



RESTRUCTURING PAPER  
ON A  
PROPOSED PROJECT RESTRUCTURING  
OF  
EBOLA EMERGENCY RESPONSE PROJECT  
APPROVED ON SEPTEMBER 16, 2014  
TO

REPUBLIC OF LIBERIA, REPUBLIC OF SIERRA LEONE, REPUBLIC OF GUINEA

HEALTH, NUTRITION & POPULATION

AFRICA

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## ABBREVIATIONS AND ACRONYMS

CRI	Corporate Results Indicator
CRW	Crisis Response Window
EERP	Ebola Emergency Response Project
EVD	Ebola Virus Disease
GOL	Government of Liberia
IDA	International Development Association
IPC	Infection Prevention and Control
IFC	International Finance Corporation
ISR	Implementation Status Report
MOH	Ministry of Health
PDO	Project Development Objective
SDR	Special Drawing Right
US\$	US Dollar
WHO	World Health Organization



**Note to Task Teams:** The following sections are system generated and can only be edited online in the Portal.

**BASIC DATA**

**Product Information**

Project ID P152359	Financing Instrument Investment Project Financing
Original EA Category Partial Assessment (B)	Current EA Category Partial Assessment (B)
Approval Date 16-Sep-2014	Current Closing Date 31-Mar-2021

**Organizations**

Borrower Republic of Liberia, Republic of Sierra Leone, Republic of Guinea	Responsible Agency MINISTRY OF HEALTH, Ministry of Health, Ministry of Health and Sanitation
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**Project Development Objective (PDO)**

Original PDO

The Project Development Objective is to contribute in the short term to the control of the Ebola Virus Disease (EVD) outbreak and the availability of selected essential health services, and mitigate the socio-economic impact of EVD in Guinea, Liberia, and Sierra Leone.

Current PDO

To contribute to the control of the Ebola Virus Disease (EVD) outbreaks and the recovery of selected essential health services in Guinea, Liberia, and Sierra Leone.

**Summary Status of Financing**

Ln/Cr/Tf	Approval	Signing	Effectiveness	Closing	Net Commitment	Disbursed	Undisbursed
IDA-D0070	18-Nov-2014	20-Nov-2014	03-Dec-2014	31-Dec-2020	98.00	83.22	10.09
IDA-D0080	18-Nov-2014	24-Nov-2014	02-Dec-2014	31-Mar-2021	115.00	94.15	16.78



## The World Bank

Ebola Emergency Response Project (P152359)

IDA-D0090	18-Nov-2014	20-Nov-2014	26-Nov-2014	31-Dec-2019	72.00	63.95	4.11
IDA-H9900	16-Sep-2014	17-Sep-2014	24-Sep-2014	31-Dec-2019	25.00	24.61	0
IDA-H9910	16-Sep-2014	17-Sep-2014	19-Sep-2014	31-Mar-2021	52.00	51.13	0
IDA-H9920	16-Sep-2014	17-Sep-2014	24-Sep-2014	31-Dec-2020	28.00	27.55	.03

### Policy Waiver(s)

Does this restructuring trigger the need for any policy waiver(s)?

No

**Note to Task Teams:** End of system generated content, document is editable from here.



I. PROJECT STATUS AND RATIONALE FOR RESTRUCTURING

Project Status: The Ebola Emergency Response Project (EERP) has been under implementation for five years and has a total financing envelope of US\$ 390 million. The original IDA grant in the amount of US\$ 105 million was approved on September 16, 2014 and became effective on September 19, 2014 to support the Governments of Guinea, Liberia and Sierra Leone to control the spread of the Ebola Virus Disease (EVD) and mitigate the unprecedented health and socio-economic impacts of the epidemic. This original project had a closing date of September 30, 2015. The additional source of financing from the IDA CRW in the amount of US\$ 285 million was approved on November 18, 2014 as part of the Additional Financing to respond to a rapidly changing situation and, for the three countries, to scale up community-based care and community engagement for earlier triage of suspected EVD cases, more rapid confirmation of infectious status, strengthened treatment and care, and safe burials to curb the epidemic.

While the project’s original and additional financing supported the control of the spread of the Ebola virus in Guinea, Liberia and Sierra Leone, there were possibilities that Ebola might surge back in these countries (with Liberia and Sierra Leone facing recurrent outbreaks), and therefore implying the need to maintain presence in these countries to control Ebola in case of its reemergence as well as to provide a smooth transition to a phase when these countries would regain their capacity to deliver essential health services. Therefore, a Level I restructuring of the project, approved on December 8, 2016, provided support during this transition complemented by a number of operations, each in their area of comparative advantage, to gradually regain the health system capabilities in Guinea, Liberia and Sierra Leone. The project restructuring, which *inter alia* included revision of the PDO, results framework, project components and their allocated amounts, also extended the project closing date till March 31, 2021. A detailed description of changes in project components is described in Table 2.

The current Project Development Objective, approved at the 2016 restructuring, is to contribute to the control of the Ebola Virus Disease (EVD) outbreaks and the recovery of selected essential health services in Guinea, Liberia, and Sierra Leone. Progress toward achievement of the PDO and Implementation Progress rating has been Moderately Satisfactory in the last two Implementation Status Reports (ISRs) dated November 9 and June 12, 2018. Overall, project implementation is on track (with some variations between the three countries). To date, the project has disbursed US\$ 341.92 million of US\$390 million (incorporating SDR exchange loss), representing 91.06% disbursement rate for the original grant and additional financing combined:

Table 1: Project disbursement (as of February 25, 2019) (US\$ millions)

Project Disbursement	US\$341.92 (91.06%)
Disbursement (Liberia) / Undisbursed balance	US\$145.28 / US\$16.75
Disbursement (Sierra Leone) / Undisbursed balance	US\$109.8 / US\$10.99
Disbursement (Guinea) / Undisbursed balance	US\$86.84 / US\$5.85

Rationale for Restructuring: Following a comprehensive review mission held in Liberia from December 3-14, 2018; in Sierra Leone between September 23-27, 2018 and Guinea between September 28 - October 2, 2018, the objectives of which were to: (i) assess implementation progress till date; (ii) assess expenditures till date, commitments till project closing, including the likelihood of any savings; and (iii) complete the review of the Results Frameworks (RF), the task team concluded that the overall PDO is achievable. Each of the three countries is likely to complete all planned activities by their respective closing dates: December 31, 2019 for Guinea; December 31, 2020 for Sierra Leone; and March 31, 2021 for Liberia. However, detailed discussion of the Results Framework with each of the three countries revealed that there was a lack of clarity between the three countries on the definition and measurement of several indicators (including those related to the early phase of the EBV outbreak and response), despite a restructuring of the Results Framework in 2016.

This proposed restructuring aims to address the reporting issues with the Results Framework because of the lack of a common understanding among the three countries; and hence has revised the Results Framework appropriately - no change in PDO but greater clarity of indicator statements. Specifically, some of the changes include clarifying the indicator formulation and definition, accordingly revising baseline and end-line values, introducing the new corporate results



indicators, and including data sources for PDO-level indicators. The March 2021 end-line targets for most of the intermediate results indicators, as agreed to previously were maintained. The updated results framework with updated progress values is in section IV. The current task team encountered significant difficulties in understanding the rationale and targets for some indicators and obtaining data to validate those which were reported during the Ebola outbreak period. Institutional memory on both the clients' side (particularly in Sierra Leone and Liberia) and Bank side has been substantially lost; and more importantly the institutional arrangements that were established by the individual countries to lead the EVD response, were later disbanded, resulting in a loss of valuable information and data points. Though disbanded in Guinea, the focal person remained on the client side resulting in consistency of data availability. These are important lessons to be learned for the future.

Additionally, this restructuring includes a change in one activity that was planned in Liberia: a potential Public Private Partnership at the John F Kennedy (JFK) Medical Center's National Diagnostics Center with the IFC arm of the World Bank Group, with the EERP contributing US\$ 2 million to the initial set-up costs. This activity has been under planning for more than two years, and unfortunately despite a lot of ground work put in by IFC, the Bank team has been informed that GOL and JFK no longer support this activity. Therefore, the US\$ 2 million will now be utilized for equipping the New Redemption Hospital which is being constructed with EERP financing. The availability of this financing is fortunate because as per the original agreement for the new hospital, MOH was to finance the equipment. However, in December 2018, MOH informed the Bank that they would not be able to do it, and therefore it became critical for the Bank to identify financing for this critical activity.

Currently, the remaining activities for each country against the available undisbursed funds (which is US\$10.99 million for Sierra Leone, US\$5.85 million for Guinea and US\$16.75 million for Liberia) are as follows:

**Liberia:** majority of the remaining financing allocated for the construction of the New Redemption Hospital, and fully equipping it.

**Guinea:** completing the construction and provision of equipment to selected health facilities, and continuation of the other ongoing activities till project closing: strengthening surveillance at the national level; strengthening the coordination of interventions; and strengthening the activities of the emergencies Operation Center (operation cost).

**Sierra Leone:** In the remaining phase, the Project will focus on continuing the implementation of: (a) maintaining the operation of the functional national emergency medical service program; (b) provision of essential health services, in particular, in the hard to reach areas, through ensuring adequate staffing, provision of fit for purpose equipment and supplies, and needed operation cost and incentives; (c) supporting public health interventions for improving sanitation, safe water and environment health, as well as improving medical waste management in the selected health facilities and (d) supporting the integrated supervision and support to the districts.

**Table 2: Project Components/Sub-Components/Activities – Original and changes at AF/Restructuring**

While this restructuring is not making any changes in the components or sub-components as agreed in 2016; the description below is provided to better understand the changes since project start, and thereby how the current RF fits into the two components as agreed in 2016.

EERP: Project Components/Sub-Components/Activities – Original and changes at AF/Restructuring		
Original Components September 2014	Revised/Enhanced Components Additional Financing Nov 2014: Additional/Enhanced activities <u>proposed in the Project Paper (however unclear how each was planned to be implemented in individual countries – possibly through the agreements with UN Agencies).</u>	Revised Components/Sub-Components (2016 Restructuring)



<p><u>Component 1: Support to the EVD Outbreak Response Plans and Strengthening Essential Health Services</u></p> <p>Financed intensified Ebola responses, including case management at ETUs and Community Care Centers, procurement and distribution of PPEs, community engagement, surveillance, contact tracing, and safe burials.</p>	<ul style="list-style-type: none"> <li>(i) Ebola community-based care and essential health services</li> <li>(ii) Community engagement and community-based responses</li> <li>(iii) Surveillance and lab capacity</li> <li>(iv) Storage and distribution capacity</li> <li>(v) Waste management and water and sanitation</li> <li>(vi) M&amp;E of the response</li> </ul>	<p><u>Component 1: Support to the EVD Outbreak Response Plans and Strengthening of Essential Health Services and Disease Preparedness</u></p> <p>In addition to the original activities, new sub-components (as below) were added to continue control activities in case another outbreak occurred, and support to recovery of essential services:</p> <ol style="list-style-type: none"> <li>1. <i>Service Delivery Recovery</i> Support to health facilities on staffing, drugs and other essential supplies, and transport and logistics including emergency medical services (EMS) and fleet management</li> <li>2. <i>Preparedness for potential future Ebola outbreaks</i> Rehabilitation of health facilities with new triage and isolation units to improvement of water, sanitation, and hygiene (WASH), upgrade (new construction) of Redemption Hospital in Liberia</li> <li>3. <i>Management and Coordination</i> Support the Strengthening of project management and coordination functions at the MoH and counties/provinces, through staffing, office supplies, and logistics.</li> </ol>
<p><u>Component 2: Human Resources Scale Up for Outbreak Response and Essential Health Services</u></p> <p>Financed human resources for the Ebola response, including deployment of Foreign Medical Teams and payment of hazard pay to Ebola response workers and health workers.</p>	<p>Additional activities proposed in the Project Paper (however unclear how each was planned to be implemented in individual countries – possibly through the agreements with UN Agencies):</p> <ul style="list-style-type: none"> <li>(i) Human resource arrangements to operate ETUs, ECUs/CCCs, and community engagement activities</li> <li>(ii) Hazard pay and death benefit</li> <li>(iii) Scaling up training</li> </ul>	<p><u>Component 2: Human Resources Scale Up for Outbreak Response and Essential Health Services</u></p> <p>In addition to the original activities, new sub-components (as below) were added to leverage community and community health workers for urgent health services, disease surveillance, and Infection Prevention and Control (IPC); and to recover lost health workers, and strengthen their IPC practices:</p> <ol style="list-style-type: none"> <li>1. <i>Community-led recovery and preparedness</i> Support community-led activities including detection, referral, and reporting of suspected diseases of epidemic potential, IPC and community-led total sanitation, and participation in planning, implementing, monitoring, and feedback through community health committees. This sub-component was designed to cover the urgent, recovery phase only, and will be taken over by country-specific projects for longer-term implementation and scale-up</li> <li>2. <i>Health worker recovery and preparedness</i> Strengthen physician and specialist training program and selected midwifery, nursing, and clinical health officers/physician assistants training institutions to recover the loss of health workers</li> </ol>
<p><u>Component 3: Provision of Food and Basic Supplies to Quarantined Populations and EVD Affected Households</u></p>	<p>Continued as original, except for enhanced targets</p>	<p>Deleted</p>
	<p><u>Component 4: Provision of essential public services to affected populations (NEW)</u></p>	
	<p><u>Component 5: Pre-investment assessment and planning of new Ebola therapies, diagnostics and vaccines, and</u></p>	



	establishment of a Regional Network of Institutes of Public Health	
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**II. DESCRIPTION OF PROPOSED CHANGES**

The Results Framework (RF) has been discussed with all three countries, and all modifications required are being recorded and completed as part of this restructuring. Some of the proposed changes, details of which are described in detail in section IV, are:

1. The original project had three components. The first restructuring with Additional Financing in November 2014 introduced two additional components, taking the total to five components. The 2016 restructuring limited the project and AF to only two components. However, some of the original indicators mapped to Component 3 were retained in the 2016 RF; hence they now are being mapped to one of the two existing components. Though these indicators were reporting only till the EBV outbreak, they are being retained as they measure parts of the PDO, and this restructuring has corrected some errors in the data (as available from the three countries at present).
2. Second PDO indicator statement significantly changed to reflect the correct meaning and definition and measurement.
3. As per the latest OPCS guideline, 'Births (deliveries) attended by skilled health personnel' should be a sub-Corporate Results Indicator (CRI) and moved to Intermediate Indicators. However, this indicator is an important indicator to measure the 'recovery of essential health services', and hence is also being retained as a PDO indicator;
4. 'Health facilities that received essential drugs' – one-time financing, but some supplies not complete yet, therefore, retained as end target of 2021; and
5. The CRI will be constituted by a total of the two sub-indicators (deliveries and immunizations).

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**III. SUMMARY OF CHANGES**

	Changed	Not Changed
Results Framework	✓	
Implementing Agency		✓
DDO Status		✓
Project's Development Objectives		✓
Components and Cost		✓
Loan Closing Date(s)		✓



Cancellations Proposed		✓
Reallocation between Disbursement Categories		✓
Disbursements Arrangements		✓
Disbursement Estimates		✓
Overall Risk Rating		✓
Safeguard Policies Triggered		✓
EA category		✓
Legal Covenants		✓
Institutional Arrangements		✓
Financial Management		✓
Procurement		✓
Implementation Schedule		✓
Other Change(s)		✓
Economic and Financial Analysis		✓
Technical Analysis		✓
Social Analysis		✓
Environmental Analysis		✓

**IV. DETAILED CHANGE(S)**



Results framework

COUNTRY: Western Africa  
Ebola Emergency Response Project

Project Development Objectives(s)

To contribute to the control of the Ebola Virus Disease (EVD) outbreaks and the recovery of selected essential health services in Guinea, Liberia, and Sierra Leone.

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	DLI	Baseline	End Target
<b>Contribute to control of EVD outbreaks</b>			
Availability (at any given time) of at least two weeks needs of PPEs and other required IPC supplies in the Ebola TreatmentCenters(ETCs) and referral centers (Percentage)		0.00	80.00
Registered contacts followed up (during the mandated period) to detect new EVD cases (Percentage)		0.00	100.00
<b>Action: This indicator has been Revised</b>	<p><b>Rationale:</b>  <b>No further reporting of this indicator since the Ebola outbreak.</b>  <b>As per discussions with each of the three countries and WHO, the original indicator statement "New confirmed EVD cases from registered contacts" (and therefore its purpose) is not clear. This indicator was a NEW indicator introduced at the 2016 restructuring, when the peak of the outbreak was declining. Therefore, it is assumed that the indicator was meant to measure the system readiness to measure the follow up of all registered contacts to detect new cases. The reporting in previous ISRs indicates that 100% of all registered contacts were followed up for the mandated period of time for new case detection- thereby indicating the robustness of the system. Hence, the indicator statement is being changed.</b>  <b>The country-specific data indicating the proportion of new cases diagnosed from all the registered contacts followed up, that was available is for different periods:</b>  <b>Guinea - 594 confirmed EVD cases from 34,944 registered contacts – cumulative data for outbreak.</b>  <b>Liberia 1,468 confirmed EVD cases from 33,627 registered contacts between March 2014 to February 2015.</b></p>		



Indicator Name	DLI	Baseline	End Target
<i>Sierra Leone - 373 confirmed EVD cases from 431 registered contacts between January 2015 to October 2015.</i>			
<b>Contribute to recovery of selected essential health services</b>			
Births (deliveries) attended by skilled health personnel (number) (Number)		0.00	24,000.00
<b>Action: This indicator has been Revised</b>	<p><b>Rationale:</b>  <i>This indicator is being added to intermediate indicators as sub-CRI but it is also being retained as PDO indicator since it captures the second part of the PDO.</i>  <i>The basis of the end target has not been determined.</i>  <i>The numbers are based on annual calendar year reporting from DHIS2 for each country:</i>  <i>Guinea: 55,684 in 2014, 226,900 in 2015, 245,323 in 2016 and 271,303 in 2017. Cumulative number is 799,210 (2014-2017).</i>  <i>Liberia: 2014-2017 cumulative number is 324,738. Disaggregated data being ascertained.</i>  <i>Sierra Leone: 462,123 during the EBV outbreak period. Ascertaining disaggregated data, but not available till date.</i>  <i>Total Actual (Current): 1,586,071 for 31 December 2017.</i></p>		
Number of health workers trained on IPC and Ebola (Number)		0.00	30,000.00
<b>Action: This indicator has been Revised</b>	<p><b>Rationale:</b>  <i>No methodology or process was developed and agreed with the three countries to measure the knowledge of trained health workers. Therefore, the original indicator statement "Percentage of trained health workers with knowledge of Ebola and IPC" is being changed. End target is being changed to March 2021: 30,000.</i>  <i>Actual Total: 32,579 (30 Nov 2018).</i>  <i>Guinea: 12,218 (111 doctors, 309 nurses, 39 laboratory assistants, 767 hygienists and 10,992 health workers private – 3,876 and public – 7,116 structures);</i>  <i>Liberia: 20,361;</i>  <i>Sierra Leone: health workers training on Ebola and IPC was financed by DFID, so no reporting for this indicator under EERP.</i></p>		



Indicator Name	DLI	Baseline	End Target
Number of health centers rehabilitated according to national IPC standard (Number)		0.00	125.00
<i>Action: This indicator has been Revised</i>	<p><b>Rationale:</b>  <i>The original indicator statement "Percentage of health centers rehabilitated according to national IPC standard" is being changed.</i></p> <p><i>Current total: 105 (30 November 2018); End Target: 125</i></p> <p><i>Guinea: 41/54;</i></p> <p><i>Liberia: 41/48 (included expansion of maternity wings of clinics, health centers, and hospitals, isolation units);</i></p> <p><i>Sierra Leone: 23/23</i></p>		

**Intermediate Results Indicators by Components**

Indicator Name	DLI	Baseline	End Target
<b>Component 1: Support to the EVD Outbreak Response Plans and Strengthening Essential Health Services</b>			
Total food distribution (Metric ton)		0.00	22,900.00
<i>Action: This indicator has been Revised</i>	<p><b>Rationale:</b>  <i>No further activity or reporting after the Ebola outbreak.</i></p> <p><i>For better and complete reporting, the task team (for the 2019 restructuring of the RF) tried to get the data for different reporting periods during the Ebola outbreak (15 Sep 2014, 15 March 2015, 15 Sep 2015, 15 March 2016, and 15 Sep 2016) but this was not available from any available source in any of the three countries.</i></p> <p><i>Despite efforts, the task team could not ascertain the source and basis for the data previously reported.</i></p>		



Indicator Name	DLI	Baseline	End Target
		<p><i>The data available at present is the following, though the end target set in Nov 2014 was 22,900 (Guinea 8100, Liberia 8100, SL 6700).</i></p> <p><i>Actual Current (30 Jun 2016): 11,164.73.</i></p> <p><i>Guinea: 1,717.13 (1,653.13 metric tons of rice at and 64 metric tons of Super Grain);</i></p> <p><i>Liberia : 4,261.90 metric tons</i></p> <p><i>Sierra Leone: 5,185.7 metric tons.</i></p>	
Number of people in the quarantined areas and other Ebola-affected households who received food and other basic supplies (Number)	0.00		544,000.00
<p><i>Action: This indicator has been Revised</i></p>		<p><i>Rationale:</i></p> <p><i>No further activity or reporting since Ebola outbreak.</i></p> <p><i>For better and complete reporting, the task team (for the 2018 restructuring of the RF) tried to get the data for different reporting periods during the Ebola outbreak (15 Sep 2014, 15 March 2015, 15 Sep 2015, 15 March 2016, and 15 Sep 2016) but this was not available from any available source in any of the three countries.</i></p> <p><i>End target of Total 544,000 (Guinea 175,000, Liberia 169,000, SL 200,000) set in Nov 2014.</i></p> <p><i>Actual (30 Jun 2016) 1,536,720</i></p> <p><i>Guinea: 973,000</i></p> <p><i>Liberia: 125,400 (source: WFP)</i></p> <p><i>Sierra Leone: 438,320</i></p>	
Number of women and children who have received basic nutrition services (Number)	0.00		312,270.00



Indicator Name	DLI	Baseline	End Target
<i>Action: This indicator has been Marked for Deletion</i>	<p><b>Rationale:</b>  <i>This indicator is being deleted as part 2019 restructuring as disaggregated data was never collected.</i></p>		
Community health and social mobilization staff deployed for door-to-door communication and case identification in target chiefdoms/sub-districts/counties (Number)	0.00		7,800.00
<i>Action: This indicator has been Revised</i>	<p><b>Rationale:</b>  <i>No active communication and case identification after the Ebola outbreak, so end target date is being changed to 30 Sep 2016. For better and complete reporting, the task team (for the 2019 restructuring of the RF) tried to get the data for different reporting periods during the Ebola outbreak (15 Sep 2014, 15 March 2015, 15 Sep 2015, 15 March 2016, and 15 Sep 2016) but this was not available from any available source in any of the three countries. Despite efforts, the task team could not ascertain the source and basis for the data previously reported. The data available at present is the following, however the end target set in Nov 2014 was 7,800 (Guinea 3,800, Liberia 2,000, and Sierra Leone 2,000). Actual Current (30 Sep 2017): 55,136  Guinea: 12,538  Liberia: 10,434  Sierra Leone: 32,164</i></p>		
Proportion of beneficiary households who received cash transfers by 15th of every payment quarter (Percentage)	0.00		100.00
<i>Action: This indicator has been Revised</i>	<p><b>Rationale:</b>  <i>No further activity or reporting since Ebola outbreak. For better and complete reporting, the task team (for the 2019 restructuring of the RF) tried to get the data for different reporting periods during the Ebola outbreak (15 Sep 2014, 15 March 2015, 15 Sep 2015, 15 March 2016, and 15 Sep 2016) but this was not available from any available source in any of the three countries.</i></p>		



Indicator Name	DLI	Baseline	End Target
<b>Component 2: Human Resources Scale up for Outbreak Response and Essential Health Services</b>			
Expatriate health workers deployed to provide medical care to EVD patients and for other essential health needs (Number)		0.00	725.00
<b>Action: This indicator has been Revised</b>	<p><b>Rationale:</b>  <i>For better and complete reporting, the task team (for the 2019 restructuring of the RF) tried to get the data for different reporting periods during the Ebola outbreak (15 Sep 2014, 15 March 2015, 15 Sep 2015, 15 March 2016, and 15 Sep 2016) but this was not available from any available source in any of the three countries.</i>  <i>No further activity or reporting after the Ebola outbreak.</i>  <i>The numbers reported for each country are as below. It is unclear what the basis for reporting the previous data and end target was.</i>  <i>Actual Current (31 June 2016): 479.</i>  <i>Guinea: 124 (104 from the African Union and 20 from the WHO)</i>  <i>Liberia: 214</i>  <i>Sierra Leone: 141</i></p>		
Redemption Hospital Phase 1 (Maternity and Pediatric hospital) constructed (Yes/No)		No	Yes
Health facilities that received essential drugs (Number)		0.00	804.00
<b>Action: This indicator has been Revised</b>	<p><b>Rationale:</b>  <i>This was a one-time supply financed by the EERP, however supplies not complete yet in all countries so end target of Mar 2021 retained.</i>  <i>Guinea: 54 health facilities (for 41 facilities procured and delivered; for 13 facilities procured and in UNICEF warehouse, will be delivered after completion of the construction);</i>  <i>Liberia: 539 health facilities in 15 counties received essential drugs in five rounds. (691 facilities were planned for);</i>  <i>Sierra Leone: supplied to 59 facilities through UNICEF.</i>  <i>Total actual: 652; Total End Target: 804</i></p>		



Indicator Name	DLI	Baseline	End Target
Number of health workers who received financial incentives (hazard/indemnity pay and death benefits) (Number)		0.00	18,000.00
<b>Action: This indicator has been Revised</b>		<p><b>Rationale:</b>  <i>No further activity or reporting since Ebola outbreak.</i>  <i>For better and complete reporting, the task team (for the 2019 restructuring of the RF) tried to get the data for different reporting periods during the Ebola outbreak (15 Sep 2014, 15 March 2015, 15 Sep 2015, 15 March 2016, and 15 Sep 2016) but this was not available from any available source in any of the three countries.</i>  <i>End target set in Nov 2014: Guinea 5,000, Liberia 8,000, Sierra Leone 5,000.</i>  <i>Actual Total (30 June 2016) 37,097.</i>  <i>Guinea: 7,785</i>  <i>Liberia: 6,958</i>  <i>Sierra Leone: 23,197 (23,040 Health workers were paid during the outbreak. The death benefits are still being paid (but no longer through EERP) once beneficiaries are verified by the legal firm. So far 157 death beneficiaries have been paid).</i></p>	
Female beneficiaries (Number)		0.00	10,800.00
<b>Action: This indicator has been Marked for Deletion</b>		<p><b>Rationale:</b>  <i>This indicator is being deleted as part of 2019 restructuring, as during discussions with the three countries it was concluded that the indicator lacks clarity (does it refer to female beneficiaries of male health workers; or families of female health workers), and gender specific data was not collected.</i></p>	
Number of health personnel who have completed selected training programs (Number)		0.00	1,000.00
<b>Action: This indicator has been Revised</b>		<p><b>Rationale:</b>  <i>The original indicator statement "Staff who completed physician, nursing, midwiferyis being revised. End target is being revised to 1,000.</i>  <i>Actual (Current): 925 (Dec 31, 2018)</i>  <i>Guinea: training programs not financed by EERP;</i></p>	



Indicator Name	DLI	Baseline	End Target
		<p><i>Liberia: 306 (GMRP=28; CHSSs=24 and CHAs= 278); Sierra Leone: 619 paramedics; 10 physicians currently under-going post-graduate training; and 99 midwives and technicians will be graduating in early 2019.</i></p>	
<p>People who have received essential health, nutrition and population (HNP) services (Number)</p>		0.00	2,500,000.00
<p><i>Action: This indicator has been Marked for Deletion</i></p>		<p><b>Rationale:</b> <i>This is a CRI. The system does not allow to convert Custom Indicator into a CRI, hence it is being deleted and re-created as a CRI.</i></p>	
<p>Female beneficiaries (Number)</p>		0.00	1,250,000.00
<p><i>Action: This indicator has been Marked for Deletion</i></p>		<p><b>Rationale:</b> <i>This indicator is being deleted as CRI does not require disaggregated data on female beneficiaries.</i></p>	
<p>Number of children immunized (Number)</p>		0.00	1,500,000.00
<p><i>Action: This indicator has been Marked for Deletion</i></p>		<p><b>Rationale:</b> <i>This indicator is a sub-set of CRI. The system does not allow conversion from a custom indicator into sub-set of indicator, hence it is being marked for deletion and re-created.</i></p>	
<p>People who have received essential health, nutrition, and population (HNP) services (CRI, Number)</p>		0.00	2,500,000.00
<p><i>Action: This indicator is New</i></p>		<p><b>Rationale:</b> <i>This is a CRI. This indicator reflects the total of the earlier indicators of births attended by SBA (1,605,678) and immunizations (2,205,048), which is 3,810,726. Nutrition services not provided in any of the 3 countries through EERP.</i></p>	



Indicator Name	DLI	Baseline	End Target
Number of children immunized (CRI, Number)	0.00		1,500,000.00
<p><b>Action: This indicator is New</b></p>	<p><b>Rationale:</b>  <i>This is a sub-set of CRI.</i>  <i>It was agreed with all 3 countries that they would provide 2 sets of data: for the measles immunization campaign during the outbreak specifically financed by EERP; and country wide immunization data by reporting periods (not necessarily financed by EERP). The actual and end target date will change according to data set finally selected for reporting.</i>  <i>However, the task team continues to face serious constraints in getting the data, including DHIS breakdown in Sierra Leone, so is still trying to ascertain the full data set.</i>  <i>Guinea: 355,141 (year 2015), 386,879 (year 2016), 396,564 (year 2017). Total 1,138,584.</i>  <i>Liberia: 73,848 (year 2014), 88,417 (year 2015), 112,294 (year 2016), 130,822 (year 2017), 108,733 (year 2018). Total 514,114.</i>  <i>Sierra Leone: 552,350 – data from DHIS 2 for all facilities reporting during the outbreak (till 2016).</i>  <i>Actual (Current): 2,205,048.</i></p>		
Number of deliveries attended by skilled health personnel (CRI, Number)	0.00		24,000.00



Indicator Name	DLI	Baseline	End Target
<p><i>Action: This indicator is New</i></p>		<p><b>Rationale:</b></p> <p><i>This indicator has been moved to appear as a sub-CRI intermediate indicator. However, given that this indicator captures the second part of the PDO, task team considered keeping as a PDO indicator but also include in the tally of for the CRI HNP services which is an intermediate results indicator.</i></p> <p><i>The basis of the end target has not been determined.</i></p> <p><i>Total: 1,605,678 for Dec 2018.</i></p> <p><i>Guinea: 55,684 (year 2014), 226,900 (year 2015), 245,323 (year 2016), 271,303 (2017). Total 799,210.</i></p> <p><i>Liberia: 57,437 (year 2014), 61,392 (year 2015), 78,241 (year 2016), 62,774 (year 2017), 84,501 (year 2018). Total (2014-2018) is 344,345.</i></p> <p><i>Sierra Leone: 462,123 during the EBV outbreak period (till 2016). Ascertaining disaggregated data, but not available till date.</i></p> <p><i>December 2018 data for Guinea and Sierra Leone is still awaited.</i></p>	
<p><b>Component 3: Provision of Food and Basic Supplies to Quarantined Populations and EVD Affected Households (Action: This Component has been Marked for Deletion)</b></p>			
<p><b>Component 4: Provision of Essential Public Services (Action: This Component has been Marked for Deletion)</b></p>			
<p><b>Component 5: Pre-Investment Assessment of New Ebola Therapies, Diagnostics and Vaccines (Action: This Component has been Marked for Deletion)</b></p>			



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