

**INTEGRATED SAFEGUARDS DATA SHEET
APPRAISAL STAGE**

Report No.: ISDSA17086

Date ISDS Prepared/Updated: 29-Apr-2016

I. BASIC INFORMATION

1. Basic Project Data

Country:	Liberia	Project ID:	P158005
Project Name:	Strengthening Liberia Health System (P158005)		
Task Team Leader(s):	Rianna L. Mohammed-Roberts, Shunsuke Mabuchi		
Estimated Appraisal Date:		Estimated Board Date:	26-May-2016
Managing Unit:	GHN07	Lending Instrument:	Investment Project Financing
Sector(s):	Health (100%)		
Theme(s):	Health system performance (50%), Population and reproductive health (50%)		
Is this project processed under OP 8.50 (Emergency Recovery) or OP 8.00 (Rapid Response to Crises and Emergencies)?			No
Financing (In USD Million)			
Total Project Cost:	4.90	Total Bank Financing:	0.00
Financing Gap:	0.00		
Financing Source			Amount
Borrower			0.00
Ebola Recovery and Reconstruction MPF			4.90
Total			4.90
Environmental Category:	B - Partial Assessment		

2. Project Development Objective(s)

The proposed Project Development Objective (PDO) is to contribute to the improvement of maternal and neonatal health services through strengthening both the learning environment at the medical school and health facility and community services in target health facilities.

3. Project Description

Component 1: Strengthening of medical school (AMD) learning environment (US\$2.3 million)

This component aims to strengthen Liberia's health workforce by improving the student learning environment at the A.M Dogliotti (AMD) College of Medicine. As described above, this Grant will supplement the support provided through the Ebola Emergency Response Project (EERP) and Health Systems Strengthening Project (HSSP)/HSSP Additional Financing (AF) to address the shortage of

high quality faculty. This Grant, through Component 1, will focus on another bottleneck: the poor learning environment and living conditions, which contribute to low enrollment and high attrition of medical students. Current challenges include: unstable electricity and internet; the lack of a skills lab to learn through hands-on practice; and, overcrowded dormitories. With regards to the latter, for example, 18 students are currently housed in each 3-bedroom apartment, with 6 students sharing a bedroom, and all 18 students sharing one bathroom with no running water. There are no desks or tables for studying. Based on the assessment of the infrastructure needs and discussions with the MOH and AMD, the main activities supported by this component will include the following:

- (i) Renovate the existing dormitory, and construct a new dormitory and dining hall at the AMD College of Medicine to accommodate the current and estimated additional number of medical students to meet students' basic living needs.
- (ii) Improve the basic infrastructure environment, to provide running water and 24-hour electricity, and internet.
- (iii) Establish and equip the AMD College of Medicine with two additional classrooms, a new lecture hall, and a skills lab.
- (iv) Provide other operational support (e.g., supplies, logistics) for students, faculty, and management team; this includes, but is not limited to, updating the faculty office block and faculty accommodations.

Component 2: Support to improve reproductive, maternal, and neonatal health services delivery (US \$2.3 million)

This component aims to strengthen the capacity of the national health system in their efforts to reduce maternal and newborn mortality

Activities will be underpinned by knowledge gleaned from high impact evidence-based interventions that are known to have significantly contributed to the reduction of maternal mortality in similar contexts, whilst building on existing systems and structures at all levels of the healthcare delivery.

Specifically, activities proposed under this component will: (a) increase access to and utilization of comprehensive maternal health services including Emergency Obstetric and Neonatal Care (EmONC) and family planning; (b) improve the technical skills and capacity of health care providers to provide quality services; (c) improve Maternal and Neonatal Death Surveillance and Response (MDSR); and (d) improve the capacity of community health structures to deliver and monitor maternal health service provision in target facilities and catchment communities. Activities implemented at health facilities will be based on a detailed needs assessment. Component activities will be divided across four sub-components (which are outlined below), and will focus on 8 target facilities in 6 counties, selected by the MOH based on the following criteria: (i) high case load; (ii) high maternal deaths; and (iii) hardest hit by the Ebola Virus Disease (EVD).

Sub-Component 2.1: Support target health facilities to provide comprehensive maternal health care including EmONC services through the following key activities: (a) supervision and monitoring of maternal and newborn health services; and (b) procurement and distribution of essential equipment, lifesaving drugs, contraceptives, and medical supplies, along with solar equipment to provide 24 hour electricity for the provision of quality maternal health services in selected referral centers. Also, in an effort to improve the referral chain, transportation and communication equipment will be provided to target facilities. Finally, robust and innovative mobile technology approaches will be used to improve the supply of essential drugs and contraceptives.

Sub-Component 2.2: Ensure the availability of skilled providers in all 8 targeted health facilities 24 hours a day, seven days a week through training and deployment of midwives to these health facilities. This will involve identifying human resource gaps in health facilities, and potential recruitment and deployment of midwives in close coordination with the HWP task force; and refresher trainings for ~75 skilled providers in Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH) topics (e.g. EmONC/Life Saving Skills, Helping Baby Breathe / Helping Mothers Survive, Family Planning, Infection Prevention and Control) and for instructional staff on use of laboratory materials in an effort to improve the clinical skills of pre-service cadres.

Sub-Component 2.3: Strengthen MDSR and expand it to district and community levels for the eight targeted health facilities and their catchment communities to provide reliable data on maternal deaths. This process will involve: (a) technical and financial support to MDSR in line with international standards and link this with the CRVS system; (b) create awareness and sensitization on MDSR to target communities; and (c) develop an innovative approach using mobile technology to ensure timely identification and notification of maternal deaths at community and district levels. The latter will be piloted in 2 out of the targeted 8 facilities.

Sub-Component 2.4: Strengthen health structures in 8 catchment communities to deliver and monitor maternal health services and MDSR. This process will involve the following key activities: (a) training and equipping contact tracers (who will transition into CHWs) to provide community based outreach maternal health services as well as the distribution of Family Planning commodities; (b) capacity building to Community Health Development Committees (CHDCs) in targeted catchment communities to monitor reproductive health services at community and health facility levels; and (c) awareness-building and sensitization on maternal health services through multimedia and other traditional community communication channels.

Component 3: Grant management and monitoring and evaluation (M&E) (US\$0.3 million)

This component covers the operational costs associated with effectively managing, monitoring and evaluating grant activities. Specifically, support will be provided to the on-going- World Bank supported- Project Implementation Unit (PIU), which will be responsible for all day-to-day activities associated with the grant, as well as procurement, fiduciary management, auditing and grant monitoring activities (including any surveys). The PIU will also be responsible for ensuring necessary monitoring and evaluation (M&E) activities at grant baseline, mid-line and end-line.

Specific activities that will be supported under this component include the following: (a) Development of a monitoring framework and work plan and ensure that activity implementation is timely and responsive at various levels; (b) recruitment and deployment of project staff to monitor project implementation and reporting; (c) procurement of logistics to conduct effective monitoring of project implementation; (d) development and dissemination of periodic reports on project implementation; and (e) project evaluation and report dissemination.

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

The project location is as follows: Component 1 will be conducted in Monrovia where the A.M Dogliotti (AMD) College of Medicine is located; and Component 2 will be implemented across eight target facilities in the six counties of Montserrado, Lofa, Cape Mount, Margibi, Gbarpolu, and River Gee.

Salient physical characteristics relevant to the safeguard analysis include construction and rehabilitation works such as expansion of classrooms, lecture hall, dormitory and dining hall, and construction or renovation of faculty accommodations and offices under Component 1.

5. Environmental and Social Safeguards Specialists

Demba Balde (GSU01)

Ruma Tavorath (GEN07)

Sekou Abou Kamara (GEN01)

6. Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	This project will include construction and rehabilitation works such as expansion of classrooms, lecture hall, dormitory and dining hall, and construction or renovation of faculty accommodations and offices that are likely to have potential negative impacts on the environment as well as health and safety related risks to workers. An ESMF has been prepared to guide preparation of ESMPs as needed. Furthermore the project will lead to generation of medical waste, and the national Medical Waste Management Plan (updated with WHO Ebola guidelines) will apply.
Natural Habitats OP/BP 4.04	No	The project will not have impacts on natural habitat as none of the project activities will be in areas with high biodiversity value, or close to any protected areas.
Forests OP/BP 4.36	No	The project does not involve forests or forestry.
Pest Management OP 4.09	No	The project will not finance the acquisition, transportation, distribution, storage or use of pesticide.
Physical Cultural Resources OP/BP 4.11	No	The project is not expected to affect known physical cultural resources; it will not involve large excavations or movements of earth. However, the ESMF provides for chance finds procedures to be included in sub projects ESMPs as matter of precaution.
Indigenous Peoples OP/BP 4.10	No	There are no indigenous people in the project area.
Involuntary Resettlement OP/BP 4.12	No	The project will not require land acquisition as well as involuntary resettlement, as they will be done on existing school premises free of squatters. Solar equipment will be attached to the roof of existing target health facilities.
Safety of Dams OP/BP 4.37	No	
Projects on International Waterways OP/BP 7.50	No	The project does not have impact on international waters.

Projects in Disputed Areas OP/BP 7.60	No	The project activities will not be in disputed areas.
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II. Key Safeguard Policy Issues and Their Management

A. Summary of Key Safeguard Issues

<p>1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:</p>
<p>Rehabilitation of facilities will be under the premise of the AMD (Component 1) or health facilities (Component 2). Component 2 will include technical support on good medical waste management. No major safeguard risks are anticipated.</p>
<p>2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:</p>
<p>As indicated earlier, the project will lead to the generation of medical waste. Furthermore, component 1 of this project will include construction and rehabilitation works at the AMD College of Medicine which can potentially impact the environment as well as health and safety related risks to workers.</p> <p>Activities at construction sites will produce construction wastes such as excavated soils and cement bags, paint drums, brick and concrete rubble, metal, broken glass, timber waste and debris. Excavated wastes could obstruct the general public, the movement of the workers and vehicles as well as affect the aesthetics of the environment. Also, solar PVs and batteries contain hazardous chemicals that can be detrimental to the environment and human health if not managed properly.</p>
<p>3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.</p>
<p>As part of its initial discussion on this project design, the Bank considered not financing the construction and civil works activities under Component 1. However, in order for the Bank's investments to have an integrated impact under Component 1, aimed at strengthening the AMD Medical School, the Bank agreed to finance these essential construction/civil works investments. In addition, after consultations with different key stakeholders, no other actor was able to finance this investment area under Component 1 thereby positioning the Bank as the financier of last resort.</p>
<p>4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.</p>
<p>Capacity for medical waste management and safeguard management for rehabilitation is generally low. This will be supplemented by a Technical Assistance (TA) firm to be hired (at the final stage of competitive selection) through the EERP for Component 1, and support from UNFPA on waste management and their oversight on rehabilitation under Component 2.</p>
<p>5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.</p>
<p>The National Medical Waste Management Plan and Environmental and Social Management Framework (ESMF) were updated after the Ebola outbreak. The revised version of the ESMF was publically disclosed on October 23 and 26, 2015 on the MOH website through the EERP, and used for health center rehabilitation works by UNFPA and UNOPS. Further, the updated ESMF for this particular project was disclosed on March 31, 2016. These documents are up to date and will apply to the activities to be financed under the project.</p>

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other	
Date of receipt by the Bank	29-Feb-2016
Date of submission to InfoShop	31-Mar-2016
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	
"In country" Disclosure	
<i>Comments:</i>	
If the project triggers the Pest Management and/or Physical Cultural Resources policies, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.	
If in-country disclosure of any of the above documents is not expected, please explain why:	

C. Compliance Monitoring Indicators at the Corporate Level

OP/BP/GP 4.01 - Environment Assessment	
Does the project require a stand-alone EA (including EMP) report?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] NA [<input type="checkbox"/>]
The World Bank Policy on Disclosure of Information	
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
All Safeguard Policies	
Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Have costs related to safeguard policy measures been included in the project cost?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]

III. APPROVALS

Task Team Leader(s):	Name: Rianna L. Mohammed-Roberts, Shunsuke Mabuchi	
Approved By		
Safeguards Advisor:	Name: Maman-Sani Issa (SA)	Date: 16-May-2016

Practice Manager/ Manager:	Name: Sybille Crystal (PMGR)	Date: 16-May-2016
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