



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

Appraisal Stage | Date Prepared/Updated: 11-Aug-2020 | Report No: PIDISDSA28416



BASIC INFORMATION

A. Basic Project Data

Country Liberia	Project ID P173145	Project Name Additional Financing for Liberia Social Safety Nets Project (LSSN-AF)	Parent Project ID (if any) P155293
Parent Project Name Liberia Social Safety Nets Project	Region AFRICA WEST	Estimated Appraisal Date 03-Aug-2020	Estimated Board Date 31-Aug-2020
Practice Area (Lead) Social Protection & Jobs	Financing Instrument Investment Project Financing	Borrower(s) Republic of Liberia	Implementing Agency Ministry of Gender, Children, and Social Protection

Proposed Development Objective(s) Parent

The Project Development Objective (PDO) is to establish the key building blocks of a basic national safety net delivery system and provide income support to households who are both extremely poor and food insecure in the Republic of Liberia.

Components

- Strengthening of the National Social Safety Net System
- Cash Transfers to Extremely Poor and Food Insecure Households
- Project Management and Capacity Building

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	8.80
Total Financing	8.80
of which IBRD/IDA	0.00
Financing Gap	0.00

DETAILS

Non-World Bank Group Financing

Trust Funds	8.80
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Rapid Social Response Program	8.80
Environmental Assessment Category	
C-Not Required	
Decision	
The review did authorize the team to appraise and negotiate	

Other Decision (as needed)

B. Introduction and Context

Country Context

- Poverty remains widespread in Liberia, and progress on poverty reduction has been slow.** With a gross national income per capita of just US\$600 in 2018, Liberia is among the ten poorest countries in the world. According to the 2016 household survey data, more than half of the population (50.9 percent) is living in poverty. Poverty is more than two times higher in rural areas (71.6 percent) than in urban areas (31.5 percent). The national headcount poverty rate increased to an estimated 55.5 percent in 2019, reflecting negative per capita GDP growth rates and rising inflation. Non-monetary poverty indicators, including access to healthcare, education, and basic utilities, are also low by regional and international standards, with especially acute rural/urban and gender disparities.
- Along with pervasive poverty, Liberia faces the challenge of particularly weak human capital outcomes.** Liberia's ranked 154th out of 157 countries in the World Bank's Human Capital Index. It is estimated that a child born in Liberia today will only achieve a third (32 percent) of her/his full potential when reaching 18 years old compared to a child who enjoyed complete education and health.¹ Increased efforts are needed to leverage all sectors, including social protection, to invest in poor children, especially during their early years.
- COVID-19 pandemic poses a major threat to the Liberian economy and its people.** When the global pandemic emerged in early 2020, Liberia was already facing a challenging domestic and external environment. Weak consumption and declining output had caused the Liberian economy to contract by an estimated 2.3 percent in 2019. Meanwhile, the inflation rate reached 27 percent, eroding consumer purchasing power and undermining household welfare. Liberia reported its first confirmed case of COVID-19 on March 16, 2020. Liberia is especially vulnerable to the effects of COVID-19 due to fragility and pervasive informality, along with weak public health systems, and high levels of food insecurity and malnutrition, which increase the population's vulnerability. Poverty rates are projected to increase by as much as 10 to 13.4 percentage points as per capita income contracts and food prices

¹ World Bank Human Capital Project, 2018.



rise.² An additional 335,000 to 526,000 Liberians are now at risk of falling into poverty.

4. **Even in the absence of economic crisis and the pandemic, there is an urgent need to expand social safety nets to have a larger impact on poverty reduction and help address food insecurity.** Liberia faces a profound challenge of food insecurity, particularly in rural areas. The share of the population who consume fewer than 2,400 calories per day, the minimum threshold for per capita intake, is approximately 39 percent.³ Given the important role that cash transfers can play in reducing food insecurity among poor households, achieving adequate coverage of the extreme poor could help address both extreme poverty and food insecurity.

Sectoral and Institutional Context

5. **The social protection system is still in its nascent stage in Liberia.** Coverage of social protection interventions is very low with only 14.4 percent of population benefiting from some form of support.⁴ The largest program in terms of coverage is school feeding (almost 7 percent), but it also appears to be the least targeted. The amount of overall social protection support is negligible, contributing just 3.4 percent to consumption of beneficiary households, and therefore having a limited impact on poverty. Except for employment related programs for civil servants and formal sector workers, current social protection programs are primarily donor financed. As a result, the social protection program landscape is fragmented with a variety of donors and NGOs delivering small-scale interventions.
6. **Social protection is recognized as a key aspect of the Government of Liberia (GoL)'s development agenda to address vulnerability and reduce poverty.** Social protection programs, including social safety nets, are recognized as a key aspect of the GoL's development agenda to address vulnerability and reduce poverty. Specifically, Liberia's Medium-Term National Development Plan "The Pro-Poor Agenda for Prosperity and Development (PAPD) (2018-2023)" aims to improve coverage and targeting of social protection services and improve social protection system for effective and efficient service delivery. PAPD has a target of 0.4 percent of GDP from the national budget going to social protection by year 2023. The latest *National Social Protection Strategy* was approved in 2013 and needs to be updated. The MGSCP plans to do so by the end of 2020.
7. **The MGSCP has the mandate to coordinate social protection activities.** The MGSCP is supported in making policy and providing guidance on social protection by Ministries and Agencies that are members of the NSPSC.⁵ The NSPSC also includes Civil Society Organizations (CSOs) and donor agencies engaged in social protection sector. The Minister of Gender, Children, and Social Protection chairs the NSPSC, which consists of ministers from the respective ministries, representatives of donor agencies, and CSOs. NSPSC has established the SPTC through which senior officers of the Ministries, donor agencies, and CSOs coordinate on agreed technical and policy actions based on decisions reached by

² World Bank (2020) The COVID-19 Crisis in Liberia: Projected Impact and Policy Options for a Robust Recovery.

³ Kar, A. et al. (2019). Child Malnutrition and Food Insecurity in Liberia. Unpublished manuscript.

⁴ Based on estimates from HIES 2016.

⁵ Ministry of Health; Ministry of Agriculture; Ministry of Education; Ministry of Internal Affairs; Ministry of Finance and Development Planning; Ministry of Youth and Sports; Liberia Agency for Community Empowerment; and National Social Security and Welfare Corporation.



the NSPC.

8. **The LSSN project is contributing to building a more coherent and coordinated social protection system through a major investment into the NHSR.** Social Registries are information systems that support outreach, intake, registration, and determination of potential eligibility for one or more social programs. Social registries centralize data integration up front, collecting/compiling data for a registry of potential beneficiaries that is then drawn upon for eligibility determination by specific programs. The objective of the NHSR is to improve efficiency, enhance capacity, and strengthen the national social protection system in Liberia. The LSSN project is also supporting the coordination by NSPC and finances the National Social Safety Nets Secretariat consisting of the SRU and STU which are responsible for day-to-day implementation of the project.
9. **NHSR is the principal mechanism for identifying and targeting beneficiaries of social protection programs nationwide and can play a role in COVID-19 response and coordination.** In a testament of high level of GoL's commitment toward the development of an effective social safety net system, in January 2020, H.E. George Manneh Weah, via a Presidential Endorsement, mandated the NHSR as the principal mechanism for identifying and targeting beneficiaries of social protection programs nationwide and for managing national resources, and encouraged the development partners implementing their own social protection programs to use the NHSR in order to harmonize the programs and reduce leakages and redundancies. The same has been also mandated by the Executive Cabinet, therefore, building the foundation for an effective intergovernmental coordination in the area of social protection, which is particularly needed in response to COVID-19. To assist in this effort, the MGCSP prepared a rapid response social registry intake tool and made it available to all stakeholders. This common intake tool and a common data collection platform will allow rapid scale up of intake into the NHSR and will allow for better coordination of the SP interventions during and after the crisis.
10. **The government's response to COVID-19 was swift but its social protection measures have so far been primarily focused on food distribution.** Drawing on its experience during the 2014-15 Ebola Virus Disease outbreak, Liberia was among the first countries to introduce airport screening measures. A stay-at-home order was introduced on April 10, 2020, and the government launched a stimulus effort designed to mitigate the lockdown's adverse effects on household welfare. Some of the key measures included: (i) the US\$30 million COVID-19 Household Food Support Program (COHFSP) implemented by the World Food Program, which provides food supplies to poor and vulnerable households; (ii) the provision of free electricity and water; and (iii) the wholesale settlement of loans to market women and petty traders; among others. The COHFSP is meant to be a time limited program initially planned for the first 30 to 60 days of the lockdown. The program started food distribution on a pilot basis in late May and the distribution is currently ongoing in various communities. Unlike many other countries in the world, cash assistance to households has so far been limited. It is in this context that the urban cash transfer is being requested by the GoL to be included under LSSN project to complement the food assistance which is not likely to be sufficient to help households weather the crisis.
11. **The proposed Additional Financing of Liberia Social Safety Nets project (LSSN-AF) will complement other GoL's COVID-19 measures.** It will do so by temporarily expanding coverage of the Social Cash Transfer program in urban areas affected by COVID-19 (Greater Monrovia) (SCT-COVID), as well as



continue to expand coverage of cash transfers in rural areas (SCT) to improve extreme poor households' resilience to shocks.

12. **Gender inequality is widespread in Liberia, and Sexual and Gender Based Violence (SGBV) is prevalent across the country.** Women are particularly disadvantaged when it comes to access to income, education, ownership of assets, and general development benefits. To start, women have fewer physical assets than men: owning less land, receiving less financial credit, and having fewer tools and technology at their disposal. Women also lag behind men in human capital accumulation, with the gender education gap remaining significant despite recent progress in increasing girls' schooling.⁶ These have far-reaching implications on women's vulnerability to the different forms of SGBV. There is growing global evidence that shows that ensuring better economic opportunities for women is an important entry point for addressing gender inequality. To this end, the proposed LSSN-AF will continue to provide women with independent access to income (through the form of a predictable cash transfers) and promote their financial inclusion through mobile money. It will empower women financially and enable their autonomy in economic decision, promote social and financial inclusion. The support may increase ability of women and disable to start small business and improve their labor status, subsequently improve families' capabilities to better manage the risks.

C. Proposed Development Objective(s)

Original PDO

The Project Development Objective (PDO) is to establish the key building blocks of a basic national safety net delivery system and provide income support to households who are both extremely poor and food insecure in the Republic of Liberia.

Current PDO

The Project Development Objective (PDO) is to establish the key building blocks of a basic national safety net delivery system and provide income support to households who are both extremely poor and food insecure in the Republic of Liberia.

Key Results

Progress towards the PDO will be measured through the following indicators:

- Households with complete data records registered in the Social Registry;
- Proportion of cash transfer beneficiary households in the target counties below the extreme poverty line;
- Direct project beneficiaries, disaggregated by (i) households with female cash recipient; and (ii) households with male cash recipient;
- Share of cash transfer beneficiary households who are not facing severe food insecurity;

⁶ The median years of schooling is 3.4 years for women, compared to 6.5 for men. Only 39 percent of women have completed primary school, and 10 percent have completed secondary school (compared, respectively, to 62 percent and 23 percent of men). Only 48 percent of women are literate, compared to 71 percent of men (DHS 2013).



- Share of project beneficiaries satisfied with project interventions.

D. Project Description

- 13. The proposed LSSN-AF aims to restructure and scale-up the LSSN project to provide income support to additional extremely poor households.** It will do so by expanding the coverage of the SCT program. It will also temporarily expand coverage of the SCT program in urban areas affected by COVID-19 (SCT-COVID). The AF will finance the scale-up of components related to the Social Cash Transfer (Component 2) and costs of project implementation and capacity building (Component 3).
- 14. Components:** All three components are being maintained, but adjustments will be made to the beneficiaries' coverage. See Table 1 for a summary of proposed changes by component.
- 15. Component 1 (Strengthening of the National Social Safety Net System).** The objective of this component is to improve efficiency, enhance capacity, and strengthen social protection in Liberia through the development of the basic building blocks of a safety net delivery system: a Social Registry (SR) and an Integrated Management Information System (IMIS). No changes are being proposed to the activities, but it is proposed to reallocate some of the IDA financing toward other components.
- 16. Component 2 (Cash Transfers to Extremely Poor and Food Insecure Households).** The objective of this component is to provide income support to about 10,000 extremely poor and food insecure households in Liberia through regular cash transfers and behavioral change training sessions (known as “accompanying measures” in the project design) that aim to promote good nutrition practices and home gardening. The AF will allow increased coverage of the cash transfer and the accompanying measures of the extreme poor and food insecure households in Maryland, Bomi, River Gee and Grand Kru counties. Also, based on the request from the Government, the definition of beneficiaries for Component 2 will be expanded to include those in urban areas affected by COVID-19.
- 17. Component 3 (Project Management and Capacity Building).** The objective of this component is to finance project management and capacity building of the implementing agency and other stakeholders. Under this component, the MGCSP has established the Social Registry Unit (SRU) and Social Cash Transfer Unit (SCTU) to implement the project. The MGCSP has also reinstated the National Social Protection Steering Committee (NSPSC) and the Social Protection Technical Committee (SPTC) to coordinate the sector's activities among GoL and development partners. No major changes are being proposed. A portion of the AF would also provide capacity building to key stakeholders involved in the implementation of the project, including training on community communication and sensitization, implementation of the GRM and training on the SCT program operations and the respective responsibilities at the national and local levels (as summarized in Table 1).

Table 1: Proposed Changes by Component



Component	Proposed Changes
Component 1 (Strengthening of the National Social Safety Net System)	<ul style="list-style-type: none"> • Reallocation of funds to other components
Component 2 (Cash Transfers to Extremely Poor and Food Insecure Households)	<ul style="list-style-type: none"> • A temporary cash transfer to 15,000 households in Greater Monrovia • Increase of coverage from 10,000 to 12,500 extremely poor households in Maryland, Bomi, River Gee and Grand Kru Counties • Additional funding toward implementation of accompanying measures
Component 3 (Project Management and Capacity Building)	<ul style="list-style-type: none"> • Additional funding toward costs of implementation; capacity building and coordination

18. **SCT-COVID in Greater Monrovia:** Due to COVID-19 overwhelmingly affecting urban areas⁷, there is an urgent need to support urban poor and vulnerable. Therefore, the MGCSP has requested a portion of funding to be allocated toward a temporary cash transfer program in the Greater Monrovia area. This cash transfer will be done on a pilot basis with the support of a qualified service provider (see para. 36). The expected coverage is 15,000 households. The beneficiaries will be selected as follows. First, geographic targeting of communities will take place using the following criteria: i) high population density/slum community; ii) overlapping vulnerabilities (prone to flooding and/or coastal erosion; lack of WASH facilities, etc.); and iii) size which would make a pilot feasible within a given community. Next, all households will be enumerated using social distancing rules and other precautions in the identified geographic area for inclusion into the NHSR. However, it is proposed that the cash transfer will be universal in the identified communities to minimize risks to social cohesion. Community validation will be done to mainly verify residency in the community. Due to the limited duration of the cash transfer and risk of community virus spread, accompanying measures workshops will not be conducted under SCT-COVID, however, cash transfers will be complemented with messages on using the cash transfers for better nutrition and other communications on how to improve households’ resilience to the crisis (by radio and SMS). See Table 2 for information on SCT and SCT-COVID.

Table 2: SCT and SCT-COVID comparison

	SCT in 4 counties	SCT-COVID
Targeting process	<ul style="list-style-type: none"> • Geographic (four counties have been identified during project design) • Proxy-means test for household level targeting • Community validation to verify households’ poverty status 	<ul style="list-style-type: none"> • Geographic (specific communities will be identified using agreed criteria) • Proxy-means test for intake into SR only • Community validation to verify household listing and composition only

⁷ 75 percent of all registered COVID-19 cases are in Montserrado County which hosts the capital city Monrovia.



Coverage	10,000 and approx. 2,500 additional households (AF)	15,000 households
Benefit amount	US\$10-34 per month depending on the household size	US\$15 per capita ⁸
Frequency	Quarterly	Monthly
Duration	Through project end	2 months
Mode of delivery	Mobile money (starting with next transfer)	Mobile money
Accompanying measures	Behavioral change/information workshops and home visitation (home gardening)	Communications and messages on nutrition and resilience to crisis via radio and SMS
Implementation modality	MGSCP including regional staff	MGSCP and service provider

19. **The proposed AF should have positive impacts on the poor and vulnerable.** By design it aims to provide rapid relief to households suffering as a result of poverty and COVID-19 prevention measures. Care has been taken through the multi-faceted targeting mechanism to ensure that the selection process is fair and involves communities in the decision. Cash transfers are provided to women due to their role in household economic management to promote better use of cash transfers.⁹ The project will improve food security and nutritional status, access to social services, reduction in child labor, enable women’s autonomy in economic decisions and promote social and financial inclusion and improve families capacities to better manage the risks and adverse impacts of COVID19. The project does not include civil works or any physical investments that will acquire land or cause displacement or impact on people’s livelihood. The World Bank policy on Involuntary Resettlement Policy OP 4.12 will therefore not be triggered.
20. **Potential COVID-19-related environmental and social risks and impacts of the AF Activities.** To prevent and mitigate the environmental and social risks and impacts of the AF and parent project activities, the following measures will be implemented: i) travel from Monrovia to the South East will be limited to minimize the possible spread of the virus to the counties and most activities related to mobile money transition for current beneficiaries will be undertaken by the regional teams; ii) minimizing of face-to-face contact at all points of service provision; iii) wearing of masks and gloves by implementing agency staff as well as other service providers at all points of interaction with beneficiaries; iv) provision of hand sanitizers and handwashing stations during all SCT events requiring gathering of beneficiaries; v) avoidance of large gatherings of implementation staff and beneficiaries; the enforcement of spacing (2 meters) between beneficiaries and project staff during registration and payment; vi) COVID-19 SCT project implementation plan, including measures ii) to v), will be developed and followed during implementation; vii) messages on COVID-19 and its prevention will be widely disseminated in collaboration with the Ministry of Health’s ongoing communications, during all interactions with beneficiaries to help promote awareness and safe behaviors using traditional mode of communication (local radio) and non-traditional media (SMS, social media). While some residual

⁸ Up to 6 household members. The benefit level was benchmarked against average consumption of poor households in Greater Monrovia area using HIES 2016 data.

⁹ A similar approach will be adopted for SCT-COVID.



risks remain, they are deemed justified given the potential costs of delaying cash transfer payments, including on livelihoods of current and potential beneficiaries. COVID-19 is not expected to have a significant impact on project implementation in urban areas, given high level of sensitization of the communities, and, therefore, expected higher level of compliance with social distancing and other precautions during points of contact with beneficiaries. SCT-COVID implementation guidelines will be developed for effective implementation of the project in the context of COVID-19.

21. **Additional potential social risks and mitigation measures.** The COVID-19 context may exacerbate contextual risks and therefore, these need to be properly identified and mitigated. The below describes these risks and mitigation measures.

- a) **Discrimination and social exclusion.** It is well known that there are particularly vulnerable or disadvantaged groups that are disproportionately affected by adverse impacts or disadvantaged in accessing development benefits and opportunities. In the context of parent project and AF, these groups are first and foremost those living below extreme poverty line. In addition, by design the project prioritizes wellbeing of female and women headed households. Given their likelihood of being extreme poor, the following groups are also expected to disproportionately benefit from the project activities: communities in remote and inaccessible areas; elderly; people with chronic diseases; and people with disabilities. The risk of discrimination in the SCT program is mitigated by the use of an objective targeting instrument (proxy-means test) to minimize possible exclusion. Community involvement in implementation and validation of beneficiaries then serves to further minimize errors of exclusion. The risk for discrimination is relatively low in the design of SCT-COVID given its targeting approach. For SCT-COVID a geographic targeting approach will focus on the most impoverished areas in Greater Monrovia, which face multiple vulnerabilities and are at most risk of virus transmission due to high density. These areas are expected to have disproportionate share of the capital's vulnerable and disadvantaged groups. The universal approach proposed for urban communities will minimize any exclusion errors.
- b) **Elite capture/influence.** The risk of elite capture and/or influence exists in all government programs and cash transfers, in particular, may be at risk. The risk of elite capture/influence is mitigated by the clear geographic targeting approach in urban areas and a proxy-means based targeting, as well as community validation, in rural areas. While there may be an attempt to manipulate the outcomes of the geographic targeting, the very clear approach of targeting the slums would minimize these risks. Moreover, the MGCSP has an active Memorandum of Understanding (MOU) with the Liberia Anti-Corruption Commission (LACC) which will monitor both parent and AF activities' implementation, provide anti-corruption messages to the project beneficiaries and other stakeholders, involve Civil Society Organizations, Non-Governmental Organizations, Community-Based Organizations and provide third-party monitoring during cash transfer payments. LACC has already been engaged under the SCT program and has been informed about the upcoming SCT-COVID activities.
- c) **SGBV and Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH).** As noted above, the prevalence of SGBV is high in Liberia. COVID-19 pandemic might further exacerbate the risks of SGBV, intimate partner violence (IPV), and SEA/SH. There are some indications that there have been increased cases of SGBV during COVID-19 in other countries, as well as in Liberia. There are several mitigating measures that have been put in place by the project to mitigate these risks: a) project has a functional Grievance Redress Mechanism (GRM) system, which will be further enhanced during



SCT-COVID implementation, b) *Codes of Conduct* covering SGBV/SEA will be developed and integrated into all project staff and consultant contracts; c) Codes of Conduct, risk monitoring responsibilities and reporting requirements will also be integrated into all contracts with service providers; d) training on SGBV case reporting and management will be provided to the project staff working on the project GRM for SCT and SCT-COVID; e) MGCSP dedicated staffs on GBV / project team will organize a focus group discussion/consultation on GBV case reporting and management in the beneficiary communities before start of the SCT-COVID/SCT.

- d) ***Use of security forces*** during project implementation is not envisioned. The MGCSP is in the process of contracting a service provider (a reputable international NGO with track record of delivering cash transfers internationally and in Liberia) to help deliver the SCT-COVID cash transfer. However, the Ministry with help of local communities will deliver the social cash transfer and implement the project.
- e) ***Data protection to minimize inappropriate use of beneficiaries' information.*** Finally, there is a risk of potential inappropriate use of beneficiaries' information given the data collection planned for both SCT-COVID and the Social Registry. This risk is mitigated by clear protocols that have been developed for data collection, storing, and data sharing under the Social Registry, which will be followed by the SCT and SCT-COVID program. These include data encryption protocols, data user rights, etc. All parties with access to beneficiary data will sign a *Data Protection Protocol*. All potential beneficiaries will also be administered an informed consent to ensure they understand the purpose of data collection and their rights with respect to these data. Finally, the project GRM is expected to play an important role for an early identification of issues and risks and their mitigation. The existing Grievance Redress Committee members shall be updated with the SCT and SCT-COVID and its relevant components. In addition, the Bank team plans to conduct independent monitoring of SCT-COVID.

22. ***Functioning grievance redress mechanisms, addressing project-affected people, security issues, labor-related issues and SEA/SH.*** The proposed LSSN-AF will continue building the GRM system. SCT beneficiaries and community at large can register complaints through the existing GRM channels. These channels are, among others: through the established Community Social Protection Committee (CSPC) structure¹⁰; calling the social workers based in Maryland and Grand Kru counties; calling the project's GRM free hotline; and/or approaching any of the project staff during payment days. To date, there is evidence of these channels being used although at a relatively low rate. A total of 227 cases were recorded manually so far and were resolved within an average time of 1.5 days in both counties. Over 60 percent of these cases were received through the GRM Hotline. Once the MIS is operational, grievance and redress cases raised under the SCT program will be recorded in the MIS for improved data management. The last post distribution monitoring survey (March 2020) also showed that only around 13 percent of the surveyed beneficiaries know how to report complaints regarding the SCT. Based on this information, for the upcoming quarter payment, the project has developed specialized communication materials to educate beneficiaries and non-beneficiaries about the GRM channels. The project team will continue to educate people about the project level GRM and procedures to lodge the complaints. During SCT-COVID implementation, it is planned that in addition to regular GRM system,

¹⁰ CSPCs fill out the GRM forms and SCT Social Workers regularly visit the CSPCs to collect filled out GRM forms for submission to the SCT Unit at the National level.



the service provider will also operate a call center which can receive toll free calls and will be staffed to be able to handle any surge in queries or complaints during enrollment or payment, or related to other matters. The service provider will follow established protocols for referral of any SEA/H and/or GBV cases and corruption cases to the proper channels. MGCSF will have access to GRM cases reported to the Service Provider and will audit/monitor their resolution.

23. **Stakeholder Engagement and Information Disclosure.** The project team identify different stakeholders both affected and other interested parties and those affected individual or groups who because of their particular circumstances may be disadvantaged or vulnerable and engage them in appropriate manner, discuss purpose, nature, scale and project related information to gather feedback on the project implementation. The input from consultation would be documented and disclosed.

E. Implementation

Institutional and Implementation Arrangements

24. **Implementation arrangements:** The implementation arrangements will remain the same with the MGCSF as the implementation agency. However, the Ministry will procure a qualified service provider to deliver the temporary cash transfer program in Greater Monrovia. This is due to the need to act quickly and implementation capacity constraints. The LSSN project currently lacks capacity to expand quickly in urban areas due to its focus in the South East and presence of most of its regional staff there. The community involvement and civil society oversight would be encouraged for effective implementation and reaching out to the targeted beneficiaries. There are no other proposed changes to safeguards, fiduciary or implementation arrangements.
25. **Project Operational Manual (POM) will serve as a resource/reference material used as operational guide during implementation.** The POM will be revised to reflect how the Environmental and Social contextual risk stated in this ISDS and cross referenced in the project paper will be mitigated. The POM will be cleared by the World Bank and publicly disclosed.

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

The proposed AF is aimed at expanding the cash transfer program both within the original four counties identified at project design (Maryland, Grand Kru, Bomi, and River Gee) and temporarily to an urban area most affected by COVID-19 (Greater Monrovia). The project activities will have no or negligible environmental and social safeguards impacts, and the project does not involve land acquisition leading to involuntary resettlement or restrictions of access to resources or livelihoods. There are no Indigenous Peoples in the project area.



G. Environmental and Social Safeguards Specialists on the Team

Zinnah S Mulbah, Environmental Specialist
Akhilesh Ranjan, 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:

As in the parent project, none of the safeguards policies are triggered for this AF. The project will not finance any civil works (including dams) or undertake any land related studies or other activities that may that may result in the involuntary taking of land or involuntary restriction of access to legally designated parks and protected areas. It does not support activities in natural habitats nor does it involve investments in forests or protected areas. The project does not involve the private sector as defined in OP/BP 4.03. It does not involve the procurement, transportation or storage of pesticides. Project activities will not result in any large scale or irreversible impacts, including those on physical cultural resources. The project activities will have no impact on international waterways and the project activities are not within disputed areas. The AF activities aim to scale up the original activities and no new activities are



being proposed.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:
Not relevant

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.
Not relevant

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 project will address potential social risks as precautionary measures with robust mitigation measures:

Potential COVID-19-related environmental and social risks. To prevent and mitigate the environmental and social risks and impacts of the AF and parent project activities, the following measures will be implemented: i) travel from Monrovia to the South East will be limited to minimize the possible spread of the virus to the counties and most activities related to mobile money transition for current beneficiaries will be undertaken by the regional teams; ii) minimizing of face-to-face contact at all points of service provision; iii) wearing of masks and gloves by implementing agency staff as well as other service providers at all points of interaction with beneficiaries; iv) provision of hand sanitizers and handwashing stations during all SCT events requiring gathering of beneficiaries; v) avoidance of large gatherings of implementation staff and beneficiaries; the enforcement of spacing (2 meters) between beneficiaries and project staff during registration and payment; vi) COVID-19 SCT project implementation plan, including measures ii) to v), will be developed and followed during implementation; vii) messages on COVID-19 and its prevention will be widely disseminated in collaboration with the Ministry of Health's ongoing communications, during all interactions with beneficiaries to help promote awareness and safe behaviors using traditional mode of communication (local radio) and non-traditional media (SMS, social media).

Sexual and Gender Based Violence (SGBV) and Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH). The prevalence of SGBV is high in Liberia. COVID-19 pandemic might further exacerbate the risks of SGBV, intimate partner violence (IPV), and SEA/SH. There are some indications that there have been increased cases of SGBV during COVID-19 in other countries, as well as in Liberia. There are several mitigating measures that have been put in place by the project to mitigate these risks: a) project has a functional Grievance Redress Mechanism (GRM) system, which will be further enhanced during SCT-COVID implementation, b) Codes of Conduct covering SGBV/SEA will be developed and integrated into all project staff and consultant contracts; c) Codes of Conduct, risk monitoring responsibilities and reporting requirements will also be integrated into all contracts with service providers; d) training on SGBV case reporting and management will be provided to the project staff working on the project GRM for SCT and SCT-COVID; e) MGCSP dedicated staffs on GBV / project team will organize a focus group discussion/consultation on GBV case reporting and management in the beneficiary communities before start of the SCT-COVID/SCT.

Data protection to minimize inappropriate use of beneficiaries' information. There is a risk of data protection given the data collection planned for both SCT-COVID and the Social Registry. This risk is mitigated by clear protocols that have been developed for data collection, storing, and data sharing under the Social Registry, which will be followed by the SCT and SCT-COVID program. These include data encryption protocols, user rights, etc. All parties with access to beneficiary data will sign a Data Protection Protocol. All potential beneficiaries will also be administered an informed consent to ensure they understand the purpose of data collection and their rights with respect to these data. Finally, the project GRM is expected to play an important role for an early identification of issues and risks and their mitigation. The existing Grievance Redress Committee members shall be updated with the SCT and SCT-COVID and its



relevant components. In addition, the Bank team plans to conduct independent monitoring of SCT-COVID.

The MGCSF has an operational GRM system, which consists of the following channels: through the established Community Social Protection Committee (CSPC) structure; calling the social workers based in Maryland and Grand Kru counties; calling the project's GRM free hotline; and/or approaching any of the project staff during payment days. The project team will continue to educate people about the project level GRM and procedures to lodge the complaints.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.

For the purposes of effective and tailored engagement, stakeholders of the project can be divided into the following core categories:

- **Affected Parties/ Beneficiaries**– persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties**- individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

Given that this project is being prepared during the transmission dynamics of COVID-19, consultations during the project preparation phase were limited to relevant government officials and development partners. Recently announced government restrictions on movement of people and confinement of residents to their homes essentially creates a de facto ban on any kind of group stakeholder meetings or group consultations to explain the project or seek feedback. The project includes considerable resources to implement the stakeholder engagement, including thro and will be continuously done throughout the project implementation period, as required.

The project's stakeholder engagement approaches will include: having consultations in small groups if smaller meetings are permitted, else making reasonable efforts to conduct meetings through online channels (e.g., WebEx, Zoom, Skype, etc.); diversifying means of communication and relying more on social media, chat groups, dedicated online platforms and mobile Apps (e.g., Facebook, Twitter, WhatsApp groups, project web links/websites, etc.); and employing traditional channels of communications such as TV, radio, dedicated phone-lines, SMS broadcasting, and public announcements when stakeholders do not have access to online channels or do not use them frequently.

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)

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APPROVAL

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