INTEGRATED SAFEGUARDS DATA SHEET
APPRAISAL STAGE

Report No.: ISDSA934

Date ISDS Prepared/Updated: 06-Jun-2012

I. BASIC INFORMATION

1. Basic Project Data

<table>
<thead>
<tr>
<th>Country:</th>
<th>Sierra Leone</th>
<th>Project ID:</th>
<th>P127527</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Name:</td>
<td>Reproductive and Child Health Phase 2 ACGF (P127527)</td>
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<tr>
<td>Task Team Leader:</td>
<td>Evelyn Awittor</td>
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<tr>
<td>Estimated Appraisal Date:</td>
<td>05-Jun-2012</td>
<td>Estimated Board Date:</td>
<td>21-Jun-2012</td>
</tr>
<tr>
<td>Managing Unit:</td>
<td>AFTHW</td>
<td>Lending Instrument:</td>
<td>Specific Investment Loan</td>
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<tr>
<td>Sector:</td>
<td>Health (100%)</td>
<td>Theme:</td>
<td>Population and reproductive health (40%), Child health (20%), Health system performance (20%), Decentralization (20%)</td>
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<tr>
<td>Financing (In USD Million)</td>
<td></td>
<td>Amount:</td>
<td>5.60</td>
</tr>
<tr>
<td>Borrower</td>
<td>0.00</td>
<td>Africa Catalytic Growth Fund (ACGF)</td>
<td>5.60</td>
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<tr>
<td>Total</td>
<td>5.60</td>
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Environmental Category: B - Partial Assessment

Is this a Repeater project? No

2. Project Objectives

The original project development objective is to increase utilization of a basic package of services by children under five years of age, pregnant women and lactating mothers.

3. Project Description

The additional financing will keep the original project’s development objective which is “to increase utilization of a package of essential health services by pregnant women and children under the age of five”. In that regard, the proposed additional financing is fully consistent with both the PRSP and Joint Assistance Strategy (JAS) which was approved by the Board on April 6, 2010. The RCHP2 supports pillar one of the JAS which focuses on investments in human development through support to decentralized delivery in health, education, and water supply, as well as dedicated support to primary education and reproductive and child health. The project is also aligned with one of the key focus areas of the World Bank’s Africa Action Plan: “Strengthen national health systems and combat malaria and HIV/AIDS”. The operation supports MDGs 4 (reduce child mortality); 5 (reduce maternal mortality); and 6 (combat HIV, malaria and other diseases). Finally this project is consistent with the objectives of the Bank’s strategy for health, nutrition and population: (i) to improve the level and distribution of key HNP outcomes (e.g. MDGs), outputs, and system performance to improve living conditions, particularly for the poor and the vulnerable; (ii) to improve financial sustainability in the HNP sector; and (iii) to improve governance, accountability, and transparency in the health sector.

Component 1. Strengthening Service Delivery (US$18.4 million), including:

- Input-Based Financing Grants (US$6.3 million). Under this component grants are provided to 19 Local Councils (LCs) to finance development projects to enhance provision of core basic services in the health sector. So far, activities undertaken by the local councils with the funds included supplementary immunization, training of MCH Aides, rehabilitation of BeMoNC centers, and training on HMIS data collection, as well as covering operational costs.
- Performance-Based Financing Services Grants (US$5.7 million). The Performance-Based Financing (PBF) mechanism started implementation in April, 2011 in about 1, 200 peripheral health units (PHUs) in the country. The first tranche of PBF Services Grants was released to the eligible beneficiaries based on the results achieved in the delivery of packages of essential health services covering preventive and curative services, such services as primary health care and preventive services for pregnant women, delivery and post-partum care, care and immunization for children under the age of five years of age, and family planning services.
- Procurement and distribution of bed nets (US$6.9 million). The World Bank provided US$ 6,616,750.23 that procured 1,161, 502 LLINs including freight and costs of delivery to the districts. The immediate post campaign assessment showed coverage of 98.7%.
- Local Council Grant Administration (US$1.5 million). A project launch was carried out to introduce the project, its objectives, eligible activities, implementation arrangements, social and environment safeguards and results framework, monitoring and evaluation system as well as the PBF to the stakeholders. A number of capacity building activities were carried out for the Local Government Financing Department (LGFD) for supervision and monitoring of implementation of the Project and local councils, including the training to improve procurement and financial management capacity for staff of the LCs. Training of local council procurement officers, civil engineers and district engineers was undertaken to improve their skills in procurement supervision, contract management and monitoring. The medical waste management manual and environmental monitoring framework has been rolled out to all 19 local councils and health care workers trained on proper disposal of medical waste.
management. Capacity was built at the national, local council and district and PHU levels for the implementation of the PBF Subprojects. In total, about 1,500 people were trained. Preparations are underway to appoint an external agent to validate the results reported by the health facilities under the PBF Services Grants.

Component 2. Capacity Building (US$6.5 million – mostly unfunded), including:

- Capacity building of the MOHS for supervision, monitoring and evaluation (US$3.5 million). With funding from this project, the Ministry of Health and Sanitation has intensified its supervision activities at the lower levels of service delivery. Supervision check lists have been prepared and validated for each level and relevant staff has been trained on their use. The process of recruiting an international consultancy team to support the Ministry of Health and Sanitation to revitalize the health information management system, strengthen the district health information system (DHIS) and also support the introduction of a hospital information system within the entire health sector is underway.

- Capacity building of Njala University and University of Sierra Leone for provision of pre-service and postgraduate medical training (US$3.0 million). The project is strengthening the faculty and throughput of students at the University of Sierra Leone and Njala University, by improving their skills in maternal and reproductive health, child health, emergency care, and basic sciences. The project is supporting a number of visiting professors to teach in both pre-service and postgraduate programs, improve the skills of existing staff (in the areas of maternal and reproductive health, child health and emergency care and other areas of shortages). It is also helping to build partnerships with regional and international associations and universities to fill in the teaching gaps in clinical and science areas, share knowledge, and develop curricula.

6. The project has complied with all fiduciary arrangements and covenants. To date an amount of US$8.7 million has been disbursed, equivalent to 46 percent of total project grant. Procurement under the project has been carried out under World Bank procurement rules and the Sierra Leone Procurement Act of 2004. Procurement has been rated satisfactory to date.

7. A monitoring and evaluation system developed with the support of HMN is being improved and implemented at the district level with training provided to the M&E specialists and data entry clerks in all districts. To date the RCHP2 has complied with all financial management arrangements and there are no outstanding financial management reports or audits. The project was also found to be compliant with Bank social and environmental safeguards requirements during missions. Additional training is planned for local council environment committees to ensure continued compliance. The additional financing would rely on the existing Environment and Social Management Framework (ESMF) which is being implemented.

The proposed Additional Financing (AF) would go mostly towards capacity building including supervision, monitoring and evaluation as well as medical education.

Component 2: Capacity Building (US$5.67 million)

2.1. Supervision, Monitoring and Evaluation (M&E)

The AF will support capacity building in M&E at all levels of the health system (facility, chiefdom, local council, and national). The project will continue to support training and other requirements to strengthen the District Health Information System and will also support the introduction of a Hospital Information System. Independent data quality audits, to be the basis for Performance-Based Financing, will also be financed.

2.2. Medical Training

The AF will build the capacity of two institutions, Njala University and the University of Sierra Leone, to offer quality pre-service and post-graduate training. The two universities will be provided with teaching materials and laboratory equipment as well as visiting faculty to fill existing gaps. An assessment of the needs for upgrading of the physical infrastructure of the teaching facilities (classrooms, administration offices, etc), teaching laboratories and dormitories for students will also be undertaken but no new civil works will be financed.

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

The AF will be implemented nationwide in all 19 local councils of the country.

The parent project had triggered OP/BP/GP 4.01 - Environment Assessment. The parent project is financing drugs and medical supplies, including insecticide treated bednets (ITNs) that trigger safeguard policies related to medical waste. Refurbishment of health facilities, staff housing, and offices also requires that an environmental safeguards management plan be in place to mitigate the possible negative impacts. No new construction will be financed. The proposed additional financing will not cause any further environmental impact as it will only support the originally planned activities of component 2 on supervision, monitoring and evaluation as well as medical training. The training will further enhance understanding and therefore compliance with the triggered safeguards policy and follow-up instruments prepared.

5. Environmental and Social Safeguards Specialists

Moses Yao Duphey (AFTN3)
Beatrix Allah-Mensah (AFTCS)

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<thead>
<tr>
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<tr>
<td>Environmental Assessment OP/BP 4.01</td>
<td>Yes</td>
<td>This policy was triggered because of the medical waste and minor rehabilitation works on facilities and staff bungalows. ESMF with waste Management Plan was prepared for the original project. For the additional financing, the ESMF has been reviewed and implementation is found to be satisfactory. Both the ESMF and the WMP will all be used to guide activity implementation under the AF.</td>
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<tr>
<td>Natural Habitats OP/BP 4.04</td>
<td>No</td>
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<td>Forests OP/BP 4.36</td>
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<tr>
<td>Pest Management OP 4.09</td>
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II. Key Safeguard Policy Issues and Their Management

A. Summary of Key Safeguard Issues

1. Describe any safeguard issues and impacts associated with the Restructured project. Identify and describe any potential large scale, significant and/or irreversible impacts:

   The original project triggered the Environmental Assessment Policy OP 4.01 and the project was classified as Category B for environmental screening purposes given the modest risks associated with the handling and disposal of medical and general health waste. Possible environmental risks include the inappropriate handling and disposal of hazardous medical waste, including sharp needles, and especially the inadequate management of disposal sites in urban or peri-urban areas, where domestic and medical waste may be mixed and where scavenging is common. Accordingly, under the original project an ESMF and a Waste Management Plan were prepared. These instruments have been used to guide project implementation activities.

   The original project also involves rehabilitation of existing health facilities, staff housing, and office blocks, but will not support interventions such as new construction that could result in land take or destruction of natural habitats, forests, cultural resources or resettlement of populations.

   The additional financing will not generate any additional environmental risks as the funds will only support activities of component 2 originally planned and agreed. Under the additional financing, no new safeguards policies have been triggered since there are no new activities to be implemented. The original instruments therefore apply. To ensure consistency, the ESMF has been reviewed and cleared by the World Bank for in country disclosure.

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

   N/A

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 Government had prepared an Environmental and Social Management Framework (ESMF) which included a Medical Waste Management Plan. It was submitted to the World Bank on March 23, 2010. It was disclosed in country on April 7, 2010 and on April 9, 2010 at the Info Shop.

   The ESMF for the original project which made adequate recommendations regarding capacity building needs, training, and awareness building to ensure its proper and effective implementation has been updated, reviewed and cleared by the Bank for in country disclosure which took place on May 18, 2012 and was sent to the infoshop on May 25, 2012.

   The Borrower has sufficient institutional capacity for safeguards requirements. During implementation of the original project, several staff are being trained in medical waste management. These included district medical officers and environmental health officers and environmental officer of the local councils. In addition, NGOs and some public, private and paramedical health care staff were trained in medical waste management. Technicians were also trained in how to operate medical waste management equipment and guidelines were distributed for medical waste management. The Recipient has charged the Environmental and Sanitation Unit (ESU) of Ministry of Health and Sanitation (MOHS) to ensure that all health facilities in the country manage health care waste in full compliance with this plan. As a result, a number of health facilities under the project have constructed incinerators which are operational and effective. This is ongoing and under the additional financing, continued follow up will ensure that all participating health institutions comply with this.

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

   Potentially affected people are the population of the 19 health districts. They have been informed through the publication of an environmental notice in a major national newspaper. Extensive consultations were carried out during the preparation of the parent project. Consultations will continue to be part of the project implementation on all aspects of the project including the environmental issues, impacts and mitigation measures.

   The safeguard instrument here is implemented by the MOHS, with the Ministry of Health which has been extensively involved during project preparation of the parent project and the additional financing.

B. Disclosure Requirements Date

<table>
<thead>
<tr>
<th>Environmental Assessment/Audit/Management Plan/Other</th>
<th>Date of receipt by the Bank</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>06-Jun-2012</td>
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</table>
### Date of "in-country" disclosure
18-May-2012

### Date of submission to InfoShop
25-May-2012

### For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors

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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:

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**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**

Are the cost and the accountabilities for the EMP incorporated in the credit/loan?  
| Yes [ ] | No [ ] | NA [ ] |

The World Bank Policy on Disclosure of Information

Have relevant safeguard policies documents been sent to the World Bank’s InfoShop?  
| Yes [ x ] | No [ ] | NA [ ] |

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 [ x ] | No [ ] | NA [ ] |

All Safeguard Policies

Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?  
| Yes [ x ] | No [ ] | NA [ ] |

Have costs related to safeguard policy measures been included in the project cost?  
| Yes [ x ] | No [ ] | NA [ ] |

Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?  
| Yes [ x ] | No [ ] | NA [ ] |

Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?  
| Yes [ x ] | No [ ] | NA [ ] |

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### III. APPROVALS

**Task Team Leader:** Evelyn Awittor

**Approved By:**

**Regional Safeguards Coordinator:** Name: Alexandra C. Bezeredi (RSA)  
Date: 04-Aug-2012

**Sector Manager:** Name Jean J. De St Antoine (SM)  
Date: 06-Jun-2012