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Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 10-Aug-2022 | Report No: PIDA32749

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Liberia	P177050	Additional Financing for Institutional Foundations to Improve Services for Health	P169641
Parent Project Name	**Region**	**Estimated Appraisal Date**	**Estimated Board Date**
Institutional Foundations to Improve Services For Health	WESTERN AND CENTRAL AFRICA	12-Aug-2022	29-Sep-2022
Practice Area (Lead)	**Financing Instrument**	**Borrower(s)**	**Implementing Agency**
Health, Nutrition & Population	Investment Project Financing	Government of Liberia	Ministry of Health

Proposed Development Objective(s) Parent

To improve health service delivery to women, children and adolescents in Liberia.

Components

Component 1: Improve health infrastructure
Component 2: Improve health service delivery
Component 3: Strategic purchasing and equity in health financing
Component 4: Project management, and monitoring and evaluation
Component 5: Contingency Emergency Response

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	31.00
Total Financing	31.00
of which IBRD/IDA	20.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	20.00
IDA Credit	20.00
Non-World Bank Group Financing	
Trust Funds	11.00
Global Financing Facility	11.00

Environmental and Social Risk Classification

Moderate

Other Decision (as needed)

B. Introduction and Context

1. **This Project Paper seeks the approval of the World Bank's Board of Executive Directors to provide additional financing (AF) in the amount of US$20.0 million equivalent from the International Development Association (IDA), and a grant amounting to US$11.0 million from the Global Financing Facility for Women, Children and Adolescents (GFF) and restructuring to the Liberia Institutional Foundations to Improve Services for Health Project (IFISH, P169641).** The parent Project, with a credit in the amount of US$54.0 million equivalent from the IDA Scale-Up Facility, was approved on May 21, 2020, and became effective on February 2, 2021. The main purpose of the AF is to support costs associated with expanding existing activities under the parent Project and introduction of new ones. The proposed Project also seeks to address implementation challenges and the disrupted access to essential health services due to the COVID-19 pandemic. To increase operational efficiency, the following changes will be made: (a) reallocation of funds; (b) change in financing modality; (c) revision of disbursement categories; and (d) revision of the results framework.

Country Context

2. **Liberia is still striving to overcome the effects of two devastating civil wars (1989-1996 and 1999-2003), the Ebola Virus Disease (EVD) (2014-2016), and the ongoing COVID-19 pandemic which was first reported in the country in March 2020.** Consequently, over the past two decades (2001-2020), the annual average Gross Domestic Product (GDP) growth rate has been a meagre 2.1 percent—far below the annual average GDP growth rate of 3.7 percent for low-income countries over the same period.[1] While there was increased economic growth immediately after the end of the EVD outbreak in 2017, growth has been low and actually contracted by 2.5 percent and 3.0 percent in 2019 and 2020, respectively. This is far below the projected growth of 1.6 percent before the COVID-19 outbreak. As such, it is evident that the COVID-19 pandemic has exacerbated Liberia's pre-existing macroeconomic vulnerabilities. Liberia is also at moderate risk of external debt distress and at high risk of overall public debt distress. The country's total

[1] Data extracted from World Development Indicators

stock of public and publicly guaranteed debt reached 52.0 percent of GDP as of December 2020. External public debt accounted for about 60 percent of the total and was mainly due to multilateral creditors (88 percent of total external debt).

3. **Poverty in Liberia is widespread with more than half of the population living below the national poverty line.** This translates into roughly 2.3 million Liberians who are unable to meet their basic needs. Poverty in Liberia is projected to have increased over the years, driven by volatile food prices, lower commodity prices for minerals, and the COVID-19 pandemic. For example, estimates from the World Bank show that the pandemic contributed to an increase in the prevalence of extreme poverty from 38.6 percent in 2014 to 51.0 percent in 2020. The COVID-19 high-frequency surveys conducted by the Liberia Institute of Statistics and Geo-Information Services also show that living standards of the Liberians have worsened. In the July 2021 round of the household survey, about 80 percent of the households reported that they were worried about not having enough food to eat. The company survey showed that 35 percent of the businesses had recorded a decline in revenue compared to previous months with the agriculture and manufacturing sectors being most affected.

Sectoral and Institutional Context

4. **Liberia has some of the worst reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) outcomes.** Liberia's maternal mortality rate at 742 deaths for every 100,000 live births is among the highest in the world.[2] The neonatal mortality rate (deaths within the first 28 days of life) is as high as 37 per 1,000 live births, and accounts for a third of all under-five deaths. Deaths in mothers and neonates are largely driven by preventable and treatable complications. The leading causes of maternal deaths include hemorrhage (25 percent), hypertension (16 percent), unsafe abortion (10 percent), and sepsis (10 percent). For newborns, the main causes are birth asphyxia and sepsis. The underlying causes of all these deaths is poor quality of care during the antenatal, perinatal, and postpartum periods. Beyond the neonatal period, children in Liberia mainly die from pneumonia (14 percent), malaria (13 percent), and diarrhea (9 percent).[3] And due to food insecurity at household level, about 30 percent of children under the age of five are stunted and at the risk of cognitive and physical limitations.[4]

5. **Among the underlying causes of poor health and nutrition outcomes in Liberia is inadequate physical access, and insufficient and inequitably distributed health workers.** Most of the primary health facilities and hospitals are in poor physical conditions and are staffed with insufficient numbers of productive, responsive, and qualified health workers in critical areas. There are only 337 medical doctors, 858 midwives and 2,440 nurses in the country. There are also variances by county with Bomi and Montserrado having 15.7 and 14.9 health workers per 10,000 people as compared to Maryland and Grand Bassa at 8.5 and 8.0 health workers per 10,000 people, respectively. Poor quality of health care in Liberia can also be attributed to limited use of clinical guidelines and protocols by health workers; and infrequent review of maternal and newborn deaths. The quality of surgical care is also poor leading to a high prevalence of post-surgery complications and nosocomial infections. In addition, the available medical equipment is inadequate and/or obsolete while access to quality and efficacious medicines is low.

[2] Liberia Demographic and Health Survey 2019-20
[3] Republic of Liberia: Investment case for reproductive, maternal, new-born, child and adolescent health, 2016-2020.
[4] Liberia Demographic and Health Survey 2019-20

6. **The COVID-19 pandemic has made it difficult to provide quality RMNCAH-N services** Liberia reported its first COVID-19 case on March 16, 2020, and by August 1, 2022, the country had recorded a cumulative total of 7,538 cases and 294 deaths.[5] Liberia has experienced secondary impacts of the outbreak which include: (i) shortage of essential medicines and medical commodities due to disruptions in the global supply chain; and (ii) reduced provision and access to essential health and nutrition services due to fear of infection, closure of health facilities, and the turning away of patients by health workers. To mitigate the impact of the COVID-19, Liberia had by July 20, 2022, fully vaccinated about 45 percent of the population which is far above the average of 16 percent for low-income countries (and average of 20 percent for Africa).[6] The authorities now seeks to increase vaccination coverage to 70 percent of the population by the end of December 2022.

C. Proposed Development Objective(s)

Original PDO

7. To improve health service delivery to women, children and adolescents in Liberia.

Current PDO

8. The PDO under the AF will remain the same as the parent project.

Key Results

9. **The parent project has four components:**

(a) Component 1: Improved service delivery (US$47.00 million IDA). This component uses the input-based financing mechanism. Component 1 has six subcomponents which finances: (i) procurement and installation of equipment for Phase one at the New Redemption Hospital in the rural part of Montserrado County; design, construction, and procurement and installation of equipment for Phase two; (ii) training of undergraduate and postgraduate health personnel; (iii) provision of maternal, child and adolescent health services through performance-based financing (PBF) to primary health facilities and hospitals; (iv) operational costs for the community health program; (v) implementation of activities on adolescent health; and (vi) procurement of essential medicines and supplies.

(b) Component 2: Institutional strengthening to address key binding constraints (US$6.00 million IDA). This component uses the Disbursement-Linked Indicators (DLIs) financing mechanism. The component has five subcomponents which support: (i) development of standards and procedures to strengthen the country's health information management system; (ii) strengthening supply chain management; (iii) development and implementation of an effective human resource strategy and performance management strategy; (iv) strengthening coordination and implementation of school-based adolescent health programs; and (v) enhancing community and citizen engagement.

[5] https://ourworldindata.org/explorers/
[6] https://ourworldindata.org/explorers/

(c) Component 3: Project management (US$1.00 million IDA). This component uses the input-based financing mechanism. The component supports project coordination and monitoring and evaluation.

(d) Component 4: Contingency Emergency Response (US$0.00). This is a fallback mechanism which allows the Government of Liberia (GoL) to request for a rapid reallocation of project funds to respond to an emergency or crisis.

10. **In the last two Implementation Status and Results Reports, progress towards achievement of the PDO for the parent project was rated Satisfactory while Implementation Progress was rated Moderately Satisfactory.** As of August 1, 2022, only US$4.64 million (8.59 percent) of the total project funds had been disbursed. Low disbursements and slow implementation of project activities are due to: (i) a nine-month delay in achieving Project effectiveness; (ii) delayed completion of Phase one construction works at the New Redemption Hospital financed through the Ebola Emergency Response Project (EERP, P152359); and (iii) difficulty in implementing activities linked to the achievement of DLIs. Compounding the problem is that the parent Project is dependent on the completion of construction work under the EERP to disburse funds under component 1. About 65 percent (US$35 million) of the total funds under the parent Project are allocated for the construction and equipping of the New Redemption Hospital in the following sequence: (i) procurement and installation of equipment for Phase one; and (ii) civil works, procurement and installation of equipment for Phase two. However, civil works under Phase one are financed through the EERP but the works are not yet complete. This has affected progress under the IFISH project because the equipment for Phase one cannot be bought until civil works are completed; and Phase two cannot start until after Phase one is completed.

11. **None of the DLIs under the project have been achieved and, as a result, most of the activities under Component 2 have not been implemented.** However, by July 2022, no disbursement had been made. This could be attributed to inadequate counterpart resources from the GoL and other partners to finance areas targeted by the DLIs, complexity of putting in place a viable independent verification agency, and weak routine monitoring and evaluation systems. To address the issue of low disbursement, it has been agreed by the GoL and the World Bank to simplify the design through the proposed AF.

12. **The PBF scheme currently being implemented under the parent Project has contributed to increased access to quality healthcare at primary and hospital level.** The PBF covers 63 clinics and eight hospitals in seven counties, namely: Rivercess, Sinoe, Gbarpolu, Monteserrado, Bong, Lofa, and Nimba. In three of these counties (Rivercess, Sinoe, and Gbarpolu), PBF is operational at both the clinics and hospitals. This represents 26 percent (1,338,007) of the total population (5,180,208) of Liberia. Despite the negative effects of COVID-19 on health service delivery in Liberia, the average quality scores at the 63 primary health facilities and eight hospitals implementing PBF has been sustained at around 70 percent and 80 percent, respectively.

D. Project Description

13. The AF and restructuring will help the GoL to address critical financing and implementation challenges in the health sector which have been aggravated by the COVID-19 pandemic. The proposed changes are:

(a) Component 1

i. Change the title for Component 1 in line with the revised activities
ii. Under Sub-Component 1.1, streamline the construction, equipping, and operationalization of the New Redemption Hospital by having all the various departments originally envisaged under Phases I and II incorporated as a single multi-purpose unit. This will make it possible to undertake the construction, and procurement and installation of equipment at the same time.
iii. Rephrase Sub-Component 1.1 in line with revised activities
iv. Create Sub-Component 1.2 to cater for new activities on rehabilitation and extension of existing primary healthcare infrastructure
v. Move original Sub-Components 1.2, 1.4, 1.5, and 1.6 to Component 2
vi. Move Sub-Component 1.3 to new Component 3

(b) Component 2
i. Change the title for Component 2 in line with the revised activities
ii. Integrate original Sub-Components 1.2, 1.4, 1.5, 1.6, 2.4, and 2.5 under new and/or reworded Sub-Components 2.1, 2.2, and 2.3. Under Sub-Component 2.1, the Project will finance the procurement and shipment of essential medicines and RMNCAH-N products, routine vaccines and equipment
iii. Move original Sub-Component 2.1 to new Component 4

(c) Component 3 (new)
i. Original Component 3 renumbered as Component 4
ii. Integrate Sub-Component 1.3 under new Sub-Component 3.1. Under this Sub-Component, PBF will be scaled-up from three to six counties
iii. Create Sub-Component 3.2 to support implementation of the health financing policy and strategy

(d) Component 4 (originally Component 3)
i. Integrate original Sub-Components 2.1, 3.1 and 3.2 under Sub-Component 4.1
ii. Create Sub-Component 4.2 to support monitoring and evaluation of the provision of essential health services

(e) Component 5 (originally Component 4)

COMPONENT 1 (REVISED): Improve health infrastructure (total US$38.00 million equivalent IDA, of which AF US$0.00)

Sub-component 1.1: Construction and equipping of the New Redemption Hospital (total US$35.00 million equivalent IDA, of which AF US$0.00)

14. **The restructured Project will finance an integrated design of the New Redemption Hospital by integrating Phases 1 and 2 into one multi-purpose unit.** This means that all the departments, utilities, staff accommodation and other amenities envisaged under Phases 1 and 2 will be undertaken at the same time. The civil works will also include accompanying wards, kitchens, and laundry rooms, and apartments for staff accommodation. Additionally, the project will support an external evaluation to identify the needs for

its operationalization and to develop an investment plan for the GoL to mobilize human and finalize resources to ensure its operationalization in 2025 before the end of the project in August 2026.

Sub-component 1.2: Rehabilitation and extension of infrastructure at primary health facilities (total US$3.00 million equivalent IDA, of which AF US$0.00)

15. **This sub-component aims to improve functionality and physical access to healthcare by supporting the rehabilitation and extension of health infrastructure at existing primary health facilities.** The support will be targeted at the six counties implementing PBF under the project. Basic laboratory equipment for the rehabilitated primary health facilities and basic housing will also be constructed at the targeted health centers.

COMPONENT 2 (REVISED): Improve health service delivery (total US$23.00 million equivalent, of which AF US$12.00 million: US$8.00 million IDA and US$4.00 million GFF)

Sub-component 2.1: Community and adolescent health care (total US$6.50 million equivalent, of which AF US$3.00 million GFF)

16. **This subcomponent will finance costs related to the community health program, adolescent health, and citizen engagement with a view of improving the quality of RMNCAH-N services in the country.** On community health, the activities which will be implemented will be guided by the community health strategy and the revised RMNCAH-N investment case and will be geographically aligned with the PBF scale-up. Training of under the Community Health Assistance (CHA) program and the procurement of commodities will be included.

17. **This subcomponent will also finance interventions on adolescent health for both in-school and out-of-school youths.** To achieve this, a package of evidence-based interventions will be implemented at schools and in the communities aimed at contributing to the reduction of the adolescent fertility rate, early marriages, malnutrition, and maternal mortality.

18. **Lastly, this subcomponent will support activities to strengthen citizen and stakeholder engagement by improving access to information and capturing the voice and feedback of the citizenry.** The project will support information sharing and feedback capturing through household visits, country meetings for reviewing action plans, and consultations through health facility development committee (HFDCs) meetings. This is expected to enhance transparency and accountability leading to improved responsiveness of the GoL in the provision of RMNCAH-N services.

Sub-component 2.2: Improve availability of essential medicines and RMNCAH-N products, routine vaccines, equipment, and logistics (total US$12.50 million equivalent, of which AF US$8.00 million IDA)

19. **This subcomponent will finance costs for the procurement and supply of essential medicines, RMNCAH-N products, routine vaccines[7], non-drug consumables, and basic equipment for primary health facilities.** The aim is to increase the availability of drugs, routine vaccines for children, and reproductive

[7] For the procurement and shipment of routine childhood vaccines, this will only be limited to the following vaccines: bacille calmette-guerin (BCG), measles, tetanus and diphtheria (Td), and bivalent oral polio vaccine (bOPV).

health commodities at all the primary health facilities in the country. The project will also provide funds for ancillary supplies, customs clearing and handling, and deployment of the vaccines. To ensure sustainability in childhood vaccine financing, it was agreed that the GoL will commit to an annual increase in the government budget for childhood vaccines. The project will also provide funding to the National Blood Services and Transfusion Program to ensure availability of safe blood and blood products in the country. To enhance management of the supply chain, the project will support activities that strengthen forecasting and quantification, procurement, and logistics management. Lastly, the project will finance the procurement and installation of basic equipment in the project areas which will be implementing PBF.

Sub-component 2.3: Improve knowledge and skills in training and management of Human Resources (total US$4.00 million equivalent, of which AF US$1.00 million GFF)

20. **This subcomponent will support costs related to the implementation of Liberia's Health Workforce Program Strategy.** The project will facilitate the development of staffing norms which will be used to map existing health workers to their duty stations and to identify vacancies. Based on the vacancies, the MoH is expected to post qualified health professionals to the most deprived communities. This is expected to enhance equity in the distribution of health workers, over time. The project will also improve management and service delivery skills at hospitals by funding programs for enhancing management and efficient delivery of services.

COMPONENT 3 (REVISED): Strategic purchasing and equity in health financing (total US$18.50 million equivalent, of which AF US$15.50 million: US$10.50 million IDA and US$5.00 million GFF)

Sub-component 3.1: Expand coverage of PBF (total US$18.00 million equivalent, of which AF US$15.00 million: US$10.00 million IDA and US$5.00 million GFF)

21. **The project is currently supporting the implementation of PBF at health centers and hospitals with a focus on RMNCAH-N services.** The project will expand PBF coverage at primary and secondary levels from three to six counties (Gbarpolu, Rivercess, Sinoe, Bomi, Grand Kru, and Maryland) and sustain its implementation at the New Redemption Hospital in Montserrado county. Project funds will be used to support the revision of the national PBF manual (if needed), and to review working arrangements with the National Verification Agency (NVA) if it is not functional at any period of project implementation. To increase community participation and citizen engagement, all the clinics implementing PBF will be required to have functional HFDCs. More details on the execution of PBF activities under the Project will be provided in the revised Project Implementation Manual.

Sub-component 3.2: Support implementation of the health financing policy and strategy (total US$0.50 million equivalent, of which AF US$0.50 million IDA)

22. **To move towards UHC, the GoL has expressed a need to establish the Liberia Health Equity Fund aimed at enhancing mechanisms for pooling funds and purchasing health services.** The project will provide resources towards the establishment of the fund including recruitment of consultants, workshops and meetings, and exchange visits. Depending on the availability of resources under the project, funds will be provided to undertake analytics on resource mobilization, and to develop benefit packages and eligibility criteria.

COMPONENT 4 (REVISED): Project management, and monitoring and evaluation (total US$5.50 million equivalent, of which AF US$3.50 million: US$1.50 million IDA and US$2.00 million GFF)

Sub-component 4.1: Project coordination and support to implementing units (total US$4.00 million equivalent, of which AF US$2.00 million: US$1.50 million IDA and US$0.50 million GFF)

23. **This subcomponent will finance costs related to the operations of the Project Implementation Unit (PIU), PBF Unit, the Project Financial Management Unit, and County Health Teams.** The project will finance staff costs, technical support, monitoring and evaluation activities, office commodities, and implementation of activities on environmental and social safeguards.

Sub-component 4.2: Monitoring and evaluation of the provision of essential health services (total US$1.50 million equivalent, of which AF US$1.5 million GFF)

24. **This subcomponent will support the development of standards and procedures that ensure the availability of reliable and timely data.** This includes support for systems improvements in routine data collection, analysis, and use. Three key data generation and management units will be supported.

25. **Through the Family Health Division, the project will finance costs for holding regular county platforms meetings at both central and county levels to review performance on key RMNCAH-N indicators.** Apart from government officials and development partners, representatives from civil society organizations (CSOs), women groups, and the private sector will participate in the country platform meetings to provide feedback on project implementation. The project will also support activities on maternal and perinatal death surveillance reviews, civil registration and vital statistics.

COMPONENT 5: Contingent Emergency Response (US$0.00 equivalent)

26. **This component is included in accordance with paragraphs 12 and 13 of the World Bank's policy on investment project financing.** There is a moderate to high probability that during the life of the project, the country could experience an epidemic or outbreak of public health importance or any other emergency with the potential to cause adverse economic and/or social impact. If this happens, the GoL could make a request to the World Bank to support mitigation, response, and recovery activities in the areas affected by the emergency. This component provides for the GoL to request for rapid reallocation of project funds to respond promptly and effectively to an emergency or crisis.

Legal Operational Policies

	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

Summary of Assessment of Environmental and Social Risks and Impacts

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E. Implementation

Institutional and Implementation Arrangements

27. **The implementation arrangements for the AF will remain the same as the parent Project.** The PIU will continue being responsible for the overall project planning, coordination, and management and will serve as the main liaison with the World Bank team. Currently, one PIU manages and coordinates the entire World Banks' Health, Nutrition, and Population (HNP) portfolio in Liberia. While the PIU could potentially benefit from some more capacity in specific areas, it has been performing and delivering satisfactorily. The MoH will continue to serve as the executing Ministry for the project.

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APPROVAL

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