

**INTEGRATED SAFEGUARDS DATA SHEET
CONCEPT STAGE**

Report No.: AC1714

Date ISDS Prepared/Updated: 07/28/2008

I. BASIC INFORMATION

A. Basic Project Data

Country: Yemen, Republic of	Project ID: P094755
Project Name: Yemen Health & Population	
Task Team Leader: Alaa Mahmoud Hamed Abdel-Hamid	
Estimated Appraisal Date: July 16, 2009	Estimated Board Date: September 30, 2009
Managing Unit: MNSHD	Lending Instrument: Specific Investment Loan
Sector: Health (100%)	
Theme: Population and reproductive health (P);Child health (S);Health system performance (S);Nutrition and food security (S)	
IBRD Amount (US\$m.):	0.00
IDA Amount (US\$m.):	28.00
GEF Amount (US\$m.):	0.00
PCF Amount (US\$m.):	0.00
Other financing amounts by source:	
<u>BORROWER/RECIPIENT</u>	2.00
	2.00

B. Project Objectives [from section 2 of PCN]

The proposed project's development objectives is to improve the quality and utilization of an integrated package of preventive, clinical, and public health services by 2015 in selected regions in Yemen.

C. Project Description [from section 3 of PCN]

The Project would achieve its objective through the following two components:

Component I: Systems and Services Integration for Health Care Services (USD 25 million).

This component recognizes and builds on the linkages between systems and services and on the MOPHP's interest in using integration as an approach to rationalizing and enhancing the effectiveness of their functions at multiple levels across the healthcare system. The service delivery will be implemented by the MOPHP in a phased and incremental approach, based on technical and operational feasibility in three governorates by 2015.

At the health systems level, this component would support the finalization and adoption of national health systems tools and instruments based on those currently being piloted by the MOPHP under different project. These would support the implementation of integrated health services delivery at the Governorate level. Specifically, this component will include support for the development of governorate health planning guidelines for integrated service delivery for fixed facilities, outreach and community-based level care. These will include revising and updating current standards for service delivery to provide model designs for fixed facilities; guidelines for staffing patterns; equipment lists; drug list; management of facility medical waste; and referral systems.

To provide support for operational planning of governorate level, and to help ensure access and consistency of quality of services, jointly with the central level, support will be provided for: (i) logistics management system (including LMIS, supply chain, storage, distribution, and monitoring and supervision for drugs and other health commodities) to strengthen the ability of the MOPHP to efficiently deliver to health facilities the pharmaceuticals and supplies necessary for quality health services; (ii) health management information systems to integrate the registries at the facility level and ensure information flow between different level of health care system.

For its direct impact on MDG 5 in terms of improvements in maternal health and reduction of maternal mortality, this component will support the implementation and supervision of nationwide training of midwives.

At the service delivery level, this component would support the delivery of an integrated package of core preventive, clinical and public health services in three governorates. It would finance service delivery investment and operational plans at the governorate level based on rationalized governorate health coverage plans. In principle, the project will not support the construction of new facilities, unless in very few cases explicitly warranted, rather it will focus on the rationalization and the operations of existing fixed facilities. The project will depend on outreach and community-based services to address gaps in service. In parallel, training of service providers would be supported to ensure that trained health workforce would be available as soon as facilities are operational. Aggressive outreach and community-based services would be supported to provide services to the population in each governorate while infrastructure investments are being implemented. Once fixed facilities are operational, outreach and community-based services would be planned and implemented to complement the services provided through these facilities. In addition, quality assurance schemes, communication campaigns, and supervision would be supported to maintain the quality of services provided and to inform the population of the availability of quality services. The component would also support the implementation plans for governorate level logistics management, health management information, and surveillance systems and would provide minimum to support systems-level support at the central level to allow their operability at the governorate level.

The inputs to the component would include: (i) purchase of essential drugs, contraceptives, and medical, non-medical, and laboratory equipment and other related health commodities; (ii) renovation/ remodeling of existing fixed health care facilities; (iii) provision of technical assistance to train health care providers and administrators to provide and manage integrated services; (iv) design and implementation of communication campaigns; (v) printing of

communications materials, training manuals, and other capacity-building materials; (vi) procurement of IT equipment, software, and their related training; and (vii) provision of technical assistance and procurement of goods and civil works to develop and implement system and services instruments including governorate health coverage guidelines and plans, logistics management, health management information, surveillance, and QA systems.

Component 2: Capacity Development, Results-Based Monitoring, and Impact Evaluation for Integrated Health Services (Estimated \$3.0 million).

This component will support capacity development by strengthening the capacity of mid- to senior level policy-makers, health care managers, and other key stakeholders involved who will be more empowered to better assess their own health system and to design options translating policy into actions. A capacity building program would comprise a series of training activities and technical assistance customized to the needs of Yemen. Content areas will be built around some of the following themes: (a) assessment of the health situation; (b) stewardship; (c) human resources management; (d) public private partnerships; (e) quality assurance, (f) service delivery, and (g) any other areas that would be of relevance.

This component will also focus on results based management that would enable the GoY to measure the results of the project, by establishing a baseline, monitoring progress during implementation, evaluating different integration models to be developed under the MOPHP's broader program, and recommending options for future rolling out of that program. Specifically, the component will establish a results-based monitoring system, and conduct a number of program evaluations, including impact evaluation of the project. Support will also be extended to strengthen capacity of the MOPHP to monitor performance against established targets and measure the project annual and five-year results at the governorate and district levels. The project impact will: (a) evaluate the effect of the integration of essential services on the quality of care and utilization using specific indicators and (b) establish health system performance assessment (HSPA) mechanisms by which to continue monitoring and evaluation of the project, expanding to the broader system in the long-term.

The component would also comprise project management support, through a Project Fiduciary Management Unit (PFMU) within the Ministry of Public Health and Population. The World Bank Institute (WBI) will work with other partners to provide the required technical assistance during implementation of the program.

The inputs to the component would include: (i) the provision of technical assistance, equipment and supplies to strengthen the capacity of the MOPHP to monitor and evaluate the project; (ii) the provision of technical assistance, equipment and supplies to design and implement the capacity development program to better implement the project; and (iii) the provision of technical assistance, equipment and supplies to support the PFMU.

D. Project location (if known)

The specific governorates and communities to be included in the project activities in Yemen would be defined during project preparation.

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

The only safeguard policy which might be triggered would be environmental assessment because of the health facility investments and corresponding infrastructure, medical waste and sanitation variables. It is expected that additional technical expertise would be required to supplement capacity at the MOPHP. The project costs would include corresponding provisions for consulting services, appropriate terms of reference would be prepared, and the need to address these points would be included in the architectural briefs for the facility investments.

F. Environmental and Social Safeguards Specialists

Ms Fatou Fall (MNSSD)

Ms Samia Al-Duaij (MNSSD)

II. SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies Triggered	Yes	No	TBD
Environmental Assessment (OP/BP 4.01)	X		
Given that investments are expected to take place at the health facility and community level, an EA is expected to be needed.			
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	

Environmental Category: B - Partial Assessment

III. SAFEGUARD PREPARATION PLAN

A. Target date for the Quality Enhancement Review (QER), at which time the PAD-stage ISDS would be prepared: 12/15/2008

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

C. Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing¹ should be specified in the PAD-stage ISDS. The safeguard related studies to be completed under this project will pertain to the environmental impact analysis of the health facility investments. It is expected that the first

¹ Reminder: The Bank's Disclosure Policy requires that safeguard-related documents be disclosed before appraisal (i) at the InfoShop and (ii) in-country, at publicly accessible locations and in a form and language that are accessible to potentially affected persons.

round of facilities to receive input will be identified by project appraisal. Once the facilities are identified, the environmental impact assessment studies will be launched. During the Assessment, the MOPHP would need to consult project-affected groups and local NGOs about the Project's environmental aspects and take their views into account.

A social assessment will be prepared by the government. This work will serve to assess and mitigate any potential adverse impacts of the project, identifying major social issues related to program interventions and recommending socially sustainable approaches. The assessment will help ensure project responsiveness to social development concerns and seek to enhance the benefits of the project to the targeted populations in an inclusive manner.

IV. APPROVALS

<i>Signed and submitted by:</i>		
Task Team Leader:	Mr Alaa Mahmoud Hamed Abdel-Hamid	07/08/2005
<i>Approved by:</i>		
Regional Safeguards Coordinator:	Mr Hocine Chalal	
Comments:		
Sector Manager:	Ms Akiko Maeda	
Comments:		