

**PROJECT INFORMATION DOCUMENT (PID)
IDENTIFICATION/CONCEPT STAGE**

Report No.: PIDC36889

Project Name	Strengthening Liberia Health System
Region	AFRICA
Country	Liberia
Sector(s)	Health (100%)
Theme(s)	Health system performance (50%), Population and reproductive health (50%)
Lending Instrument	Lending Instrument
Project ID	P158005
Borrower Name	Government of Liberia
Implementing Agency	Ministry of Health
Environment Category	B - Partial Assessment
Date PID Prepared	14-Dec-2015
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Initiation Note Review Decision	The review did authorize the preparation to continue

I. Introduction and Context

Country Context

1. After fourteen years of civil war (1989 - 1997 and 2001 - 2003) that destroyed Liberia's basic infrastructure, Liberia has been in the transition from humanitarian aid to development. This process has been aided by relative political stability, significant donor contributions, and strong annual economic growth averaging 6.4 percent per year from 2004 to 2008. Once, and still, a country rich in natural resources, it was in the process of recovery from a 90 percent decline in its gross national income (GNI) per capita that occurred between 1987 and 2003. Liberia's 2010-estimated per-capita gross domestic product (GDP) was US\$247- almost 40 percent higher than at the end of the war. Liberia also completed the Heavily Indebted Poor Countries process, and a total external debt burden of US\$4.6 billion (equivalent to 800 percent of GDP) was cancelled by June 2010.

2. Liberia had also made significant gains in human development. Although Liberia ranks 174th out of 186 countries on the Human Development Index (2012), and scores 0.388 (well below the average for Sub Saharan Africa – 0.475), there had been significant progress in human development. Average life expectancy is 57.3 years, up from 42 years at the end of the civil war, and adult literacy rate is 60.8. The past 10 years saw significant progress in human development, including improvements in Gender Equality (the third Millennium Development Goal) and reduction in under-five mortality (the fourth Millennium Development Goal).

3. However, the Ebola Virus Disease (EVD) outbreak in West Africa cancelled such gains. Liberia

is one of the three hardest hit countries by the Ebola Virus Disease (EVD) outbreak in West Africa; as of November 25, 2015, 10,675 people were infected and 4,808 died. As the numbers of persons infected, dead and affected by the disease increased astronomically, the epidemic became unprecedented in terms of scale, geographical spread and urban involvement. With the assistance of the international community, the country managed the outbreak and became Ebola free first on May 9, 2015, and again on September 3, 2015 after a resurgence of cases. However, a cluster of three new confirmed cases were reported the week of November 16, 2015, and the country is trying to contain the transmission once again. This dramatic and long-tailed EVD crisis resulted in reduced economic growth for Liberia, from a projected level of 6 percent to less than one percent for 2014, and a substantial widening of the fiscal deficit from 1.9 percent of GDP in FY13/14 to nearly 10 percent of GDP in FY14/15. In addition, the already fragile employment situation was adversely affected, with half of household heads being unemployed as a result of the impact of the Ebola crisis and hiked inflation to above 13 percent at the peak of the crisis, with adverse impacts on food vulnerability. Also, the EVD crisis severely constrained the ability of the Government of Liberia (GOL) to deliver key social services, including basic health services, thereby leading to preventable deaths.

Sectoral and Institutional Context

4. Liberia's health outcomes have been improving significantly since the end of the second civil war in 2003. For example, according to the 2012 progress report, A Promise Renewed, the under-five mortality rate was 78 per 1,000 live births in 2010 in Liberia. This marks a decline of over 68 per cent from the 1990 levels of 241/1,000. This remarkable annual reduction of about 5.4 percent not only achieved the fourth Millennium Development Goal (MDG) benchmark (to reduce the under-five mortality rate by two thirds), but represented the largest decline in Africa.

5. The health sector, however, continues to face significant challenges, with the Ebola Virus Disease (EVD) outbreak eroding a number of previous gains, and in effect, weakening an already fragile health system. Deliveries by skilled birth attendants, for example, declined by 7 percent from 2013 to 2014; Antenatal care (ANC) fourth visits dropped by 8 percent; measles coverage declined by 21 percent from 2013 to 2014; and health facility utilization plummeted by 40 percent (5.5 visits in 2013 to 3.3 visits per inhabitant in 2014). Essential immunizations had not been carried out for more than a year, resulting in measles and meningitis outbreaks.

Shortage of health workers

6. Liberia's shortage of health workers is significant. This shortage runs across multiple cadres but is best illustrated by the fact that the country has one of the lowest physician densities in Sub-Saharan Africa. Even before the Ebola outbreak, there were fewer than 100 physicians estimated to be practicing in the public sector; this is well below the minimum threshold of 0.55 physicians per 1,000 population estimated to be required to ensure access to basic health services. The shortage of health workers not only contributed to, but has also been compounded by the EVD outbreak. Liberia lost 10 percent of its doctors and 8 percent of its nurses and midwives to Ebola (i.e. 8.1 percent of its health workers). These health worker deaths resulted in an estimated increase in maternal mortality of 111 percent in Liberia relative to pre-Ebola rates (Evans et al, 2015).

7. In the context of these challenges, and in light of the findings from a comprehensive National Training Institute Assessment, the Ministry of Health (MOH) developed a comprehensive seven-

year Health Workforce Program (HWP), which is a critical component of Liberia's post-Ebola recovery and a priority within the country's National Health Sector Investment Plan. The HWP is comprised of focused interventions that will: address Liberia's severe shortage of skilled birth attendants, achieve a more rational geographical distribution of clinical health workers, improve the management capacity at public sector health facilities, enhance the infrastructure and equipment at the country's clinical training environments (training hospitals), and expand community-level access to care.

8. Implementation of the health workforce program will be supported by the Bank's Emergency Ebola Response Project (EERP) and Health Systems Strengthening Project (HSSP) Additional Financing. In addition, the United States Agency for International Development (USAID) have committed US\$10-12 million to midwifery training. However, there are significant gaps, including support to the medical school. It is against this backdrop that the first component of this project aims to strengthen Liberia's health workforce by strengthening the educational institutions and training environments necessary to increase the production of physicians.

Lack of maternal death surveillance

9. The maternal mortality ratio (MMR) in Liberia is high - an estimated 770 per 100,000 in 2010. According to the 2013 Liberia Demographic and Health Survey (LDHS) report, adult mortality is higher among women than men (4.9 female deaths and 4.1 male deaths per 1,000 population respectively). Despite consolidated efforts, maternal deaths account for 38 percent of all deaths to women aged 15-49, the vast majority from preventable pregnancy-related conditions.

10. This very high maternal mortality is a clear manifestation of the limited access to and utilization of emergency obstetric and newborn care (EmONC) services. In 2010, the Liberia Emergency Obstetric and Newborn Care (EmONC) needs assessment revealed an unacceptably low number of health facilities with the capacity to perform signal functions required to provide basic and lifesaving interventions to women and girls with birth and pregnancy complications. The need to ensure the availability of required skilled human resource and effective mentoring and supervision is essential to performing interventions that contribute to maternal mortality reduction. These effective evidenced-based interventions are well-known and documented to significantly reduce maternal mortality.

11. The high maternal mortality is also compounded by a very weak Maternal Death Surveillance and Response (MDSR) System. The MDSR System is a form of continuous surveillance that links the health information system and quality improvement processes from local to national levels. This includes the routine identification, notification, quantification and determination of causes and preventability of all maternal deaths, as well as the use of this information to respond with actions that will prevent future deaths among women and girls. In Liberia, maternal deaths have been incorporated into the surveillance and reporting system. However, despite this, the current system has been unable to report the true magnitude of the situation, let alone respond in a timely and effective manner. There is gross underreporting, weak community linkages and partnership, and insufficient monitoring of the current system.

12. It is against this backdrop that the second component, which seeks to improve reproductive, maternal, neonatal, and child health services delivery, places a great deal of emphasis on MDSR.

Relationship to CAS/CPS/CPF

Relationship to country strategies and other available support

13. The proposed project responds directly to the impact of the EVD outbreak, and is an integral part of the “Investment Plan for Building a Resilient Health System: 2015 to 2021” that was developed and approved by the Government of Liberia (GOL) as the national health sector recovery plan, and endorsed by development partners (DPs) during the World Bank Spring Meetings. A “Fit-for-purpose health workforce” is one of the three top priority pillars in the Investment Plan. The main support to implementation of this pillar will be provided by the World Bank’s Ebola Emergency Response Project (EERP) and Health Systems Strengthening Project (HSSP), as well as the support from USAID. The Bank’s EERP and HSSP focus on the Post Graduate Medical Residency Program (GMRP) and the community health worker (CHW) programs, and USAID has committed US\$10-12 million to support midwifery and nursing training institutions. The support to A.M. Dogliotti (AMD) College of Medicine, Liberia’s only medical school, is a clear gap in such support, and mutually supplementary to the support to GMRP, e.g., as they share faculty to be deployed through the GMRP support by EERP.

14. Support to EmONC and MDSR is also a part of the country’s Investment Plan across different pillars such as: “Epidemic preparedness, surveillance and response system”; “Enhancement of quality service delivery systems”; and “Comprehensive information, research and communication management”. MDSR supported by this component through the United Nations Population Fund (UNFPA) is one of the pillars in the country’s recently developed Civil Registration and Vital Statistics (CRVS) Investment Case. It also complements efforts in the inchoate integrative surveillance structures that seek to ensure a strong disease surveillance system. Further, the support to EmONC will complement the CHW program and performance based financing (PBF) support to primary and secondary facilities through EERP and HSSP as well as the USAID programs, as it builds strong referral links and provides capacity building support where PBF strengthens motivation and accountability.

Relationship to Country Partnership Strategy (CPS)

15. This project relates directly to the health section of the Liberia CPS (FY 13-17). The CPS states that the country development goal for health is to increase access and utilization of quality health services and deliver them closer to communities. The CPS clearly identifies inadequately skilled health workers as a major obstacle to this goal. In this spirit, CPS outcome 7 is to improve the capacity of health service delivery in selected secondary-level health facilities. The first component of this project speaks directly to these issues by focusing on health workforce production through strengthening the medical school (AMD) functions. The project’s intended results are that medical education and training is re-launched at AMD and that the AMD skills lab is functional and operational.

16. The CPS also identifies a lack of skilled-birth-attendants and low quality of care as obstacles to achieving the country development goal for health. The CPS states that maternal and child death audits will be carried out as a crucial means of monitoring success. The second component of this project speaks to these issues in that it aims to contribute to the reduction of maternal and neonatal mortality through a strong MDSR system and a more effective delivery of EmONC services to women and girls in Liberia. The full details of the intended interventions are outlined

II. Project Development Objective(s)

Proposed Development Objective(s)

17. The proposed Project Development Objective (PDO) is to contribute to the improvement of maternal and neonatal health services through strengthening of the medical school functions and health facility and community services in target counties.

Key Results

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

18. Expected Results are as follows:

(i) AMD, including skills lab functional, equipped with necessary equipment and supplies.

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

19. Expected Results are as follows:

(i) Increase access to and utilization of comprehensive maternal health services, including EmONC and family planning at 15 fully functional EmONC facilities including hospitals in 6 underserved counties .

(ii) Improve the technical skills and capacity of health care providers and training institutions to provide quality services and Human Resource for comprehensive maternal health

(iii) Improve Maternal Death Surveillance and Response (MDSR) at District and County levels in all 6 Counties

(iv) Improve the capacity of community health structures (Community Health & Development Committee (CHDC) and Community Health Committee (CHC)) to deliver and monitor maternal health service provision in targeted catchment communities

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

20. Expected Results are as follows:

(i) Timely and accurate monitoring of grant results indicators

(ii) Submission of grant reports according to agreed schedule

III. Preliminary Description

Concept Description

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

21. This project aims to strengthen Liberia's health workforce by strengthening the educational institutions and training environments necessary to increase the production of physicians. A meaningful increase in the presence of Liberian medical doctors can be achieved by focusing on discrete and targeted interventions at Liberia's one medical school, the A.M. Dogliotti College of Medicine (AMD) and at the teaching hospitals to which AMD will send its students for clinical training.

22. Specifically, activities proposed under this component will aim to transform AMD into a state-of-the-art medical school with targeted improvements to its operations, infrastructure, learning environments, and living spaces. In addition, grant funding will be used to equip at least one of the designated teaching hospitals with essential medical equipment and supplies needed for quality clinical teaching.

23. The deliverables and potential activities under this component are described below:

24. Deliverable 1: One functional and operational medical school with the capacity to provide medical education and training to medical students.

(i) Essential medical equipment and supplies necessary for the delivery of quality education at AMD procured.

(ii) AMD skills lab and training environment planning completed and equipment procured.

(iii) Vehicles procured to transport students from AMD to the clinical sites.

(iv) Clinical equipment and medical supplies procured and installed in at least one selected teaching hospital.

25. Deliverable 2: One functional and operational medical school with the capacity to properly house medical students and accommodate faculty.

(i) Dormitories and dining hall at AMD expanded and renovated to accommodate all medical students and to meet students' basic living needs.

(ii) Faculty accommodation and offices renovated/built at AMD.

(iii) Classroom and lecture hall space expanded at AMD to accommodate more students and make progress towards accreditation.

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

26. This component aims to strengthen the capacity of the national health system in the reduction of maternal and newborn mortality. Knowledge from high impact evidence-based interventions that are known to have significantly contributed to the reduction of maternal mortality in similar contexts will be used. Activities will build on existing systems and structures at all levels of the healthcare delivery; and will support initiatives that ensure coordination, capacity development for maternal health services including death surveillance and response, and meaningful community engagement and monitoring mechanisms.

27. Specifically, activities proposed under this component will increase access to and utilization of comprehensive maternal health services including EmONC and family planning, improve the technical skills and capacity of health care providers and training institutions to provide quality services, improve MDSR at the District and County levels in all eight counties, and improve the capacity of community health structures to deliver and monitor maternal health service provision in targeted catchment communities.

28. The deliverables and list of potential activities under this component are described below. The activities will be prioritized for each health facility based on its needs:

29. Deliverable 1: 15 health facilities including hospitals are supported to provide comprehensive maternal health care including EmONC services.

- (i) Procure and distribute essential equipment, lifesaving drugs, contraceptives and medical supplies for all health facilities;
- (ii) Procure transportation and communication equipment to improve the referral system in selected health facilities and catchment areas;
- (iii) Procure and install solar equipment to provide 24 hour electricity for the provision of quality maternal health services in selected referral centers;
- (iv) Improve the supply of essential drugs through robust and innovative approach using mobile technology to avoid stock-out of essential drugs and contraceptives;
- (v) Conduct supportive supervision and monitoring of Comprehensive Maternal and Newborn health services in targeted facilities and communities;

30. Deliverable 2: Ensure the availability of skilled providers in all health facilities 24 hours a day, seven days a week through training and deployment of midwives to targeted health facilities

- (i) Using the EPHS report and via desk review, identify needed human resource gaps in health facilities, consider recruitment and deployment of required number of midwives;
- (ii) Conduct new and refresher trainings for 150 skilled providers in various topics in maternal health and EmONC including; EmONC/Life Saving Skills, Helping Baby Breathe /Helping Mothers Survive, Family Panning, Infection Prevention and Control;
- (iii) Conduct refresher trainings for Instructional staff in demonstration and use of laboratory materials to improve the clinical skills of pre-service cadres;

31. Deliverable 3: The National MDSR strengthened and expanded to district and community levels to provide reliable data on maternal deaths

- (i) Develop an innovative approach using mobile technology to ensure timely identification and notification of maternal deaths at community and district levels in a way that ensures timely review and response in two out of eight counties
- (ii) Provide technical and financial support to strengthen the capacity of the existing MDSR system in line with international standards
- (iii) Establish multi- and inter-sectorial partnership in the implementation of effective MDSR at all levels
- (iv) Create awareness and sensitization on MDSR through multimedia and other traditional community communication channels

32. Deliverable 4: 15 catchment communities' health structures are established with strong leadership to deliver and monitor maternal health service provision and MDSR

- (i) Train and equip Contact Tracers that transition into Community Health Workers (CHW) to provide community based outreach maternal health services as well as the distribution of Family Planning commodities
- (ii) Provide capacity building to CHDCs in targeted catchment communities to monitor reproductive health services at community and health facility levels
- (iii) Create awareness and sensitization on maternal health services through multimedia and other traditional community communication channels

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

33. 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.

34. The deliverables and list of potential activities under this component are described below.

35. Deliverable 1: Strengthened capacity of the PIU to monitor, evaluate, and report on project implementation progress to inform decision-making.

- (i) Develop a monitoring framework and work plan and ensure that activity implementations is timely and responsive at various levels
- (ii) Recruit and deploy project staff to monitor project implementation and reporting
- (iii) Procure logistics to conduct effective monitoring of project implementation
- (iv) Develop and disseminate periodic reports on project implementation
- (v) Conduct project evaluation and disseminate report

IV. Safeguard Policies that Might Apply

Safeguard Policies Triggered by the Project	Yes	No	TBD
Environmental Assessment OP/BP 4.01	x		
Natural Habitats OP/BP 4.04		x	
Forests OP/BP 4.36		x	
Pest Management OP 4.09		x	
Physical Cultural Resources OP/BP 4.11		x	
Indigenous Peoples OP/BP 4.10		x	
Involuntary Resettlement OP/BP 4.12		x	
Safety of Dams OP/BP 4.37		x	
Projects on International Waterways OP/BP 7.50		x	
Projects in Disputed Areas OP/BP 7.60		x	

V. Financing (in USD Million)

Total Project Cost:	4.9	Total Bank Financing:	0
Financing Gap:	0		
Financing Source			Amount
Borrower			0
Ebola Recovery and Reconstruction MPF			4.9

VI. Contact point

World Bank

Contact: Shunsuke Mabuchi
 Title: Senior Health Specialist
 Tel: 458-4931
 Email: smabuchi@worldbank.org

Contact: Rianna L. Mohammed-Roberts
 Title: Senior Health Specialist

Tel: 473-2355
Email: rmohammed@worldbank.org

Borrower/Client/Recipient

Name: Government of Liberia
Contact: Matthew Flomo
Title: PIU Director, Ministry of Health
Tel: 231-886459130
Email: matt77us@gmail.com

Implementing Agencies

Name: Ministry of Health
Contact: Matthew Flomo
Title: PIU Director, Ministry of Health
Tel: 231-886459130
Email: matt77us@gmail.com

VII. For more information contact:

The InfoShop
The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 458-4500
Fax: (202) 522-1500
Web: <http://www.worldbank.org/infoshop>