



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

Appraisal Stage | Date Prepared/Updated: 25-Mar-2019 | Report No: PIDISDSA24896

**BASIC INFORMATION****A. Basic Project Data**

Country Haiti	Project ID P167512	Project Name Strengthening Primary Health Care and Surveillance in Haiti	Parent Project ID (if any)
Region LATIN AMERICA AND CARIBBEAN	Estimated Appraisal Date 25-Mar-2019	Estimated Board Date 16-May-2019	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Ministère de l'Economie et des Finances	Implementing Agency Ministère de la Santé Publique et de la Population	

Proposed Development Objective(s)

The PDO of the proposed Project is to: (i) increase utilization of primary health care services in selected geographical areas; and (ii) strengthen surveillance capacity especially for cholera.

Components

Strengthening Primary Health Care Service Delivery
 Strengthening Surveillance and Control for Infectious Diseases
 Strengthening the Management Capacity of MSPP
 Contingency and Emergency Response Capacity (CERC)

PROJECT FINANCING DATA (US\$, Millions)**SUMMARY**

Total Project Cost	55.00
Total Financing	55.00
of which IBRD/IDA	40.00
Financing Gap	0.00

DETAILS**World Bank Group Financing**



International Development Association (IDA)	40.00
IDA Grant	40.00

Non-World Bank Group Financing

Trust Funds	15.00
Global Financing Facility	15.00

Environmental Assessment Category

B-Partial Assessment

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

B. Introduction and Context

Country Context

1. Despite advances in recent years, poverty remains high, and Haiti is one of the most unequal countries in the world. Due to the country’s long history of political instability, repeated fiscal crises, and extreme vulnerability to a wide range of shocks, slow economic growth punctuated by frequent contractions has yielded a per capita income equivalent to just US\$760 (or US\$1,815 in purchasing-power-parity terms). Between 2000 and 2012, the proportion of people living in extreme poverty has declined from 31% to 24% (based on purchasing-power-parity). However, poverty remains widespread. The poverty headcount at national poverty line is about 59 percent, reaching as much as 75% in rural areas. Almost 6.3 million Haitians are unable to meet their basic consumption needs.

2. The country continues to be vulnerable to recurrent natural disasters and climate change exacerbates these risks. The latest major disaster happened in October 2016 when Haiti was struck by Hurricane Matthew, affecting over two million people. The cholera outbreak that followed spread to the Southern departments of Haiti and the Northwest and was only controlled after several months of intensified efforts. Post-hurricane reconstruction needs were assessed at 25% of gross domestic product (GDP), or US\$ 2.2 billion. After a spurt following the 2010 earthquake, GDP growth began slowing in 2014, reached only 1.2% in 2017 and stalled at 1.5% in 2018. Public expenditure increased to meet post-Matthew reconstruction needs, but resource mobilization continues to be a challenge; internal revenues only reach 12.9% of GDP.

3. While macroeconomic stability was broadly preserved in the years immediately following the 2010 earthquake, a combination of domestic and external factors has steadily widened the fiscal deficit, and Haiti is now at high risk of debt distress.



Sectoral and Institutional Context

4. Haiti's health outcomes are poor, even when compared to other low-income (and poorer) countries. Haiti fares especially poorly with immunization coverage and with deliveries taking place at health institutions. Haiti lags behind other low-income countries (LICs) for several basic health indicators. Successive Demographic and Health Surveys (DHSs) show that while child mortality has fallen over the last decade, infant mortality has not changed much, and neonatal mortality has risen from 25 to 32 per 1,000 live births. Maternal mortality per 100,000 live births has risen from an estimated 523 in 2005 to 646 in 2016 (although, due to a small number of observations in each case, this change is not statistically significant). The rate of fully vaccinated children has been stagnating at around 40%, and this has contributed to a number of outbreaks of preventable diseases such as diphtheria. Negative health outcomes are linked to a number of factors, including persistent poverty, low levels of utilization of services, and inadequate community engagement.

5. Health inequalities are very high, reflecting far lower service coverage for people in the poorest wealth quintiles and for those living in areas where access to services of adequate quality is low. Only 13% of women from the lowest wealth quintile give birth at a health facility, compared to 79% for those in the highest wealth quintile. The stunting rate among under-five children in the lowest wealth quintile is 34%, compared to 9% in the highest wealth quintile.¹ There are wide disparities in utilization rates, with service utilization concentrated at relatively few health facilities – indicating large geographical disparities in utilization rates.

6. A major constraint to Haiti's health system performance is the critically low and shrinking levels of available resources. The system is heavily dependent on external financing which has been rapidly falling since 2013, and the already-low Government allocation to health continues to decrease. In this context of scarce resources, overall health outcomes can only be improved through better use of existing resources, as noted in a recent World Bank (WB) Health Financing Assessment (HFA) Report².

7. While international evidence shows that investing in primary health care (PHC) is an efficient way to achieve Universal Health Coverage (UHC), low priority is given to PHC in Haiti. Taking steps to prioritize PHC is critical for Haiti's health sector. To achieve better PHC outcomes, interventions are needed to address two sets of challenges: (i) overall organizational and structural deficiencies, and (ii) poor accountability and weak incentives at different levels that affect performance and demand.

8. In addition to its support for PHC, the ongoing WB health project also supports cholera control interventions as part of another major stream of activities. Eight years after the start of the cholera epidemic in Haiti, cholera incidence is at a historically low point. But underlying drivers persist – including weak water and sanitation, and fragile surveillance capacity. As highlighted in a 2017 WB cholera response assessment report³, 8 years of experience battling cholera have enabled the Government and its partners to draw key lessons for future interventions: 1) The approach implemented under the medium-term phase of the National Plan for the Elimination of Cholera has been very effective at reducing cholera incidence; and 2) However, the surveillance and response mechanisms should progressively evolve towards a broader, less cholera-specific approach to infectious diseases surveillance and response.

¹ Source: DHS 2016-17.

² "Better Spending, Better Care: A Look at Haiti's Health Financing." World Bank, 2017.

³ World Bank. 2017. An assessment of community-level rapid response activities for cholera in Haiti. Washington, D.C.: World Bank Group.



C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

The PDO of the proposed Project is to: (i) increase utilization of primary health care services in selected geographical areas; and (ii) strengthen surveillance capacity especially for cholera.

Key Results

- (i) Percentage of children aged between 12 and 23 months fully vaccinated in Project intervention areas
- (ii) Percentage of institutional deliveries in Project intervention areas
- (iii) Percentage of notifications of suspected cases of cholera for which laboratory results are available to the Health Departmental Directorates (DDSs) within 10 days of collection

D. Project Description

9. **Component 1: Strengthening Primary Health Care Service Delivery (US\$22 million from IDA, US\$12 million from Global Financing Facility - GFF grant)**. Component 1 will finance activities to strengthen PHC service delivery via PHC referral networks, with each network consisting of: (i) a Community Referral Hospital, health centers and dispensaries operating at different levels within the network, and (ii) community health workers at the community level.

10. This component will have two sub-components: Sub-Component 1.1: Improving the Structural and Organizational Capacity for Primary Care Service Delivery; and Sub-Component 1.2: Enhancing Results in Service Delivery Through Incentives and Increased Accountability.

11. **Component 2: Strengthening Surveillance and Control for Infectious Diseases (US\$15 million from IDA, US\$2 million from GFF grant)**. This component will aim to maintain the effective nationwide surveillance and response capacity of Ministry of Public Health and Population (*Ministère de la Santé Publique et de la Population - MSPP*) in the fight against cholera achieved under the ongoing WB Health project, while integrating cholera surveillance tools into the general surveillance system. Given the sharp decline in resources available to finance cholera response activities, this component will continue to ensure the financing of critical surveillance and control activities for cholera and expand to include 2 additional diseases - diphtheria and measles – and maternal deaths (all of which are part of the list of mandatory notifiable diseases), complementing the support of Centers for Disease Control and Prevention for MSPP's surveillance capacity.

12. **Component 3: Strengthening the Management Capacity of MSPP (US\$3 million from IDA, US\$1 million from GFF)**. This component will finance: a) activities to strengthen the capacity of the central MSPP units and Departmental health authorities to support activities related to primary health services delivery and to the surveillance and control of infectious diseases (i.e. the activities under Components 1 and 2); b) Project monitoring and evaluation activities; and c) activities related to financial management, procurement and safeguards for the Project, including the Project audit.



13. In addition to the above activities, the GFF grant will finance TA and tools for the Government to implement the GFF approach, including: (i) activities to address organizational deficiencies in financing, including establishment of mechanisms for resource tracking, costing, and prioritizing the country's Health Sector Development Plan in the form of the IC that is supported by different streams of financing; (ii) activities to support the implementation of the IC; (iii) analyses of the efficiency of health spending and steps to address these inefficiencies; (iv) TA to support a Plan for Rationalization of Human Resources; and (v) improved use of health data for tracking progress on IC implementation and strategic decision making.

14. **Component 4: Contingency and Emergency Response Capacity (CERC) (US\$ 0 million from IDA).** This component will provide funding following an eligible emergency. The component will include conditions for the use of funds, and will only be triggered when certain actions, as agreed by the Government and the Bank, are met. These actions include the following: a) the country experiences an eligible emergency; and b) presentation of a sound and actionable country-level response plan.

E. Implementation

Institutional and Implementation Arrangements

15. **The MSPP will have overall implementation responsibility for the proposed Project.** Implementation arrangements will be similar to structures already in place for the implementation of the ongoing health project. These arrangements have proven to be robust and have helped produce good performance with the RBF and the cholera activities, which account for the bulk of the ongoing project's funds. All fiduciary and safeguards responsibilities for the proposed project will be assigned to an existing Project PIU (*Unité de Gestion de Projet or UGP*) at the MSPP, which has been managing the ongoing Bank supported health project. The PIU would be headed by a Coordinator (appointed by the Minister of Health and subject to approval by the Bank) and would also include dedicated environment and social specialists to ensure adequate monitoring of safeguards policies. Technical activities will be undertaken by the relevant MSPP directorates and agencies, under overall supervision provided by the PIU.

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

The exact sub-project locations (approximately 30 rehabilitations) are not available and will not be completed by the time of appraisal. Small scale rehabilitation and civil works will take place for existing health facilities only (component 1). The infrastructure to be rehabilitated is of small size consisting mostly of fixing walls, windows, doors, minor electrical and water systems repairs, and facility fences. The size of the target structure for rehabilitation could include both small size health clinics as well as small-size community referral hospitals. Reconstruction of existing facilities could potentially be included, but no new health care facilities will be constructed. The selection of the PHC facilities to be supported will be based on an analysis taking into account: (i) identification of "arrondissements" with more vulnerable sub-populations and with more limited support from other donor programs; (ii) a GPS-based analysis targeting health facilities so as to maximize access by the population (i.e. to maximize the number of people living within a predetermined distance from PHC facilities with adequate service readiness for basic PHC services); and (iii) an analysis of data from the Service Provision Analysis (SPA) health facility census of 2016/17 to determine current facility-level deficiencies in basic amenities and basic equipment. The exact list of sites will be known



after project effectiveness. The project will not intervene on wastewater management facilities since they are not managed by the Ministry of Health. Small incinerators will likely be rehabilitated in selected health facilities and where possible, more environmentally friendly technology will be considered.

G. Environmental and Social Safeguards Specialists on the Team

Asli Gurkan, Social Specialist
Ishanlosen Odiaua, Social Specialist
Kevin McCall, Environmental Specialist

SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	<p>Activities likely to trigger safeguard policies are mainly associated with the delivery of health and essential social services, the management of healthcare and medical waste, accidental wastewater/sewage discharge from health facilities, and Environmental Health and Safety (EHS) during construction. OP 4.01 Environmental Assessment is triggered due to the risks associated with the inappropriate management, disposal and elimination of medical and healthcare waste. The ESMF prepared for the ongoing Project (P123706) includes measures to prevent, minimize and mitigate potential risks related to the inappropriate handling, classification, transportation, disposal and elimination of hazardous healthcare and pharmaceutical waste as well as toxic healthcare waste and the inadequate management of disposal sites and will be updated during Project preparation. The WBG Guidelines for Health Care Facilities will be considered during the preparation of the updated ESMF.</p> <p>The infrastructure to be rehabilitated is of small size consisting mostly of fixing walls, windows, doors, minor electrical and water systems repairs, and facility fences. The size of the target structure for</p>



rehabilitation could include both small size health facilities as well as small-size community referral hospitals. Reconstruction of existing facilities could potentially be included, but no new health care facilities will be constructed. The exact list of sites will be known after the project becomes effective. The project will not intervene on wastewater management facilities since they are not managed by the Ministry of Health. Small incinerators will likely be rehabilitated in selected health facilities and where possible, more environmentally friendly technology will be considered.

Moreover, the Project will include mechanisms to enhance positive impacts, address grievances and improve environmental management. The ESMF and the RPF have been updated in consultation with stakeholders. The results of the consultation have been integrated in the final documents, which have been disclosed on the MSPP website on March 15, 2019 and on the World Bank website on March 20, 2019. Site-specific ESMPs will be prepared, following completion of the screening form, if necessary. Alternatively, for small-scale, less adverse rehabilitation civil works, the project will implement simple mitigation measures, following the checklist annexed to the updated ESMF. For any given project site, no civil works shall commence prior to the preparation, approval and disclosure of its specific ESMP or the determination of simple environmental mitigation measures, whichever is appropriate, as determined by the completion of the screening form.

Social risks and impacts: On the social side, no major safeguards risks are expected. Potential risks may include conflicts/tensions between beneficiaries and non-beneficiaries of the project if the selection of activities is not properly communicated in the targeted localities.

In accordance with the Bank's Guidance: Contingent Emergency Response Components, the ESMF includes a specific CERC section describing the potential emergencies and the types of activities likely to be financed, and provide a preliminary



		evaluation of potential risks and mitigation measures associated with them.
Performance Standards for Private Sector Activities OP/BP 4.03	No	
Natural Habitats OP/BP 4.04	No	Project activities will not involve the conversion or degradation of critical natural habitats. No major civil works will be supported by the Project. Thus, no land or water where native plants and animal species predominate will be affected. Therefore, this policy will not be triggered as defined by the Bank Operational Policies.
Forests OP/BP 4.36	No	Project activities will be undertaken in existing health facilities and communes. Project activities will not have any negative impact on the health or quality of forest, on people’s interaction with forests or affect people’s rights, welfare or level of dependence with forests. The Project does not aim to bring changes on forest Management or protection. Thus, this policy will not be triggered as defined by the Bank Operational Policies.
Pest Management OP 4.09	Yes	Reconstruction of health facilities may be included in the project. Provisions on Pest Management has been included in the ESMF, either to prevent termite infestations, or to prevent rodent and insect infestations at waste facilities.
Physical Cultural Resources OP/BP 4.11	Yes	Given the nature of project activities, the likelihood of finding physical cultural resources is low. Physical cultural resources may be found during small-scale rehabilitation activities; therefore, a chance-finds procedure has been included in the ESMF. This OP is thus triggered.
Indigenous Peoples OP/BP 4.10	No	This policy is not triggered because there are no groups in Haiti that meet the definition of IPs of OP 4.10.
Involuntary Resettlement OP/BP 4.12	Yes	The exact sub-project locations (approximately 30 rehabilitations) are not available and will not be completed by the time of appraisal. For this reason, the team will follow a framework approach. A RPF was prepared on consulted on November 2018. It has been finalized and disclosed on MSPP's website on March 15, 2019 and on the World Bank website on March 20, 2019. Site-specific Resettlement Action Plans (RAPs) will be prepared once the sites are determined, if needed. No work will be commenced



prior to the preparation and implementation of appropriate safeguard instruments.

As the rehabilitation efforts will target existing structures, physical resettlement of household or land acquisition is not expected under the project. However, potential resettlement may occur due to: (i) replacement or repair for lost or damaged infrastructure, (ii) restoration or repair of community infrastructure, and (iii) business interruption and loss of economic income. Possible affected people could be either squatters, owners or renters of property, as well as street vendors, owners of kiosks or individuals involved in other economic livelihood activities.

Land acquisition and impacts on livelihoods will be screened upfront as part of a joint environmental and social screening form. The Project will avoid land acquisition based on the lessons learned on other projects in Haiti. A common risk (as observed in other projects in Haiti) are substantial delays in completing land acquisition and compensation due to complicated national procedures. Keeping this experience in mind, the project will avoid or if that is not possible, limit land acquisition. The PIU’s safeguards team will be involved from an early stage in the selection of sites and engineering/design studies, and through constant dialogue and feedback with communities during the rehabilitation works to minimize negative impacts and enhance positive ones.

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:

Activities likely to trigger safeguard policies are mainly associated with the rehabilitations activities, the management of healthcare and medical waste, accidental wastewater/sewage discharge from health facilities, and Environmental Health and Safety (EHS) during construction. OP 4.01 Environmental Assessment is triggered due to the risks associated with the inappropriate management, disposal and elimination of medical and healthcare waste. The ESMF prepared for the ongoing Project (P123706) includes measures to prevent, minimize and mitigate potential risks related to the inappropriate handling, classification, transportation, disposal and elimination of hazardous healthcare and pharmaceutical waste as well as toxic healthcare waste and the inadequate management of disposal sites and will be updated during Project preparation.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:
No long term adverse impacts are anticipated.

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

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 proposed project will be implemented by the MSPP. Implementation arrangements will be similar to structures already in place for the implementation of the ongoing health project. These arrangements have proven to be robust and have helped produce good performance with the RBF and the cholera activities (including more than 150 rehabilitations), which account for the bulk of the project's funds. All safeguards responsibilities for the proposed project will be assigned to an existing PIU (Unité de Gestion de Projet or UGP) at the MSPP, which has been managing the ongoing Bank supported health project. The PIU would be headed by a Coordinator (appointed by the Minister of Health and subject to approval by the Bank) and would also include dedicated one environment specialist and one social specialist to ensure adequate monitoring of safeguards policies. UGP will remain responsible for safeguards implementation and will keep working closely with MSPP's Directorate for Health Promotion and Protection of the Environment (DPSPE) on both environmental and social safeguards since DPSPE is the main entity of the Ministry responsible for environmental aspects and community health interventions. Under the current project, DPSPE and the PIU safeguards specialists have developed a robust capacity to manage safeguards and are expected to continue strengthening their capacity under the new project.

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

The key stakeholders are Ministry of Health, local governments, health service providers as well as service users and citizens that will benefit from the project. Community consultation and citizen engagement will be an important element of the entire project not only around social safeguards instruments. On the ESMF and RPF consultations were held in selected departments to be covered by the project. These consultations will continue throughout project implementation. The documents have been disclosed in the Ministry of Health's website, as well as the World Bank's website.



B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other

Date of receipt by the Bank	Date of submission for disclosure	For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors
15-Mar-2019	20-Mar-2019	

"In country" Disclosure

Haiti

15-Mar-2019

Comments

ESMF published on MSPP website.

Resettlement Action Plan/Framework/Policy Process

Date of receipt by the Bank	Date of submission for disclosure
15-Mar-2019	20-Mar-2019

"In country" Disclosure

Haiti

15-Mar-2019

Comments

RPF Published on MSPP website.

Pest Management Plan

Was the document disclosed prior to appraisal?	Date of receipt by the Bank	Date of submission for disclosure
NA		

"In country" Disclosure



If the project triggers the Pest Management and/or Physical Cultural Resources policies, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.

If in-country disclosure of any of the above documents is not expected, please explain why:

C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting)

OP/BP/GP 4.01 - Environment Assessment

Does the project require a stand-alone EA (including EMP) report?

If yes, then did the Regional Environment Unit or Practice Manager (PM) review and approve the EA report?

Are the cost and the accountabilities for the EMP incorporated in the credit/loan?

OP 4.09 - Pest Management

Does the EA adequately address the pest management issues?

Yes

Is a separate PMP required?

No

If yes, has the PMP been reviewed and approved by a safeguards specialist or PM? Are PMP requirements included in project design? If yes, does the project team include a Pest Management Specialist?

NA

OP/BP 4.11 - Physical Cultural Resources

Does the EA include adequate measures related to cultural property?

Yes

Does the credit/loan incorporate mechanisms to mitigate the potential adverse impacts on cultural property?

Yes

OP/BP 4.12 - Involuntary Resettlement

Has a resettlement plan/abbreviated plan/policy framework/process framework (as appropriate) been prepared?

Yes

If yes, then did the Regional unit responsible for safeguards or Practice Manager review the plan?

Yes



The World Bank Policy on Disclosure of Information

Have relevant safeguard policies documents been sent to the World Bank for disclosure?

Yes

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?

No

All Safeguard Policies

Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?

Yes

Have costs related to safeguard policy measures been included in the project cost?

Yes

Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?

Yes

Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?

Yes

CONTACT POINT

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APPROVAL

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Approved By

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Country Director:	Uzma Basim	25-Mar-2019