Public Disclosure Authorized

Combined Project Information Documents / Integrated Safeguards Datasheet (PID/ISDS)

Appraisal Stage | Date Prepared/Updated: 12-May-2019 | Report No: PIDISDSA26820

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BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Jordan	P170529	Jordan Emergency Health Project Additional Financing	P163387
Parent Project Name	**Region**	**Estimated Appraisal Date**	**Estimated Board Date**
Jordan Emergency Health Project	MIDDLE EAST AND NORTH AFRICA	21-Apr-2019	04-Jun-2019
Practice Area (Lead)	**Financing Instrument**	**Borrower(s)**	**Implementing Agency**
Health, Nutrition & Population	Investment Project Financing	Ministry of Planning and International Cooperation	Ministry of Planning and International Cooperation

Proposed Development Objective(s) Parent

The Project development objective (PDO) is to support the Government of Jordan in maintaining the delivery of primary and secondary health services to poor uninsured Jordanians and Syrian refugees at Ministry of Health facilities.

Components

Results based financing to deliver health care services at primary and secondary care facilities of MOH for the target population
Independent verification and institutional capacity building to improve efficiency of health services delivered

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	200.00
Total Financing	200.00
of which IBRD/IDA	141.10
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Bank for Reconstruction and Development (IBRD)	141.10

Non-World Bank Group Financing	
Trust Funds	58.90
Concessional Financing Facility	58.90

Environmental Assessment Category

C-Not Required

Decision

Other Decision (as needed)

N/A

B. Introduction and Context

Country Context

Despite substantial economic and social progress, Jordan faces a protracted crisis hosting Syrian refugees, combined with constraints in its fiscal space. The GOJ is committed to taking actions on its commitments for Universal Health Coverage (UHC) and Human Capital Investment for all population groups. The GOJ has been providing public services to Syrian refugees, which has added to fiscal stress and increased demand for public services such as education, health, and wastewater management. The burden of disease has shifted towards non-communicable diseases (NCDs), implying lower quality of life and limited human capital development . The AF would: (1) allow the GOJ to foster human capital outcomes with an emphasis on primary health care (mostly maternal and child health care); (2) support the GOJ to improve the coverage and quality of services provided to vulnerable groups; and (3) assist the GOJ to introduce activities to improve critical interventions for primary health care (PHC), with emphasis on NCDs and early childhood development (ECD).

According to the latest census, the Syrian population in Jordan is 1.3 million, of which 670,238 are considered refugees by the United Nations High Commissioner for Refugees (UNHCR). The remaining Syrians are considered to have either been living in Jordan for several generations or were living in Jordan prior to the crisis. Of the total number of refugees, about 19 percent live in camps (e.g., Za'atari, Al Azraq) and the rest live in the community.[1] About 96.8% of interviewed Syrian refugees responded that they have service cards issued by the Ministry of Interior (MOI).[2] This allows them access to several benefits, including highly discounted care at the MOH facilities. The large number of Syrian refugees, of which 75 percent are women and children, has significant implications for the Jordanian health system and as over 80 percent live below the national poverty line, they are considered an extremely vulnerable group.

Sectoral and Institutional Context

[1] HCR. *Syria Regional Refugee Response.* Available: *https://data2.unhcr.org/en/situations/syria/location/36*. March 24, 2019.
[2] HCR. *Health Access and Utilization Survey: Access to Healthcare Services Among Syrian Refugees in Jordan*: December 2018. Available: https://reliefweb.int/report/jordan/health-access-and-utilization-survey-access-healthcare-services-among-syrian-refugees. March 24, 2019.

Limited access to quality key health services for vulnerable populations (including Syrian refugees) can produce negative consequences not only for non-Jordanians but also for Jordanians. For example, children without full vaccinations pose a risk of epidemics for the entire population living in Jordan. Lack of birth documents creates inefficient management of public services. In addition, complicated interventions (such as later stage cancer treatment) leads to higher health care costs and poses fiscal pressure to the GOJ, rather than saving money from prevention and early diagnosis.

MOH is in charge of stewardship of the entire health sector and is also a major provider of primary and secondary health care services in the public sector. These services are critical in prevention and early detection of infectious diseases as well as NCDs. The MOH has developed a large nationwide network of primary health care facilities including, some comprehensive PHC facilities with basic specialties (including mental health). Inpatient and outpatient health services are delivered at MOH hospitals, and private hospitals and clinics (both for- and not-for-profit) such as the King Hussein Cancer Center, the University of Jordan Hospital, and the Royal Medical Services (for the military and their families). The GOJ also provides a form of social insurance for civil servants (Civil Insurance Program or CIP) and provides services using contracts with public and private facilities. Individuals who face catastrophic out-of-pocket health expenditures can petition the Royal Court for subsidization of specific health care services on a case-by-case basis. As some waiting lists increased with the influx of refugees, the GOJ has used the existing contracts with public and private hospitals to provide inpatient and outpatient care alternatives for insured patients with urgent and expensive health care needs but also for Syrian refugees (particularly for treatment of cancer at not-for-profit facilities).

In terms of financial protection, prior to the refugee crisis, Jordan had reduced regressive health care out-of-pocket payments by half – from 42 percent to 24 percent of total health spending (2003-2013); however, increases in demand limited the Government's ability to provide financial protection for all.[3] From 2012-2014, the GOJ allowed registered Syrian refugees to pay the same rate as insured Jordanians at MOH facilities, which rendered health services as almost free. This led to a steep increase in demand for health services by Syrian refugees. While access to free health services helped meet the needs of Syrian refugees in their first years of the crisis, it was fiscally unsustainable, and in November 2014 the MOH required Syrian refugees pay the same co-payment rate as poor and uninsured Jordanians (20 percent of the prices listed for MOH services). In February 2018 a new policy came into effect: it increased the co-payment rate (80 percent of the price of services delivered by the MOH) for Syrian refugees. This new higher cost-sharing policy created financial barriers for Syrian refugees to access health care and decreased their utilization of public facilities (mainly PHC services). The Bank and development partners immediately engaged in discussions with the GOJ to explore options to reduce barriers to access to health care services provided by the MOH. As a result, it was agreed that the United States Agency for International Development (USAID) and the Government of Denmark would establish a multi donor account, named the Jordan Health Fund for Refugees (JHFR). The Bank provided technical inputs on estimating health care costs for Syrian refugees. On December 16, 2018, the GOJ and the donors signed a joint financing agreement to create the JHFR to off-set health care costs for Syrian refugees. The disbursement of donor contributions from the JHFR was contingent on the reversal of the co-payment policy to the pre-2018 rate. On March 25, 2019, The Cabinet made the decision to reverse the co-payment policy for Syrian refugees from 80 percent to 20 percent rate, the same as for poor uninsured Jordanians.

[3] Amnesty International. *Living in the Margins: Syrian Refugees in Jordan Struggle to Access Health Care.* Amman, 2017.

In terms of financial protection, prior to the refugee crisis, Jordan had reduced regressive health care out-of-pocket payments by half – from 42 percent to 24 percent of total health spending (2003-2013); however, increases in demand limited the Government's ability to provide financial protection for all.[4] From 2012-2014, the GOJ allowed registered Syrian refugees to pay the same rate as insured Jordanians at MOH facilities, which rendered health services as almost free. This led to a steep increase in demand for health services by Syrian refugees. While access to free health services helped meet the needs of Syrian refugees in their first years of the crisis, it was fiscally unsustainable, and in November 2014 the MOH required Syrian refugees pay the same co-payment rate as poor and uninsured Jordanians (20 percent of the prices listed for MOH services). In February 2018 a new policy came into effect: it increased the co-payment rate (80 percent of the price of services delivered by the MOH) for Syrian refugees. This new higher cost-sharing policy created financial barriers for Syrian refugees to access health care and decreased their utilization of public facilities (mainly PHC services). The Bank and development partners immediately engaged in discussions with the GOJ to explore options to reduce barriers to access to health care services provided by the MOH. As a result, it was agreed that the United States Agency for International Development (USAID) and the Government of Denmark would establish a multi donor account, named the Jordan Health Fund for Refugees (JHFR). The Bank provided technical inputs on estimating health care costs for Syrian refugees. On December 16, 2018, the GOJ and the donors signed a joint financing agreement to create the JHFR to off-set health care costs for Syrian refugees. The disbursement of donor contributions from the JHFR was contingent on the reversal of the co-payment policy to the pre-2018 rate. On March 25, 2019, The Cabinet made the decision to reverse the co-payment policy for Syrian refugees from 80 percent to 20 percent rate, the same as for poor uninsured Jordanians.

Pre-existing inefficiencies in the health system have been exacerbated by the tight fiscal space that Jordan is facing and prolonged recovery from the economic slowdown of recent years. Higher demand for costly services must be addressed to create a sustainable UHC system. The health system in Jordan, like many other health systems globally, is plagued by several issues related to technical and allocative efficiency including highly fragmented insurance pools without an adequate balance of revenues and expenditures, and multiple payers and purchasers, including the Royal Medical Service, MOH, and private sector providers. In addition, there is very little data available on critical components of the health system, including costing of the basic package of services delivered at primary and secondary health care facilities or usage of services by gender and income group. Although the JEHP has started to generate new aggregated data that can help monitor the use of services by target populations, the system still needs to be strengthened as the MOH needs population health management data for public policy decision-making.

C. Proposed Development Objective(s)

Original PDO

The Project development objective (PDO) is to support the Government of Jordan in maintaining the delivery of primary and secondary health services to poor uninsured Jordanians and Syrian refugees at Ministry of Health facilities.

Current PDO

The Project development objective (PDO) is to support the Government of Jordan in maintaining the delivery of primary and secondary health services to poor uninsured Jordanians and Syrian refugees at Ministry of Health facilities.

[4] Amnesty International. *Living in the Margins: Syrian Refugees in Jordan Struggle to Access Health Care.* Amman, 2017.

Key Results

Indicators to track the PDO include:

Component 1 will measure:

a. Maintaining number of health services delivered at MOH primary health care facilities to:
   i. Uninsured poor Jordanians
   ii. Registered Syrian refugees

b. Maintaining number of health services delivered at MOH secondary health care facilities to:
   i. Uninsured poor Jordanians
   ii. Registered Syrian refugees

Component 2 will use non-scalable Disbursement Linked Indicators (DLIs) to measure achievements and disburse allocated funds against achievements. The proposed DLIs aim to provide financial resources and incentives to the MOH to improve coverage and quality of PHC services.

D. Project Description

The Jordan Emergency Health Project (JEHP) (P161809) was approved by the Board of Executive Directors on June 13, 2017 and declared effective on July 26, 2017. The project is financed by a US$50 million loan, consisting of a non-concessional portion of US$36.1 million (IBRD) and a concessional portion of US$13.9 million from the GCFF. In addition, the Islamic Development Bank (IsDB) extended US$100 million parallel financing, of which US$79.0 million was financed through a "service ijarah" instrument and US$21.0 million GCFF financed funds. The GCFF, IBRD and IsDB work together to provide resources to support the GOJ in maintaining the delivery of primary and secondary health care services to Syrian refugees and poor uninsured Jordanians (the target population) in Ministry of Health (MOH) facilities and to increase the health system's medium- to long-term sustainability.

The proposed additional financing (AF) addresses the immediate humanitarian challenge and provides longer term development support. It will help the GOJ maintain its current support of primary and secondary health services to project beneficiaries. The AF will build on the parent Project, while introducing some changes to ensure a stronger focus on results and alignment with the HCP. Component 1 will allow for rapid disbursement of funds and Component 2 will support the GOJ's commitment for the HCP.

Component 1 (US$190 million) will reimburse the GOJ through results-based financing for health services provided to Syrian refugees, poor and uninsured Jordanians at primary and secondary MOH health care facilities nationwide. The services covered are based on the country's identified package of primary and secondary health care inpatient and outpatient services. The disbursements are based on a verification of: (i) the number of health services provided to the project beneficiaries verified by a UVE; and (ii) the expenditures incurred by the GOJ to deliver these services verified by the Audit Bureau (AB) of Jordan.

Component 2 (US$10 million). The bulk of the financing of this component is proposed to be disbursed using DLIs (non-scalable) focusing on providing financial resources and incentives to the MoH to improve coverage and quality of care of PHC services. A smaller amount of money will finance management of the project and other key consultancies to provide technical assistance to enhance sustainability of UHC.

Sub-component 2.1. (US$9 million) **Improving coverage and quality of primary health care.** This sub-component aims to strengthen PHC services by expanding the introduction of a Family Health model, with emphasis on human resource development. The proposed Family Health model is part of the envisioned improvements for quality of care by the MOH. Sub-component 2.1 seeks to finance and incentivize the MOH to ensure that PHC services incorporate WHO recommendations on people-centered PHC services based on evidence-based approaches, such as proactive health promotion and prevention community outreach and population health management through risk assessment and case management. The AF strengthens two key health-related areas of Human Capital Investment: (i) ECD for the first critical 1,000 days (targeting pregnant women, mothers and children) (i.e. nutrition, growth monitoring, parent counseling, early stimulation, etc.); (ii) preventive/early detection interventions that contribute to minimize the burden of disease (BOD) of NCDs (i.e. diabetes, hypertension and cancer).

The following DLIs will be disbursed according to the following estimated plan of achievement of results:

DLI Technical Description	Type	Source of Data	Verification	Baseline	Timeline	Disbursement (US$)
DLI 1: Assessment of PHC coverage & quality gaps						
DLI 1.1: Additional budget of MOH of US$ 1 million	Non-scalable	MOH expenditure framework and MOF approved annual budget	Audit Bureau	No additional budget	Year 2	1 million
DLI 1.2: Assessment of gaps in human resources and skills needed to incorporate a nation-wide Family Health services model based on WHO recommendations including (i) mother and child health, nutrition, growth and development monitoring, (for Early Childhood Development); and, (ii) prevention and early diagnosis of diabetes, hypertension and breast cancer	Non-scalable	Primary Health Care Department MOH	Bank Project Team	No assessment	Year 2	1 million

DLI 2. Development of an Implementation Plan to Improve Quality & Coverage of PHC						
DLI 2.1 Additional budget of MOH of US$ 1 million	Non-scalable	MOH expenditure framework and MOF approved annual budget	AB	No additional budget	Year 3	1 million
DLI 2.2 Development of costed and phased implementation strategy with a M&E system. The strategy should incorporate feedback and inputs from all health directorates and development partners. The strategy needs to be approved by the Minister of Health.	Non-scalable	Primary Health Care Department MOH	Bank Project Team	No implement ation plan	Year 3	2 million
DLI.3.Human resources capacity building to improve outcomes in PHC						
DLI 3.1. Additional budget of MOH of US$ 1 million	Non-scalable	MOH expenditure framework and MOF approved annual budget	AB	No additional budget	Year 4	2 million
DLI 3.2. Evaluation of Year 1 implementation results of the human resources capacity building and training activities as designed in the implementation plan (DLI2)	Non-scalable	Primary Health Care Department	Bank Project Team	Human resources capacity building and training plan completed , and evaluation finalized	End of Year 4	2 million

Component 2.2 (US$1 million) TA to improve MOH capacity for sustainable UHC. This sub-component will finance TA activities to improve performance and management of the public health system including: health information systems to track services delivered to target populations, human resources for health, health insurance financing (balancing revenues and expenditures to improve sustainability) and strategic purchasing for services in the private sector. The sub-component would finance activities to increase MOH capacity to: (i) maintain a grievance redress mechanism

(GRM); and (ii) raise awareness on gender-based violence (GBV) issues through awareness sessions and development of promotional materials (i.e. short video clips and pamphlets).

Eligible expenditures would include investments for capacity building and project management including consultancies, training, minor office equipment, etc.

E. Implementation

Institutional and Implementation Arrangements

The proposed AF will build on JEHP performance and rapid implementation progress. The amount of US$200 million will be financed by a $141.1 million IBRD loan and $58.9 million support from the Global Concessional Financing Facility (GCFF). Retroactive financing will be used for up to 40 percent of the AF amount for the delivery of health services up to one year prior to the signing of the loan agreement. The AF will finance services which have been already delivered by MOH 12 months prior to the signing of the loan agreement to ensure an adequate response to the health sector needs. Based on the preliminary estimates (to be confirmed during negotiations), the proposed amount for the retroactive financing will by approximately US$30 million.

Given the scope of services and proposed activities under the project, procurement will be limited and mostly concerned with Component 2 (US$10 million). These procurement activities will follow the World Bank procurement policies and procedures. Planned activities under the proposed emergency operation will be implemented over a period of four and a half years.

The Ministry of Planning and International Cooperation (MOPIC) will be the implementing agency, as well as the managing entity of the fund with focal points appointed in the MOH. Based on the parent project design, both MOPIC and MOH will set up mechanisms through their existing public system structures to ensure the delivery of the project's proposed output and the timely monitoring and reporting of activities during project implementation.

MOPIC has demonstrated capacity to manage World Bank supported projects through the parent project and has accrued expertise on Bank operational policies and procedures. To improve efficiency and oversight during project implementation, a dedicated Project Coordinator, Financial Management Specialist and Procurement Specialist, will be hired, to be housed in a Project Management Unit, based in the MOH. MOH focal points will ensure timely implementation and reporting on project progress and support activities under Component 2.

The MOH department of primary health care will submit regular utilization data to MOPIC. This data will serve to identify the number of primary health care services delivered to the Project's target population (uninsured poor Jordanians and registered Syrian refugees) at MOH facilities. Similarly, the department of secondary health care will submit the actual utilization data on the number of secondary health services provided at MOH hospitals. This utilization data will be verified by an independent verification process to ensure that the target beneficiaries received the services.

MOH department of budget and department of expenditure will provide regular internally audited reports of actual expenditure on project related expenses. This will be audited by an independent verification entity who will ensure that the expenses claimed are eligible to be paid by the Project.

MOH reports on the actual utilization and expenditure data will be independently verified and audited by an independent financial and technical verification entity hired by MOPIC according to the Bank's procurement procedures. The costs incurred by the MOH to provide the services to the target population will be reimbursed to the project

designated account based on the costing exercise estimates. For the Bank to disburse, the GOJ will use agreed invoicing procedures that consist of (i) presenting the results of an independent financial auditor on the relevant line items of actual budget expenditures; and (ii) presenting a formal report on the total number of outpatient and inpatient services provided to the target populations by an independent verification entity (IVE). The IVE will verify the documentation based on a representative sample of services which will be reviewed using the clinical files of the sampled facilities. Once the field verification is conducted, the IVE will furnish MOPIC with a report describing the total utilization of services by beneficiaries at MOH facilities. MOPIC will in turn send the disbursement request with the documentation produced by MOH and the IVE. The Bank will review the documentation and, if complete and satisfactory, then proceed to disburse the amount.

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F. Project location and Salient physical characteristics relevant to the safeguard analysis (if known)

There are two main groups that will benefit from this Project: registered Syrian refugees and poor uninsured Jordanians using primary and secondary care services at MOH facilities. These beneficiaries are dispersed throughout Jordan. Therefore, there is no specific target location.

G. Environmental and Social Safeguards Specialists on the Team

Amer Abdulwahab Ali Al-Ghorbany, Environmental Specialist
Deborah Beth Berger, Social Specialist

SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	No	
Performance Standards for Private Sector Activities OP/BP 4.03	No	
Natural Habitats OP/BP 4.04	No	
Forests OP/BP 4.36	No	
Pest Management OP 4.09	No	
Physical Cultural Resources OP/BP 4.11	No	
Indigenous Peoples OP/BP 4.10	No	
Involuntary Resettlement OP/BP 4.12	No	
Safety of Dams OP/BP 4.37	No	
Projects on International Waterways OP/BP 7.50	No	

Projects in Disputed Areas OP/BP 7.60	No

KEY SAFEGUARD POLICY ISSUES AND THEIR MANAGEMENT

A. Summary of Key Safeguard Issues

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:

According to the OP 4.01 on Environmental Assessment, the Project is classified as Environmental Category "C". The activities under the additional financing are the same as under the parent project.

The sole activities to be financed are the delivery of health services activities supported by this Project are expected to have minimal to no direct environmental impacts. The Project will not fund any medical consumables (e.g. vaccination kits, vials, syringes), nor fund the purchase of any equipment, goods, or works. If the procurement plan is revised to include any of the above, then the Project is subject to environmental assessment (EA) reclassification, which would then necessitate a project restructuring.

The Health Care Accreditation Council (HCAC), Jordan's only non-profit health accreditation, assesses how health care services address environmental and social risks inherent to health service delivery. HCAC is a member of the International Society for Quality in Health Care (ISQua) Federation. HCAC surveyors are required to use the measurable elements in the standards to determine whether the institution has met, partially met, or did not meet the standard requirement. The 15 standards clusters are as follows: (1) patient and family rights; (2) access and continuity of care; (3) patient care; (4) diagnostic series; (5) medication use; (6) infection prevention and control; (7) environmental health and safety; (8) support services; (9) quality improvement and patient safety; (10) medication records; (11) human resources management; (12) management and leadership; (13) medical staff; (14) nursing series; and (15) patient and employee education.

Standards within each cluster are classified as critical, core, and stretch. Critical standards are standards which, if not met, could cause injury or death to patients, staff or visitors and are required by law. The facility must meet 100 percent of the critical standards. Core standards relate to the systems and processes of the facility; 70 percent of the core standards must be met. Stretch standards are more difficult to meet, sometimes due to a lack of resources or to the significant change required in culture or thinking within the organization. The organization must meet 40 percent of the stretch standards. If a "seminal event" occurs which demonstrates a failure of any critical standards, the facility must report this event or risk loss of accreditation. Standards are reviewed and revised every two years. The HCAC accreditation awards are also valid for two years.
The additional financing will not trigger any new social safeguard policies: there is no land acquisition, or economic or physical displacement that will result from the project.

The project is expected to continue to contribute to positive social outcomes by maintaining access to primary and secondary health care services for target populations. The potential adverse risks associated with the project relate to barriers to access the health care services being provided, particularly for vulnerable groups. The project, by design, is already targeting vulnerable populations of uninsured Jordanians, a portion of whom are poor, and Syrian refugees, most of whom are poor women and children, and are extremely vulnerable. Component 1 will maintain access to primary and secondary services for these groups at significantly reduced costs.

Other risks related to ineffective identification and communication to the target populations that may result in lack of demand for the services available. Uninsured Jordanians such as the elderly, disabled, single headed households, and those who may be discouraged from seeking health care due to recent increases in out of pocket payments, may not seek access to health care services. For the same reason, Syrian refugees, particularly those not registered with MOI, may also be difficult to identify. MOH outreach and communication activities and grievance mechanism to mitigate these risks are described below.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:
N/A

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.
N/A

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.
The MOH has ongoing and future outreach and communications activities, in collaboration with other relevant local stakeholders (i.e., Health Directorates, UNHCR, health centers in locations with high presence of Syrian refugees, local NGOs, and donors) to disseminate information about the rights of Jordanians and Syrian refugees including on access to health services. For example, USAID, UNHCR and the Danish Development Agency are collaborating on such a communication campaign. The campaign will include: where and how to access health services; changes introduced with regards to copayments; and where and how to submit a grievance. The MOH already has an operational and documented GRM process. The GRM is accessible to the public via a hotline and website. The MOH tracks the number of complaints received; the number resolved; and the number in process. The project will conduct an independent review of GRM functioning and effectiveness during implementation.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.
In collaboration with other relevant local stakeholders (Health Directorates, UNHCR, MedAir, International Medical Corp, Medecins du Monde, local NGOs, and health centers in locations with high presence of Syrian refugees), the team will support the MOH in rolling out outreach and communications activities, to disseminate information about the project, the rights of Jordanians and Syrian refugees including on access to health services. This would include: where and how to access health services; changes introduced with regards to copayments; and where and how to submit a grievance. Project documents will be disclosed via InfoShop and through the MOH.

B. Disclosure Requirements (N.B. The sections below appear only if corresponding safeguard policy is triggered)

C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting) (N.B. The sections below appear only if corresponding safeguard policy is triggered)

CONTACT POINT

World Bank

Fernando Montenegro Torres
Sr Economist (Health)

Borrower/Client/Recipient

Ministry of Planning and International Cooperation
Mary Kawar
H.E. Minister of Planning and International Cooperation
info@mop.gov.jo

Implementing Agencies

Ministry of Planning and International Cooperation
Mary Kawar
H.E. Minister of International Cooperation and Planning
info@mop.gov.jo

FOR MORE INFORMATION CONTACT

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: http://www.worldbank.org/projects

APPROVAL

Task Team Leader(s):	Fernando Montenegro Torres

Approved By

Safeguards Advisor:	Nina Chee	09-May-2019
Practice Manager/Manager:	Ernest E. Massiah	10-May-2019
Country Director:	Claire Kfouri	14-May-2019