

**PROJECT INFORMATION DOCUMENT (PID)  
APPRAISAL STAGE**

Report No.: PIDA16520

<b>Project Name</b>	Emergency Primary Healthcare Restoration Project (P152646)
<b>Region</b>	MIDDLE EAST AND NORTH AFRICA
<b>Country</b>	Lebanon
<b>Sector(s)</b>	Health (70%), Public administration- Health (30%)
<b>Theme(s)</b>	Health system performance (50%), Other social protection and risk management (10%), Injuries and non-communicable diseases (20%), Child health (20%)
<b>Lending Instrument</b>	Investment Project Financing
<b>Project ID</b>	P152646
<b>Borrower(s)</b>	Ministry of Finance
<b>Implementing Agency</b>	Ministry of Health
<b>Environmental Category</b>	C-Not Required
<b>Date PID Prepared/Updated</b>	01-Dec-2014
<b>Date PID Approved/Disclosed</b>	18-Dec-2014
<b>Estimated Date of Appraisal Completion</b>	17-Nov-2014
<b>Estimated Date of First Grant Approval</b>	30-Jan-2015
<b>Decision</b>	

## **I. Project Context**

### **Country Context**

Lebanon has witnessed the largest influx of Syrian refugees compared to the other neighboring countries affected by the crisis. By July 2014, the refugee influx had expanded dramatically to 1,138,043 people and led to the largest humanitarian emergency operation of its kind for many years. Based on the current data, Lebanon has received 39% of all Syrian refugees; almost 1,103,707 Syrians have registered and 34,336 are still awaiting registration with the United Nations High Commissioner for Refugees (UNHCR). By end 2014, it is estimated that the number of Syrian refugees will increase to 1.6 million, equivalent to 37 percent of Lebanon's pre-crisis population. The Economic and Social Impact Assessment (ESIA) of the Syrian Conflict conducted by the World Bank in August 2013 concluded that the conflict is expected to negatively and materially affect the poverty, livelihoods, health and human capital conditions of the Lebanese people. The report estimates that by end-2014, some 170,000 additional Lebanese will be pushed into poverty (over and above the current 1 million below the poverty line). Additional 220,000-324,000, primarily unskilled youth, are expected to have become unemployed, thus doubling the unemployment rate to over 20 percent. Government revenue collection has dropped by USD1.5 billion while simultaneously increasing government expenditure by USD1.1 billion due to the surge

in demand for public services, bringing the total fiscal impact to USD2.6 billion. Over 2012-14, the Syrian conflict is estimated to cost USD308-USD340 million in health, education and social safety nets while USD1.4-1.6 billion (3-3.4 percent of GDP) will be needed for stabilization—i.e., to restore access to and quality of these services to pre-conflict levels—including USD166-242 million for short-term job creation.

### **Sectoral and institutional Context**

The crisis has also severely strained the health sector, as a result of which the Lebanese citizens are crowded out of public health facilities, facing enormous accessibility issues and experiencing re-emergence of some communicable diseases. Prior to the crisis, Lebanon made significant strides in terms of its health indicators with life expectancy for females at 75 and males at 71 years, infant mortality rate at 9 per 1000 live births, under five mortality rate at 10 per 1,000 live births, and maternal mortality ratio at 25 per 100,000 live births. Despite overall progress, under-served regions such as the Bekaa and North Lebanon have had pockets of depressed rates of socioeconomic and associated health status. While gains made in health sector are at risk of being eroded nationally as a result of the crisis, these under-served areas seem to be hit harder due to their overlap with the refugee population.

Health sector in Lebanon comprises of multiple sources of financing, financing agents and providers. Private sources, including households and employers, provide the main source of funding (71 percent) while the public sector pays the rest. With only half of the population receiving health insurance, out-of-pocket expenditures (OOPs) are the largest source of health financing and shared inequitably across households. The burden of household out-of-pocket spending is largely felt by the lower income groups who spent a higher percentage of their income (14 percent) on health than those with higher income (4.2 percent). The obligation to pay directly for services, is subjecting a large proportion of the population to financial hardship, even impoverishment.

Primary and preventive health care is provided largely through a network of primary health centers (PHC Network) which are predominantly run by non-governmental organizations (NGOs) under the institutional umbrella of MOPH. MOPH has contractual agreements with NGOs and with the existing local authorities in districts. Secondary and tertiary care is mostly provided by the private sector.

For the past decade, the PHC Network has been successful in providing primary health care to poor and low income Lebanese. Since the crisis, MoPH data show that use of contracted PHCCs by low income groups increase by 73 percent between 2002 and 2012, going from 32,6184 visits to 121,2000 respectively. The data further show that the PHC Network became the main provider of prenatal care with the number of pregnancy visits going from 5124 in 2002 to 26,666 in 2012 which constituted 36 percent of total pregnancies in the country. As a result of the influx of Syrian refugees, demand for primary healthcare services increased significantly leading to crowding out of Lebanese and exerted pressure on the already weak PHC sector.

At this time of crisis and growing social unrest, the Government's top priority is to prevent Lebanese citizens from falling into deeper poverty, restore access to basic services, including prevention of further deterioration of health services and outcomes. The proposed project will assist the government to cope with a crisis situation by providing coverage to a package of essential healthcare services comprising of preventive, primary, and ambulatory care to the poor, especially

those affected by the Syrian crisis. This will also contribute to strengthening government systems and would lay the foundation to launch a number of initiatives recommended by the National Health Strategy, namely, providing primary and ambulatory care coverage to uninsured and poor population.

## II. Proposed Development Objectives

The objective of the project is to restore access to essential healthcare services for poor Lebanese affected by the influx of Syrian refugees.

## III. Project Description

### Component Name

Provision of the Essential Healthcare Package

### Comments (optional)

This component subsidizes a package of essential healthcare services to 150,696 out of the 290,240 poor Lebanese identified by the National Poverty Targeting Program (NPTP) as living below the poverty line. The NPTP is based on a PMT targeting mechanism that ensures that the most vulnerable groups within the population would be reached. Priority in the selection of beneficiaries is given to those living in areas most affected by the Syrian crisis. Six evidence-based packages will be provided under this project (i) three age specific and gender wellness packages (ages 0-18, females 19 years and above, males 19 years and above), (ii) two care packages for the two common NCDs in Lebanon; diabetes and hypertension, and (iii) a reproductive health package focusing on pre and post-natal care.

### Component Name

Readiness and Capacity Building of Primary Health Care Centers

### Comments (optional)

This component will finance preparation and scaling-up the capabilities of the contracted PHCCs for the implementation of the program. It will also finance technical assistance and training for upgrading the skills of personnel of contracted health centers through short refresher courses to help them cope with additional load and immediate needs of beneficiaries. Capacity building will include training in the essential healthcare services guidelines, M&E, reporting and accounting requirements.

### Component Name

Project Outreach, Management and Monitoring

### Comments (optional)

The objective of this component is to (i) ensure an effective and efficient administration, regulation, and implementation of the project; (ii) improve the effectiveness of the MOPH in contracting with PHCCs; (iii) rigorous monitoring and performance assessment of the project outputs and objectives.

### Component Name

Contingency

### Comments (optional)

## IV. Financing (in USD Million)

Total Project Cost:	21.00	Total Bank Financing:	0.00
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Financing Gap:	0.00	
<b>For Loans/Credits/Others</b>		<b>Amount</b>
Borrower		6.00
Lebanon Syrian Crisis Trust Fund		15.00
Total		21.00

## V. Implementation

The MoPH will be responsible for overall project coordination and management in close collaboration with multiple strategic and implementing partners including PHCCs, MOSA and OPDs of hospitals.

A PMU will be established at MOPH, no later than 3 months of effectiveness, staffed with the project director, fiduciary management, IT and M&E specialist to oversee (i) planning, execution and oversight of the project activities; (ii) financial management of project funds following the bank guidelines including data validation and payments to service providers; (iii) monitoring and reporting on project activities and outcomes; and (iv) procurement planning and management. Some of the key PMU staff will be appointed/seconded by the Recipient (salaries financed by the Government budget) and additional personnel if/as needed would be financed by the project.

A Steering Committee will be formed to coordinate inter-ministerial policies and address strategic and policy level issues that arise during the project period. The committee will be headed by the MoPH Director General and will include various stakeholders.

While the Project Operational Manual (POM) will describe detailed implementation arrangements for each component, following will be the key implementing partners:

- (i) Ministry of Social Affairs (MOSA): MOSA will be responsible for providing the list of eligible NPTP beneficiaries to MoPH to receive services under this project
- (ii) PHCCs will be responsible for delivery of the essential healthcare package to targeted beneficiaries. They will also be responsible for the outreach campaigns, beneficiary enrollment, record keeping, reporting on enrollment and clinical health indicators, and will benefit from the capacity building activities under the project.
- (iii) Outpatient departments (OPD) of public hospitals. OPDs will be responsible for providing some lab and radiology tests on referral basis that cannot be performed at the PHCC level.

## VI. Safeguard Policies (including public consultation)

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

Projects in Disputed Areas OP/BP 7.60		x
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**Comments (optional)**

**VII. Contact point**

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