

INTEGRATED SAFEGUARDS DATA SHEET

IDENTIFICATION / CONCEPT STAGE

Report No.: ISDSC15781

Date ISDS Prepared/Updated: 14-Dec-2015

I. BASIC INFORMATION

A. Basic Project Data

Country:	Liberia	Project ID:	P158005
Project Name:	Strengthening Liberia Health System		
Team Leader(s):	Shunsuke Mabuchi,Rianna L. Mohammed-Roberts		
Estimated Date of Approval:	29-Jan-2016		
Managing Unit:	GHN07	Lending Instrument:	Lending Instrument
Sector(s):	Health (100%)		
Theme(s):	Health system performance (50%), Population and reproductive health (50%)		
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	
Environment Category:	B - Partial Assessment		

B. Project 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.

C. Project 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

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

49. The AMD for Component 1 is a part of the University of Liberia in Monrovia. The selection of the facilities in the six counties for Component 2 will be finalized based on the discussion with the MOH. The rehabilitation of the health facilities will be done within the premise of existing facilities.

E. Borrower's Institutional Capacity for Safeguard Policies

50. 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 through the EERP for Component 1, and support from UNFPA on waste management and their oversight on rehabilitation under Component 2. The National Medical Waste Management Plan and Environmental and Social Management Framework (ESMF) have been revised/developed, cleared by the Bank, and published on the MOH website through the EERP. They will be updated as needed for this trust fund activities.

F. Environmental and Social Safeguards Specialists on the Team

Demba Balde (GSU01)

Ruma Tavorath (GEN06)

Sekou Abou Kamara (GEN07)

II. SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/ BP 4.01	Yes	Some components of 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 as safety related risks to workers.
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 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 activities will not involve large excavation. However, chance finds procedure may be included in sub projects ESMPs when large excavations are anticipated, 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.
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.

III. SAFEGUARD PREPARATION PLAN

A. Appraisal stage ISDS required?: Yes

i. Explanation

As per the Bank procedures for Small Recipient-Executed Trust Fund Grants, "the TL updates a

ii. Tentative target date for preparing the Appraisal Stage ISDS

29-Dec-2015

B. Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing should be specified in the Appraisal Stage ISDS.

An updated ESMF and medical waste management plan (WMP) are being developed based on the ones for the Emergency Ebola Response Project (EERP).

IV. APPROVALS

Team Leader(s):	Name: Shunsuke Mabuchi,Rianna L. Mohammed-Roberts	
Approved By:		
Safeguards Advisor:	Name: Johanna van Tilburg (SA)	Date: 22-Dec-2015
Practice Manager/ Manager:	Name: Trina S. Haque (PMGR)	Date: 22-Dec-2015

¹ Reminder: The Bank's Disclosure Policy requires that safeguard-related documents be disclosed before appraisal (i) at the InfoShop and (ii) in country, at publicly accessible locations and in a form and language that are accessible to potentially affected persons.