# INTEGRATED SAFEGUARDS DATA SHEET APPRAISAL STAGE

Report No.: 93863

Date ISDS Prepared/Updated: December 4, 2014

### I. BASIC INFORMATION

### A. Basic Project Data

Country:	Liberia	Project ID:	P1465	591	
Project Name:	Supporting Psychosocial Health and Resilience in Liberia				
Task Team Leader:	Rianna Mohammed-				
Estimated Board Date:	N/A				
Managing Unit:	GHNDR				
Sector(s):	Health, Nutrition and	d Population			
Theme(s):	•	Heath System Performance (20%), child health (40%), And injuries and NCDs (40%)			
Is this project processed under OP 8.50 (Emergency Recovery) or OP 8.00 N/A (Rapid Response to Crises and Emergencies)?				N/A	
	Project Financing	Data (in USD Million)			
Total Project Cost:	2.75	Total Bank Financing:	tal Bank Financing: 0.00		
Financing Gap:	0.00				
Financing Source	Financing Source Amoun				
BORROWER/RECIPIENT				0.00	
International Development Association (IDA)				0.00	
Others: JSDF TF 2.7					
Total 2.7					
Environmental Category: C					
Is this a Repeater project	? No				
Is this a Transferred project?	No				

### **B. Project Development Objective(s):**

1. The Project Development Objective (PDO) is to respond to the intermediate psychosocial and mental health impact of the EVD crisis and to build long-term psychosocial health and resilience at the individual and community levels in Target Areas. The PDO will be achieved through: (i) the training and capacity building of new and existing cadres of mental health providers (i.e. mental health clinicians [MHCs], psychosocial counselors, social workers, and general community health volunteers [gCHVs]); (ii) the implementation of psychosocial/mental health interventions at the individual/ family and community levels; and (iii) supporting project management, and monitoring and evaluation, which will help to guide project implementation.

#### C. Project Description:

2. The proposed project consists of three components. Component 1 responds to the intermediate psychosocial/mental health impact of the EVD crisis though the implementation of a set of psychosocial interventions aimed at addressing grief, trauma, and stigma at the individual and community levels. Component 2 aims to build resilience and long-term psychosocial health, by focusing on factors that promote and engender trust, efficacy, and acceptance of those with mental health issues at the individual and community levels. Psychosocial interventions which enhance resiliency, and health promotion for vulnerable groups (including mothers, children and adolescents), will also be designed and implemented. Project interventions, therefore, will have a direct impact on improving maternal and child health in Liberia. Component 3 involves project monitoring, evaluation and management.

### **Component 1: Support for the Intermediate Psychosocial Impact of the Ebola Crisis**

- 3. Component 1 will respond to the intermediate psychosocial/mental health impact of the EVD crisis through the implementation of a set of relevant psychosocial interventions for "first responders" and individuals directly affected by the EVD crisis at the community levels. Interventions will take place at both the individual and community-level. In order to ensure that the delivery of these interventions is of a high quality, this component will also provide training and capacity-building for specific relevant cadres of Liberia's mental health workforce (MHCs, social workers, psychosocial counselors and gCHVs).
- 4. Individual-level interventions, which may be delivered on a one-on-one basis or in a group setting, will respond to grief, trauma, fear, and anxiety, through psychological counseling and similar support. These interventions will be provided by MHCs and social workers, and in the initial phase, will largely target "first responders" (including staff at ETUs and CCCs, and member of burial teams) and members of EVD-affected households, with a special focus on orphaned children, adolescents and mothers. The enormous stress faced by all first responders, for example, will be addressed through an innovation self-care instrument which will be culturally relevant, and widely disseminated to all first responders.
- 5. In addition to this, anti-stigma activities to combat stigma experienced by Ebola survivors and Ebola-affected households will also be supported under the project. Activities include community-wide meetings and forums, home visits and health talks at clinics, marketplaces and common areas of assembly Specifically, gCHVs, with the involvement of community leaders and County Health and Social Welfare Teams (CHSWTs) as needed, will be used to support the

implementation of anti-stigma activities.

- 6. At the community level, various activities will be supported to promote community recovery and social cohesion. These include: community dialogues, community support, and anti-stigma activities. Community support activities, for example, will aim to foster community-wide grieving and mourning processes (e.g. community-wide memorial services, planting trees or dedicating community projects in honor of victims of Ebola), and other activities that promote community healing and social cohesion. Community-level activities will be implemented by MHCs. Liberia's traditional and religious healing practitioners will also be engaged at the community level.
- 7. Proposed activities and interventions will be closely aligned with, and build upon, ongoing activities and initiatives. Anti-stigma activities, for example, will be adapted on the basis of activities supported by the Carter Center in recent months. Likewise, individual interventions will also be aligned with recent UAF-supported initiatives. The latter includes support to mental health/psychosocial interventions in previously quarantined communities- Dolos Town (Margibi County) and West Point (Montserrado County) through the training of 18 MHCs; and, support to community dialogues that are currently being implemented by the MOHSW and the Liberia Center for Outcomes Research in Margibi and Montserrado counties.
- 8. In order to effectively carry about the proposed interventions under this component, capacity building and training will be needed. In order to facilitate this process, existing training curricula will be used and new curricula developed as needed, based on the findings of a mental health workforce needs assessment conducted at the outset of project implementation.

# <u>Component 2: Support to Build Long-Term Psychosocial Health and Resilience at the Individual and Community Level</u>

- 9. Component 2 will build long-term psychosocial health and resilience at the individual and community level through: (a) the implementation of select psychosocial interventions at the individual and community level; and (b) associated training and capacity building for existing and new cadres of care providers to implement project-supported interventions and to promote psychosocial well-being. The interventions implemented under Component 1 (i.e., psychological counseling, community dialogues, support groups, and anti-stigma activities) will be expanded upon and will shift in focus as the Ebola crisis subsides to focus on developing a system to identify and address psychosocial needs while further promoting resiliency, social cohesion and trust, and collective efficacy. Some additional activities which may be supported under this Component include: the creation of safe space for recreational activities, peer-support and youth-empowerment programs; and income-generating activities.
- 10. To address the needs of children and youth in the Liberian context, the project will support the development of a new cadre of clinicians Child Mental Health Clinicians (CMHCs) which does not yet exist in the country. A select group of social workers and registered nurses will be provided training specifically focusing on the psychosocial/mental health needs of children and youth and effective strategies and approaches to address them. These newly trained CMHCs will be deployed to around 60 schools throughout the country, where they will be

positioned to provide support to students and teachers in these schools. A small portion of the CMHCs will be assigned to work with other professionals identified as working closely with children and youth.

- 11. Focus will also rest on support to building psychosocial health and resilience amongst women and girls. This will be particularly important in Liberia given the general vulnerability of women including in particular female-headed households, and stemming from, *inter alia*, high levels of GBV. MHCs, who are already trained in preventing and addressing GBV, for example, will work closely with an existing network of GBV focal points to address related issues. A women's health toolkit will be developed to promote women's physical and emotional health needs and may be distributed through this network or by gCHVs.
- 12. Additional skills training and upgrading of skills will be provided to existing cadres support under this Project as determined in capacity assessments as the Ebola crisis subsides. Under this Component, the existing referral system will also be strengthened further, thereby ensuring that individuals in need of additional or more specialized care are directed to needed facility-based services as available.

### **Component 3: Project management, monitoring and evaluation**

13. This component covers the operational costs associated with effectively managing, monitoring and evaluating the project. This includes support to an implementing agency, which will be responsible for all day-to-day activities associated with the project, as well as procurement, fiduciary management, auditing and project monitoring activities (including any surveys). The implementing agency will be responsible for ensuring necessary monitoring and evaluation activities at different points throughout the project.

# D. Project location and salient physical characteristics relevant to the safeguard analysis (if known):

14. The project will be implemented primarily in two counties which have been significantly impacted by the EVD outbreak- Monsterrado and Margibi counties. There appear to be no physical characteristics relevant to the safeguard analysis.

#### E. Environmental and Social Safeguards Specialists on the Team:

Felix Nii Tettey Oku (GENDR)

F. Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	No	The project does not trigger any physical characteristics relevant to the safeguard analysis.
Natural Habitats OP/BP 4.04	No	This project will not affect or involve

		natural habitats.
Forests OP/BP 4.36	No	This project will not affect or involve forest resources or forestry.
Pest Management OP 4.09	No	The project will not finance the procurement of any pesticide.
Physical Cultural Resources OP/BP 4.11	No	The project will not affect or involve physical cultural resources.
Indigenous Peoples OP/BP 4.10	No	There are no indigenous peoples in the project area.
Involuntary Resettlement OP/BP 4.12	No	The project activities have no land acquisition implications.
Safety of Dams OP/BP 4.37	No	The project will not finance any dam construction.
Projects on International Waterways OP/BP 7.50	No	The project will not be located on international waterways.
Projects in Disputed Areas OP/BP 7.60	No	The project will not be located in disputed areas.

### II. 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 irrevers	ible impacts:

The proposed project activities have no potential for adverse environmental and social impacts.

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

None.

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

NA

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.

N/A

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

N/A

## B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other			
Date of receipt by the Bank	N/A		
Date of submission to InfoShop	N/A		
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	N/A		
"In country" Disclosure			
Liberia	N/A		
Comment:			
If the project triggers the Pest Management and/or Physical Cultuthe respective issues are to be addressed and disclosed as part of the Assessment/Audit/or EMP.	<u>-</u> 1		
If in-country disclosure of any of the above documents is not experwhy:	cted, please explain		
·			

## C. Compliance Monitoring Indicators at the Corporate Level

OP/BP/GP 4.01 - Environment Assessment			
Does the project require a stand-alone EA (including EMP) report?	Yes [ ]	No [ ]	NA [x]
The World Bank Policy on Disclosure of Information		· ·	
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes [ ]	No [ ]	NA [x]
Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?	Yes [ ]	No [ ]	NA [x]
All Safeguard Policies			
Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	Yes [ ]	No [ ]	NA [x]
Have costs related to safeguard policy measures been included in the project cost?	Yes [ ]	No [ ]	NA [x]
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes [ ]	No [ ]	NA [x]
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in	Yes [ ]	No [ ]	NA [x]

the project legal documents?		•		,		
------------------------------	--	---	--	---	--	--

### III. APPROVALS

Task Team Leader:	Name: Rianna Mohammed-Rober	Name: Rianna Mohammed-Roberts		
Approved By:				
Regional Safeguards Advisor:	Name: Alexandra C. Bezeredi	Date: 01/16/15		
Practice Manager:	Name: Trina S. Haque	Date: 12/17/14		