions on the rehabilitation works to avoid or minimize safeguards impacts from the start. They will interact with communities and contractors during the implementation of works to manage any adverse impacts that may not have been foreseen at the outset and enhance positive impacts.

42. **The Parent Project and the AF leverage lessons learned from the PASMISI Project with respect to the GRM.** As with the Parent Project, the AF GRM will rely on local GRM focal points (Community Section Administrative Councils) to uptake complaints, complemented by consultations, documentation and monitoring led by the Project social specialist. The GRM: (i) places emphasis on communications and on closing the feedback loop among the Project team, contractors, and Project beneficiaries; (ii) requires that all contractors assign community focal points for addressing grievances; and (iii) ensures frequent reporting and monitoring by UGP on grievances received and steps for their resolution. UGP has registered 167 grievances as part of the Parent Project and has resolved 111. Outstanding grievances relate to the payment of workers hired by firms contracted under the Project and are being proactively addressed by the UGP.

V. WORLD BANK GRIEVANCE REDRESS

43. Communities and individuals who believe that they are adversely affected by a WB supported Project may submit complaints to existing Project-level GRMs or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address Project-related concerns. Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the WB's attention, and WB Management has been given an opportunity to respond. For information on how to submit complaints to the WB's corporate GRS, please visit <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the WB Inspection Panel, please visit www.inspectionpanel.org



VI. SUMMARY TABLE OF CHANGES

| | Changed | Not Changed |
|--|---------|-------------|
| Project's Development Objectives | ✓ | |
| Results Framework | ✓ | |
| Components and Cost | ✓ | |
| Reallocation between Disbursement Categories | ✓ | |
| Disbursements Arrangements | ✓ | |
| Procurement | ✓ | |
| Implementing Agency | | ✓ |
| Loan Closing Date(s) | | ✓ |
| Cancellations Proposed | | ✓ |
| Safeguard Policies Triggered | | ✓ |
| EA category | | ✓ |
| Legal Covenants | | ✓ |
| Institutional Arrangements | | ✓ |
| Financial Management | | ✓ |
| APA Reliance | | ✓ |
| Implementation Schedule | | ✓ |
| Other Change(s) | | ✓ |

VII. DETAILED CHANGE(S)

PROJECT DEVELOPMENT OBJECTIVE

Current PDO

The PDO of the proposed Project is to: (i) increase utilization of primary health care services in selected geographical areas; and (ii) strengthen surveillance capacity especially for cholera.



Proposed New PDO

The PDO of the proposed Project is to: (i) increase utilization of primary health care services in selected geographical areas; (ii) strengthen surveillance capacity especially for cholera, and (iii) provide an immediate and effective response to an eligible crisis or emergency.

COMPONENTS

| Current Component Name | Current Cost (US\$, millions) | Action | Proposed Component Name | Proposed Cost (US\$, millions) |
|--|-------------------------------|-----------|--|--------------------------------|
| Strengthening Primary Health Care Service Delivery | 55.60 | No Change | Strengthening Primary Health Care Service Delivery | 55.60 |
| Strengthening Surveillance and Control for Infectious Diseases | 29.60 | No Change | Strengthening Surveillance and Control for Infectious Diseases | 29.60 |
| Supporting Project Management and Implementation Support | 7.00 | No Change | Supporting Project Management and Implementation Support | 7.00 |
| Contingent Emergency Response Component | 0.00 | Revised | Contingent Emergency Response Component | 20.00 |
| TOTAL | 92.20 | | | 112.20 |

REALLOCATION BETWEEN DISBURSEMENT CATEGORIES

| Current Allocation | Actuals + Committed | Proposed Allocation | Financing % (Type Total) | |
|--------------------|---------------------|---------------------|--------------------------|----------|
| | | | Current | Proposed |

IDA-D4670-001 | Currency: XDR

| | | | | |
|------------------------------|--------------|--|--------|--------|
| iLap Category Sequence No: 1 | | Current Expenditure Category: G W NCS CS T IOC P1abce P2 P3a | | |
| 28,100,000.00 | 6,344,090.85 | 14,100,000.00 | 100.00 | 100.00 |

| | | | | |
|------------------------------|------|--|--------|--------|
| iLap Category Sequence No: 2 | | Current Expenditure Category: G NCS CS T IOC P3b | | |
| 0.00 | 0.00 | 0.00 | 100.00 | 100.00 |

| | | | | |
|------------------------------|--|--|--|--|
| iLap Category Sequence No: 3 | | Current Expenditure Category: Results-Based Payments P1d | | |
|------------------------------|--|--|--|--|



| | | | | |
|------------------------------|----------------------|---|----------------------|--------|
| 11,528,000.00 | 2,670,791.74 | 11,528,000.00 | 100.00 | 100.00 |
| iLap Category Sequence No: 4 | | Current Expenditure Category: Emergency Exp P4 | | |
| 0.00 | 0.00 | 14,000,000.00 | 100.00 | 100.00 |
| iLap Category Sequence No: 5 | | Current Expenditure Category: Resettlment Comp & Ass P1a P2 | | |
| 72,000.00 | 0.00 | 72,000.00 | 100.00 | 100.00 |
| Total | 39,700,000.00 | 9,014,882.59 | 39,700,000.00 | |

DISBURSEMENT ARRANGEMENTS

Change in Disbursement Arrangements

Yes

Expected Disbursements (in US\$)

| Fiscal Year | Annual | Cumulative |
|-------------|---------------|----------------|
| 2019 | 0.00 | 0.00 |
| 2020 | 5,500,000.00 | 5,500,000.00 |
| 2021 | 4,278,028.46 | 9,778,028.46 |
| 2022 | 15,000,000.00 | 24,778,028.46 |
| 2023 | 30,000,000.00 | 54,778,028.46 |
| 2024 | 30,000,000.00 | 84,778,028.46 |
| 2025 | 27,421,971.54 | 112,200,000.00 |

SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

| Risk Category | Latest ISR Rating | Current Rating |
|--|-------------------|----------------|
| Political and Governance | ● High | ● High |
| Macroeconomic | ● High | ● High |
| Sector Strategies and Policies | ● Substantial | ● Substantial |
| Technical Design of Project or Program | ● Substantial | ● Substantial |



| | | |
|--|---------------|---------------|
| Institutional Capacity for Implementation and Sustainability | ● Substantial | ● Substantial |
| Fiduciary | ● High | ● Substantial |
| Environment and Social | ● Moderate | ● Moderate |
| Stakeholders | ● Moderate | ● Moderate |
| Other | ● Substantial | ● Substantial |
| Overall | ● Substantial | ● Substantial |

LEGAL COVENANTS – AF Strengthening Primary Health Care and Surveillance in Haiti (P178755)

Sections and Description

Schedule 2. Section I. B. 2. Project Operational Manual. Without limitation upon the foregoing, the Recipient, shall: (i) no later than one (1) month after each calendar semester (starting with the calendar semester immediately after the calendar semester in which the Effective Date falls) and according to the provisions of the Project Operational Manual, prepare and furnish to the Association, for its review, an evaluation of the Results-Based Payments and recommendations of any adjustment required to be made to the Results-Based Payments to ensure that they continue to comply with the criteria set forth in Section I.C of this Schedule; (ii) afford the Association a reasonable opportunity to exchange views with the Recipient on each said evaluation and recommendation; and (iii) adopt and apply such adjusted Results-Based Payments, as shall have been approved by the Association, to Results-Based Payments Agreements awarded after said date.

Schedule 2. Section II. Project Monitoring, Reporting and Evaluation. The Recipient shall furnish to the Association each Project Report not later than one (1) month after the end of each calendar semester, covering the calendar semester.

Schedule 2. Section IV. Other Undertakings. No later than one (1) month before the beginning of each fiscal year, the Recipient shall prepare and furnish an annual work plan (Annual Work Plan) for that fiscal year, satisfactory to the Association, including the activities to be carried under the Project during said fiscal year. Said Annual Work Plan may be modified from time to time during the fiscal year, with prior approval of the Association.

Conditions

| Type | Financing source | Description |
|--------------|------------------|--|
| Disbursement | IBRD/IDA | Schedule 2. Section III. B. Withdrawal conditions; withdrawal period.1. (b) Notwithstanding the provisions of Section III. A., no withdrawal shall be made for payments made under Category (4) for Emergency Expenditures under Part 4 of the Project, unless and until the Association is satisfied, and has notified the Recipient of its satisfaction, that all of the following conditions have been met in respect of said Emergency Expenditures. |



| | | |
|-------------------|---------------------------|--|
| Type Disbursement | Financing source IBRD/IDA | Description Schedule 2. Section III. B. Withdrawal conditions; withdrawal period.1. (b) (i) the Recipient has determined that an Eligible Emergency has occurred, has furnished to the Association a request to include said Eligible Emergency under Part 4 of the Project in order to respond to said Eligible Emergency, and the Association has agreed with such determination, accepted said request and notified the Recipient thereof. |
| Type Disbursement | Financing source IBRD/IDA | Description Schedule 2. Section III. B. Withdrawal conditions; withdrawal period.1. (b) (ii) the Recipient has prepared and disclosed all safeguards instruments required for said Eligible Emergency, and the Recipient has implemented any actions which are required to be taken under said instruments, all in accordance with the provisions of Section I.D.1 of this Schedule. |
| Type Disbursement | Financing source IBRD/IDA | Description Schedule 2. Section III. B. Withdrawal conditions; withdrawal period.1. (b) (iii) the Coordinating Authority has adequate staff and resources, in accordance with the provisions of Section I.D.1(b) of this Schedule, for the purposes of said activities. |
| Type Disbursement | Financing source IBRD/IDA | Description Schedule 2. Section III. B. Withdrawal conditions; withdrawal period.1. (b) (iv) the Recipient has adopted the Emergency Response Operations Manual in form, substance and manner acceptable to the Association and the provisions of the Emergency Response Operations Manual are fully current in accordance with the provisions of Section I.D of this Schedule, so as to be appropriate for the inclusion and implementation Part 4 of the Project. |
| Type Disbursement | Financing source IBRD/IDA | Description Schedule 2. Section III. B. Withdrawal conditions; withdrawal period.1. (c) under Category (5) unless the pertinent RAP has been prepared, consulted, adopted and published by the Recipient in form and substance satisfactory to the Association, and in accordance with Section I.E of this Schedule. |



VIII. RESULTS FRAMEWORK AND MONITORING

Results Framework

COUNTRY: Haiti

AF Strengthening Primary Health Care and Surveillance in Haiti

Project Development Objective(s)

The PDO of the proposed Project is to: (i) increase utilization of primary health care services in selected geographical areas; (ii) strengthen surveillance capacity especially for cholera, and (iii) provide an immediate and effective response to an eligible crisis or emergency.

Project Development Objective Indicators by Objectives/ Outcomes

| Indicator Name | PBC | Baseline | Intermediate Targets | | End Target |
|---|-----|----------|----------------------|-------|------------|
| | | | 1 | 2 | |
| Increase utilization of primary health care services in selected geographical areas | | | | | |
| Percentage of children aged between 12 and 23 months fully vaccinated in Project intervention areas (Percentage) | | 45.30 | 48.50 | | 51.00 |
| Percentage of institutional deliveries in Project intervention areas (Percentage) | | 38.20 | 44.00 | 44.00 | 44.00 |
| <i>Action: This indicator has been Revised</i> | | | | | |
| Strengthen surveillance capacity especially for cholera | | | | | |
| Percentage of notifications of suspected cases of cholera for which laboratory results are available to the Health Departmental Directorates (DDSs) within 10 days of collection (Percentage) | | 45.00 | 55.00 | 65.00 | 70.00 |



| Indicator Name | PBC | Baseline | Intermediate Targets | | End Target |
|---|-----|---|----------------------|-------|------------|
| | | | 1 | 2 | |
| Provide an immediate and effective response to an eligible crisis or emergency (Action: This Objective is New) | | | | | |
| Number of health facilities rehabilitated or reconstructed (Number) | | 0.00 | 60.00 | 70.00 | 85.00 |
| Action: This indicator is New | | Rationale: <i>This indicator is added to reflect the rehabilitations or reconstructions that will be supported through the CERC, in addition to those planned under Component 1. For each reporting period, disaggregated information about CERC and non-CERC rehabilitations/reconstructions will be reported.</i> | | | |

Intermediate Results Indicators by Components

| Indicator Name | PBC | Baseline | Intermediate Targets | | End Target |
|--|-----|----------|----------------------|------------|------------|
| | | | 1 | 2 | |
| Component 1: Strengthening Primary Health Care Service Delivery | | | | | |
| People who have received essential health, nutrition, and population (HNP) services (CRI, Number) | | 0.00 | 200,000.00 | 500,000.00 | 828,000.00 |
| People who have received essential health, nutrition, and population (HNP) services - Female (RMS requirement) (CRI, Number) | | 0.00 | 35,000.00 | 60,000.00 | 79,000.00 |
| Number of children immunized (CRI, Number) | | 0.00 | 90,000.00 | 155,000.00 | 260,000.00 |
| Number of women and children who have received basic nutrition services (CRI, Number) | | 0.00 | 100,000.00 | 350,000.00 | 500,000.00 |



| Indicator Name | PBC | Baseline | Intermediate Targets | | End Target |
|---|-----|----------|----------------------|-----------|------------|
| | | | 1 | 2 | |
| Number of deliveries attended by skilled health personnel (CRI, Number) | | 0.00 | 20,000.00 | 39,000.00 | 68,000.00 |
| Contracted service providers achieving the minimum quality score (Percentage) | | 71.00 | 78.00 | 78.00 | 78.00 |
| Number of health facilities undergoing rehabilitation (Number) | | 0.00 | 25.00 | | 55.00 |
| Action: This indicator has been Marked for Deletion | | | | | |
| Contracted health providers supervised at least quarterly - maintained at 100 percent (Percentage) | | 100.00 | 100.00 | 100.00 | 100.00 |
| Citizen Engagement: percentage of facilities under RBF that developed an action plan(s) based on the results of community satisfaction surveys (Percentage) | | 0.00 | 20.00 | 40.00 | 50.00 |
| Number of Community Health Workers who were trained based on the new Community Health Strategy (Number) | | 0.00 | 150.00 | | 225.00 |
| Number of peripheral storage warehouses upgraded based on identified need and in accordance with minimum national standards on storage of medical products (Number) | | 0.00 | 1.00 | | 2.00 |
| Component 2: Strengthening Surveillance and Control for Infectious Diseases | | | | | |
| Percentage of suspected cases of diphtheria investigated and responded to within 48h after notification (Percentage) | | 72.00 | 85.00 | 85.00 | 90.00 |
| Percentage of notified maternal deaths investigated per year (Percentage) | | 0.00 | 5.00 | 8.00 | 10.00 |



| Indicator Name | PBC | Baseline | Intermediate Targets | | End Target |
|---|-----|----------|----------------------|---|------------|
| | | | 1 | 2 | |
| Number of laboratories who comply with national standard requirements for infrastructure and equipment (Number) | | 0.00 | 5.00 | | 10.00 |

Monitoring & Evaluation Plan: PDO Indicators

| Indicator Name | Definition/Description | Frequency | Datasource | Methodology for Data Collection | Responsibility for Data Collection |
|---|---|-----------------------------|--|---|------------------------------------|
| Percentage of children aged between 12 and 23 months fully vaccinated in Project intervention areas | Number of children aged 12-23 months who received immunization for BCG, Polio, Rotavirus, DTC3 and/or Pentavalent and Measles appropriate for their age in Project interventions areas. | Twice during Project period | DHS surveys (expected in 2020, 2024) (or endline survey to be conducted towards end of Project). | DHS Surveys 2020 and 2024. If the second DHS survey is not conducted on time, the Project will finance a “mini-DHS” household survey (representative at Departments level). In the meantime, progress will be monitored using administrative data (from SISNU). | UEP/MSPP |
| Percentage of institutional deliveries in Project intervention areas | Numerator: Number of institutional deliveries in project intervention areas Denominator: Number of live births in project intervention areas | Twice during Project period | DHS surveys 2020, 2024 (or endline survey to be conducted towards end of Project). | DHS Surveys 2020 and 2024. If the second DHS survey is not conducted on time, the Project will finance a “mini-DHS” household survey (representative at | UEP/MSPP |



| | | | | | |
|--|---|--------------|--|--|------------------|
| | | | | Departments level). In the meantime, progress will be monitored using administrative data (from SISNU). | |
| Percentage of notifications of suspected cases of cholera for which laboratory results are available to the Health Departmental Directorates (DDSs) within 10 days of collection | Numerator: number of laboratory results for suspected cases of cholera that are available to the DDSs within 10 days after collection from patient. Denominator: Number of notifications of suspected cases of Cholera in all departments. | Twice a year | (DELR + LNSP)/MSPP | - Compilation of departmental-level surveillance data (for the number of suspected cases). - Lab database compiling: 1) Lab results for lab-tested samples (LNSP and others); 2) dates of sample collection; 3) dates on which lab results were sent and made available to DDS. | DELR/LNSP (MSPP) |
| Number of health facilities rehabilitated or reconstructed | Number of HFs rehabilitated or reconstructed by the Project. | Annual | Annual Project implementation reports (UGP/MSPP) | Tracking of facilities rehabilitated for which civil works are 100% executed and having received the final reception by UGP/MSPP. | UGP/MSPP |



Monitoring & Evaluation Plan: Intermediate Results Indicators

| Indicator Name | Definition/Description | Frequency | Datasource | Methodology for Data Collection | Responsibility for Data Collection |
|--|------------------------|-----------|--|---|------------------------------------|
| People who have received essential health, nutrition, and population (HNP) services | | Annual | RBF Information System (through third-party verification agency) + SISNU | Sum of sub-indicators : "Number of children immunized", "Number of deliveries attended by skilled health personnel", "Number of women and children who have received basic nutrition services". | UC/MSPP |
| People who have received essential health, nutrition, and population (HNP) services - Female (RMS requirement) | | Annual | RBF Information System (through third-party verification agency) | The sum of the following indicators in the RBF program: "Number of institutional births, including cesareans", "number of pregnant women receiving first prenatal consultation during their first trimester", and "number of women receiving postnatal consultation". | UC/MSPP |
| Number of children immunized | | Annual | SISNU | Children that have received at least one vaccination (such as BCG) will be counted to reduce the risk of double | UEP/MSPP |



| | | | | | |
|---|--|--------|--|--|---------|
| | | | | counting. | |
| Number of women and children who have received basic nutrition services | | Annual | RBF Information System (through third-party verification agency) | The sum of the following indicators in the RBF program: "Children who received vitamin A supplementation", "number of pregnant women receiving first prenatal consultation during their first trimester", and "number women receiving postnatal consultation". | UC/MSPP |
| Number of deliveries attended by skilled health personnel | | Annual | RBF Information System (through third-party verification agency) | RBF Information System (through third-party verification agency). The value will be the cumulative value of RBF indicator "Number of institutional births, including cesareans". | UC/MSPP |
| Contracted service providers achieving the minimum quality score | Numerator: Number of contracted service providers in Project intervention areas having achieved at least 60 percent during the quality scorecard assessment undertaken by the external | Annual | RBF Information System | RBF Information System (external verification led by third-party verification agency). | UC/MSPP |



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| | <p>verification entity. The quality scorecard includes a number of indicators, for example: properly organized patient files, public posting of fees for services and source and uses of facility financing, cleanliness of facilities and management of medical waste and others.</p> <p>Denominator: Number of contracted service providers in Project intervention areas.</p> | | | | |
| Number of health facilities undergoing rehabilitation | Number of HFs rehabilitated by the Project. | Annual | Annual Project implementation reports (UGP/MSPP) | Tracking of facilities rehabilitated for which civil works are 100% executed and having received the final reception by UGP/MSPP. | UGP/MSPP |
| Contracted health providers supervised at least quarterly - maintained at 100 percent | <p>Numerator: Number of contracted health providers that have received a supervisory visit by the departmental health authorities at least quarterly.</p> <p>Denominator: Number of</p> | Twice a year | RBF Information System | RBF Information System (Through third party verification agency). | UC/MSPP |



| | | | | | |
|--|---|-----------------------------|---|---|--|
| | contracted health providers. | | | | |
| Citizen Engagement: percentage of facilities under RBF that developed an action plan(s) based on the results of community satisfaction surveys | Numerator: Number of HFs under the RBF Program that developed an action plan based on the results of community satisfaction surveys. Denominator: Number of HFs under RBF Program. | Annual | RBF Information System | Surveys are conducted by the third-party verification agency during RBF verification. A sample of patients is used to collect patient's feedback and the agency verifies that the provider has developed and implemented the corrective action plan (for issues within their control) during the next verification. | UC/MSPP |
| Number of Community Health Workers who were trained based on the new Community Health Strategy | Number of Community Health Workers who were trained based on the new Community Health Strategy. Community health workers who are trained will be measured as those who have complied with the following: (1) are registered in national registry (human resources); (2) have documented participation (minimum required attendance) for | Two times per year/biannual | Training reports and community health worker database | For each training that is conducted, a report will be produced and should include the following information which will be used for the measurement of this indicator: (1) Documentation of participation (attendance) during the training period; and (2) Training evaluation score | UGP, in collaboration with MSPP Directorate for Community Health |



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| | training; and (3) completed the training evaluation successfully as part of the basic training strategy. | | | | |
| Number of peripheral storage warehouses upgraded based on identified need and in accordance with minimum national standards on storage of medical products | Number of peripheral warehouses that have been prioritized in the greater North and in the greater South regions, upgraded according to minimum requirements and specific needs (infrastructure and equipment), and meet the national quality standards for storage conditions for medical products | Annual | MSPP's Fields supervision reports on rehabilitation; Quality Standards Requirements Assessment Report by SNADI'S Technical Committee (including DPM/MT MSPP and main stakeholders) | Field visits to assess the compliance with National Quality Standards Requirements in the two warehouses after rehabilitation is completed. | DPM/MT and SNADI's Technical Committee stakeholders (MSPP) |
| Percentage of suspected cases of diphtheria investigated and responded to within 48h after notification | Numerator : Number of suspected cases of diphtheria investigated and responded to within 48h after first notification (first point of notification: HF, CHW or any MSPP personnel/entity). Denominator : Number of suspected cases of | Quarterly | Data base investigation Monitoring Evaluation et Surveillance Intégrée (MESI) | Compilation of HFs mandatory notifiable diseases data + investigation forms and reports at DDS level. Number of notified cases of diphtheria (from MESI). Number of cases investigated and responded (from DDS). | DELR |



| | | | | | |
|--|--|--------|---|---|-----------|
| | diphtheria notified. | | | DELR will prepare a response tracking tool for diphtheria for DDS. DELR will ensure the compilation and analysis of investigation and response forms and will produce the report. | |
| Percentage of notified maternal deaths investigated per year | Numerator: Number of reports of maternal deaths investigated per year based (based on Investigation Form of DELR). Denominator: Number of notified maternal deaths. | Annual | Report from DDS Denominator: Weekly epidemiological bulleting of mandatory notifiable diseases | DELR compiles : 1) data/reports for Mandatory Notifiable diseases sent by HFs; 2) and Investigation Forms and Reports at DDS level | DELR |
| Number of laboratories who comply with national standard requirements for infrastructure and equipment | Number of laboratories who comply with national standard requirements for infrastructure and equipment. Standard requirements will be defined in 2021 under the Joint Operational Plan for the National Laboratory System, which includes the development and updating of relevant policies to define and ensure quality | Annual | MSPP field visit supervision reports | Field visit supervision to verify compliance with national standards | LNSP/MSPP |



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| | of lab procedures and strengthening of laboratory information systems. | | | | |
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ANNEX I. WORLD BANK'S SUPPORT TO HAITI'S EARTHQUAKE RECOVERY

1. **The purpose of this annex is to summarize the actions undertaken by the WB to support the GoH in its response to the earthquake of August 14, 2021.**
2. **The Eligibility Note for the CRW Support for Earthquake Emergency Recovery and Reconstruction to Haiti was circulated for information to the Executive Directors on November 30, 2021 (IDA/SecM2021-0335).**
3. **On August 14, 2021, at 8:36 am local time, a 7.2-magnitude earthquake struck southwestern Haiti, a particularly poor part of the country.** The southern peninsula, which includes the departments of *Sud*, *Grand'Anse*, and *Nippes*, bore the brunt of the recent earthquake, with 2,246 people confirmed dead and 12,763 injured. This region is one of the poorest parts of the country and was already hit by Hurricane Matthew in 2016. The earthquake damaged 34 percent of housing stock in the Southwestern Peninsula, including more than 39,850 destroyed or seriously damaged, rendering thousands of Haitians homeless. Beyond the human toll, the earthquake directly or indirectly affected an estimated population of 690,000 people representing 45 percent of the total population of the three departments of the South Peninsula. Only three days after the recent earthquake, Tropical Storm Grace lashed the southern peninsula with high wind and torrential rain, hampering search and rescue efforts and delivery of humanitarian aid. On January 24, 2022, a 5.3-magnitude earthquake took place in the *Nippes* region of Haiti. The epicenter was in *Anse-à-Veau*, very close to the epicenter of the August 14, 2021, earthquake. So far, two people have been reported dead, more than 590 homes destroyed, 191 houses damaged, and 843 families affected. Houses affected by the earthquake of August 14, 2021, suffered further damage. The Local Civil Protection Agency (*Direction Générale de la Protection Civile*, DGPC) has mobilized its volunteers to raise public awareness and clear debris. These consecutive disasters coupled with the ongoing political, security, and COVID-19 crises are worsening and compounding an already precarious humanitarian and socio-economic situation in the country.
4. **In the immediate aftermath of the August 14 earthquake, the GoH officially declared a one-month state of emergency and requested a PDNA.** The GoH activated the National Emergency Operation Center under the DGPC. In meetings with development partners, the Prime Minister emphasized the need for coordination and requested to conduct a PDNA. On August 16, 2021, the Ministry of Planning and External Affairs presented an official request for a PDNA as part of the tripartite agreement between the United Nations, WB, and European Union, and the PDNA was officially launched by the Prime Minister and development partners (United Nations, WB, and European Union, Inter-American Development Bank, and United States Agency for International Development) on August 31, 2021.
5. **The PDNA was completed on October 9, 2021.** Assessments done under the PDNA assess total damages⁸ at US\$1.246 billion, total losses at US\$373 million, and priced the identified resilient recovery and reconstruction needs with the application of the “build back better” principle at an amount of approximately US\$2 billion. The most affected sectors in terms of damages were the social sectors (US\$1,022 billion)—which includes housing (US\$753 million), education (US\$257 million) and health services (US\$11 million). Losses⁹ were highest across the productive sectors (US\$188 million), including agriculture (US\$46 million); commerce, industry, and financial services (US\$127 million), and tourism (US\$15 million). Losses in the social sectors were estimated at US\$138 million. The infrastructure sector recorded US\$129 million in damages, of which US\$118 million to transport infrastructure. The largest needs are seen in the housing sector with almost 52 percent of total needs. Such needs for reconstruction

⁸ “Damages” are estimated at the replacement value of physical assets wholly or partly destroyed, built to the same standards as prevailed prior to the disaster.

⁹ “Losses” are estimated from the economic flows resulting from the temporary absence of the damaged assets.



are private needs requiring market-based solutions that could be partially funded by public resources to target the poor. Recapitalizing financial cooperatives, enabling the development of microfinance housing loans, and providing cash transfers for housing improvement combined with financial inclusion activities to poor households could contribute to the response for the housing sector needs.

6. **The overall earthquake-related financing needs for recovery and resilience significantly exceed the capacity of the GoH to respond to the emergency and absorb the shock.** The GoH is not able to meet the significant emergency recovery needs beyond the allocation of an estimated US\$5 million for the immediate emergency response, and the deployment of the US\$40 million payout received within 10 days after the earthquake from the Caribbean Catastrophe Risk Insurance Facility, its largest payout to date. The GoH has underscored the critical importance of IDA's assistance to effectively address the short- and medium-term earthquake response needs, which should not only support the recovery but also strengthen the resilience to future disasters in the affected areas.

World Bank's Support to Haiti's Earthquake Recovery

7. **The GoH has called for the WB's support through all available channels, including its existing portfolio and access to the IDA CRW.** On August 23, 2021, the GoH has requested the WB's support in light of the scale of damages, losses and resilient recovery and reconstruction needs in the country. In response, IDA has mobilized resources in the amount of US\$38 million from its existing portfolio, through the reallocation of funds and the amendment of ongoing contracts in WB-financed projects operating in the Southwestern Peninsula on disaster risk management (DRM), education, health, social protection, transport, and agriculture. The funds are being deployed to finance emergency repairs to shelters, roads and urgent social and health services, as well as to finance cash transfers for the affected and vulnerable populations. Funds are also being mobilized through the transport, DRM and health projects from their CERCs. The CERCs for the Transport Project (US\$30 million), the DRM Project (US\$11 million) and the health Project (US\$20 million) were triggered in September 2021, January 2022, and February 2022, respectively. For the medium and longer-term earthquake recovery and reconstruction phase, the WB mobilized US\$150 million CRW resources, out of which US\$60 million will be used to replenish the triggered CERCs. The CRW resources will be deployed through the existing portfolio, building on existing partnerships and delivery mechanisms, and to one new project under preparation to extend their activities in the targeted areas. The breakdown of the CRW financing between projects is presented in table 2 below.



Table 2: The CRW-supported program in Haiti

| Project | PDO | From National PBA | From ERF CRW | From CRW (EQ) |
|--|---|---|------------------------------|-------------------------------------|
| Rural Accessibility and Resilience (P163490) | To (i) increase all-weather road access in selected subregions; and (ii) improve the resilience of selected segments of the road network. | US\$108 million | | US\$30 million (CERC replenishment) |
| Strengthening DRM and Climate Resilience (P165870) | To improve: (i) early warning and emergency evacuation capacity in selected municipalities in high climate risk-prone areas; and (ii) the provision of and accessibility to safe havens | US\$35 million | | US\$11 million (CERC replenishment) |
| Strengthening PHC (P167512) | To (i) increase utilization of PHC services in selected geographical areas; and (ii) strengthen surveillance capacity especially for cholera | US\$56 million (+ US\$15 million TF) | | US\$19 million (CERC replenishment) |
| Promoting a more Equitable, Sustainable and Safer Education AF (P176406) | To improve the Ministry of Education's planning functions, and support access to primary education with improved learning conditions | US\$50 million (+US\$15.6 million TF) | | US\$40 million |
| Food Security and Climate Resilient Livelihoods Strengthening (P177072) | To (i) support timely access to nutritious food; (ii) increase climate-smart, nutrition-smart agricultural food production, including in earthquake-affected areas; and (iii) effectively respond to an Eligible Crisis or Emergency event. | US\$22 million | US\$50 million ¹⁰ | US\$30 million |
| Resilient connectivity and Urban Transport Accessibility (P177210) | To (i) improve climate-resilient urban mobility in Cap Haitien and targeted urban areas; and (ii) restore connectivity and accessibility in areas affected by the August 2021 earthquake. | US\$100 million | | US\$20 million |
| TOTAL | | US\$371 million (+US\$30.6 million TF) | US\$50 million | US\$150 million |

¹⁰ US\$50 million of CRW Early Response Financing resources mobilized in September 2021 to support the GoH in its response to Haiti's food insecurity crisis, which predated the August 14 earthquake.



8. **The CRW financing will strengthen the WB’s efforts to balance emergency response with building resilience for the long-term sustainability of results.** This is in line with pillar 3 of the WB’s CPF for Haiti: “enhancing resilience to natural disasters”. Following the recurrent shocks that the country faced (2010 Earthquake, Hurricane Matthew in 2016), it became clear that integrating resilience at the local and sectoral levels, as well as in recovery efforts was critical. The CRW funds will therefore be used to finance, inter alia, the rehabilitation of rural infrastructure, strengthening food security, rebuilding damaged schools, and repairing roads and bridges to restore connectivity in the affected areas following a “build back better” approach to strengthen the resilience to natural hazards. The WB’s support to the earthquake response will also seek to complement other development partners’ interventions, considering the value-added and current expertise of the WB in Haiti as well as these partners’ ongoing and upcoming earthquake response operations.