

**INTEGRATED SAFEGUARDS DATA SHEET  
CONCEPT STAGE**

Report No.: AC2753

**Date ISDS Prepared/Updated: 03/27/2007**

**I. BASIC INFORMATION**

**A. Basic Project Data**

Country: Sierra Leone	Project ID: P103740
Project Name: Health Sector Reconstruction and Development Project - Additional Financing	
Task Team Leader: Evelyn Awittor	
Estimated Appraisal Date: April 20, 2007	Estimated Board Date: May 15, 2007
Managing Unit: AFTH2	Lending Instrument: Specific Investment Loan
Sector: Health (100%)	
Theme: Health system performance (P);Other communicable diseases (S)	
IBRD Amount (US\$m.):	0.00
IDA Amount (US\$m.):	8.00
GEF Amount (US\$m.):	0.00
PCF Amount (US\$m.):	0.00
Other financing amounts by source:	
BORROWER/RECIPIENT	0.00
<u>Financing Gap</u>	<u>0.00</u>
	0.00

**B. Project Objectives [from section 2 of PCN]**

The project overall development objective is to assist the country to: i) restore the essential functions of its health care delivery system; and ii) strengthen both public and private health sector capacities, so as to improve the efficiency and responsiveness of the health sector to the needs of the population. The project will also help achieve more specific objectives of:

- (a) Increasing access to affordable essential health services by improving primary and first referral health facilities in four districts of the country.
- (b) Improving the performance of key technical programs responsible for coping with the country's major or public health problems.
- (c) Strengthening health sector management capacity to improve efficiency and further decentralize decision-making to the districts.
- (d) Supporting development of the private NGO health sector and involvement of the civil society in decision-making.

**C. Project Description [from section 3 of PCN]**

This is an additional financing to be used to support the ongoing Health Sector Reconstruction and Development Project. Project restructuring is also being proposed following an MTR in 2006 through changes to some key performance indicators.

#### Component 1: Restoring Essential Health Services.

The proposed Additional Financing would help fund the costs associated with: (a) the implementation of additional and expanded activities that scale up the project's impact and development effectiveness; and (b) the completion of original project activities due to cost overrun of civil works. The provision of essential services by health posts and health centers is important, as it is helping the most populous communities and chiefdoms in the four districts to solve the majority of health needs, and is increasing the relevance and efficiency at the first referral level. The hospitals (all first referral hospitals) are also very important since they deliver essential surgical care and other higher level of care that are not delivered by the health centers. It is, therefore, at this level that complicated pregnancies and emergency cases receive obstetrical and surgical assistance. Amputees, women and children with psychological trauma could receive prosthetic and psychological support (the other alternative being to refer the patients to the tertiary hospitals in Freetown).

The additional financing will fund:

(a) civil works and some equipment, furniture, training and supervision needed for the adequate functioning of the health facilities that are being rehabilitated and reconstructed under the HSRDP. This component will not imply any resettlement of the population.

(b) in the four participating districts and in some cases nationwide the additional financing will support the delivery of essential preventive and curative care, thus being able to contribute to the improvement and expansion of all major public health programs. The additional financing will support activities related to Onchocerciasis control. Onchocerciasis is a major threat to Sierra Leone and its neighbors since the war disrupted all activities that are being supported by the regional control program. The project will focus on: (i) strengthening of case management and on the promotion and distribution of ivermectin once a year with support of community distributors; (ii) community sensitization and mobilization; (iii) training of nurses and Primary Health Unit staff as well as training for Community-Directed Distribution of Ivermectin (CDD); and (iv) monitoring, supervision, data collection and analysis.

c) Avian Influenza has become a worldwide emergency of public health interest that needs to be addressed by every country. The additional financing will support (i) the training of health workers to be able to detect and manage the disease; (ii) the establishment of surveillance centres; and (iii) equipping laboratories in the health facilities to assist with diagnosis.

#### Component 2: Strengthening Public and Private Sector Capacity through.

The project will achieve this through (i) fostering decentralization and improving the performance of District Health Management Teams; (ii) strengthening the key MoHS support programs in the area of human resources development, planning, financial management, monitoring and statistics, procurement and donor/NGO coordination; and (iii) promoting development of the private sector and participation of civil society in the health sector. The additional financing will not cover activities under component 2.

#### Project Restructuring.

While the project is performing satisfactorily, the Government has requested several project changes for the following reasons:

(a) Redeploy resources - The Global Fund to Fight AIDS, Tuberculosis, and Malaria recently committed additional funds to support the Government's malaria program, which means that the IDA funding originally allocated to malaria can be redeployed to other high priority uses in the health sector.

(b) Revise the outcome indicators in the results framework - The original outcome indicators in the project results framework were very general, overly numerous for strategic management for results, and not consistent with the sector-wide indicators recently developed by the MoHS for monitoring its activities. The Government is therefore proposing to make them more specific, measurable and outcome-based.

The ongoing project is implementing the Medical Waste Management Plan dated October 2002 in a satisfactory manner. The Ministry has established a National Waste Management program within its environmental Health Division with a program manager. Burn pits have been designed and distributed to all government health facilities nationwide and they are working well. The dump sites and the incinerators in the district hospitals are not among the civil works that face cost overruns. However, incinerators for some of the primary health clinics are included.

In-country disclosure will take place by March 29, 2007.

#### **D. Project location (if known)**

The additional financing will support on-going activities implemented under the main project (Project Number: P1074128) in four districts of the country and also Oncho and Avian Influenza control activities throughout Sierra Leone.

#### **E. Borrower's Institutional Capacity for Safeguard Policies [from PCN]**

Overall Safeguard compliance has been rated unsatisfactory in the last two ISRs due to delayed implementation of the Environmental Management Plan (EMP) during the initial years of project implementation. The Ministry has made progress on it and is in the process of carrying out site-specific environmental impact assessment of proposed dump-sites. Additionally, an officer has been appointed in the Ministry of Health and Sanitation, following the MTR, to oversee implementation of critical safeguard actions.

Regarding the country's capacity, Sierra Leone's newly established National Commission for Environment and Forestry (NaCEF) is the country's agency charged with the regulation of the environment through setting environmental standards (e.g., water and air quality) and enforcing compliance or due diligence. NaCEF was created in October 2005 and is composed of the former Environment Division of the Ministry of Land Planning and Housing (MLPH) and the Forestry Division of the Ministry of Agriculture and Food Security (MAFS). NaCEF therefore assumed mandates that were hitherto in the domain of MLPH and MAFS, combining responsibility for the regulation, development and management of the environment and natural resources (including forestry, wildlife) as well as advising sector Ministries and sub-national administrative structures on how to mainstream environmental concerns into sector policies, programs, projects and initiatives. Sierra Leone has developed national safeguard policies in the form of procedures and guidelines for conducting environmental impact assessments (EIAs), which have been made

mandatory. The Environment Division of NaCEF itself has a thin staff but has a number of collaborators including other state agencies such as the National Commission for Social Action (NaCSA), the Forestry Division of NaCEF, Wildlife Branch that assist the Environment Division in the execution of its mandates and functions. In Freetown and in the provinces the NaCEF works with and through the sub-regional/provincial entities, civil society organizations, principally non-governmental bodies (both local and foreign) and community-based organizations. Indeed, NaCEF's work is hampered by lack of human resources in sufficient quantities, however the main constraint is the failure of the central government to provide the needed quantities of financial and material resources. NaCSA has a wealth of experience in promoting public environmental awareness and education. It has also built capacity during the implementation of the National Social Action Project. Sierra Leone has gained experience from the preparation and implementation of various Bank-financed projects in health, education, hydro-electric power generation, social fund, transport, etc and this will be placed at the availability of project designers. There also is good number of consultancy firms and individual experts in SL with great experience in doing environmental and social assessments and preparing and monitoring implementation of safeguard plans and remediation measures.

#### **F. Environmental and Social Safeguards Specialists**

Mr Edward Felix Dwumfour (AFTS4)

### **II. SAFEGUARD POLICIES THAT MIGHT APPLY**

<b>Safeguard Policies Triggered</b>	<b>Yes</b>	<b>No</b>	<b>TBD</b>
<b>Environmental Assessment (OP/BP 4.01)</b>	<b>X</b>		
The original project did not include provisions for the control and prevention of onchocerciasis and avian influenza, but these will be addressed through an updated EMP, including a description of the activities to be funded by the additional financing.			
<b>Natural Habitats (OP/BP 4.04)</b>		<b>X</b>	
<b>Forests (OP/BP 4.36)</b>		<b>X</b>	
<b>Pest Management (OP 4.09)</b>		<b>X</b>	
<b>Physical Cultural Resources (OP/BP 4.11)</b>		<b>X</b>	
<b>Indigenous Peoples (OP/BP 4.10)</b>		<b>X</b>	
<b>Involuntary Resettlement (OP/BP 4.12)</b>		<b>X</b>	
<b>Safety of Dams (OP/BP 4.37)</b>		<b>X</b>	
<b>Projects on International Waterways (OP/BP 7.50)</b>		<b>X</b>	
<b>Projects in Disputed Areas (OP/BP 7.60)</b>		<b>X</b>	

**Environmental Category:** B - Partial Assessment

### **III. SAFEGUARD PREPARATION PLAN**

A. Target date for the Quality Enhancement Review (QER), at which time the PAD-stage ISDS would be prepared: N/A

B. For simple projects that will not require a QER, the target date for preparing the PAD-stage ISDS: 04/04/2007

C. Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing<sup>1</sup> should be specified in the PAD-stage ISDS.

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The Ministry of Health and Sanitation prepared an Environmental Management Plan before the on-going project started implementation. The MoHS has subsequently been implementing the EMP. For the purpose of the additional financing the Ministry has started the process of updating these documents to be disclosed in-country and at the World Bank InfoShop. The SMU has agreed to accept transfer of the safeguard responsibilities.

#### IV. APPROVALS

<i>Signed and submitted by:</i>		
<b>Task Team Leader:</b>	<b>Ms Evelyn Awittor</b>	<b>03/23/2007</b>
<i>Approved by:</i>		
<b>Regional Safeguards Coordinator:</b>	<b>Mr Warren Waters</b>	<b>03/26/2007</b>
<b>Comments:</b>		
<b>Sector Manager:</b>	<b>Ms Eva Jarawan</b>	<b>03/27/2007</b>
<b>Comments: The team will need to carefully monitor the implementation of the activities listed above. BTOR will have to reflect that.</b>		

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<sup>1</sup> 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.

