The World Bank
Liberia Health Systems Strengthening (P128909)


Implementing Agencies: Republic of Liberia, Ministry of Health, MOH Project Implementation Unit

Key Dates

Key Project Dates

- Bank Approval Date: 30-May-2013
- Effectiveness Date: 16-Jun-2014
- Planned Mid Term Review Date: 03-Dec-2018
- Actual Mid-Term Review Date: 03-Dec-2018
- Original Closing Date: 30-May-2018
- Revised Closing Date: 30-May-2020

Project Development Objectives

Project Development Objective (from Project Appraisal Document)

The Project Development Objective (PDO) is to improve the quality of maternal health, child health, and infectious diseases services in selected secondary-level health facilities.

Has the Project Development Objective been changed since Board Approval of the Project Objective?

Yes

Board Approved Revised Project Development Objective (If project is formally restructured)

The new proposed PDO is to improve the quality of primary and secondary health care services, with a focus on maternal, neonatal and child health.

Components

Name

- Support to Quality Service Delivery Systems: (Cost $19.70 M)
- Support to strengthening fit-for-purpose health workforce: (Cost $2.70 M)
- Project Management: (Cost $2.00 M)
- Support to strengthening critical services and support Systems: (Cost $6.60 M)

Overall Ratings

Name | Previous Rating | Current Rating
--- | --- | ---
Progress towards achievement of PDO | Moderately Satisfactory | Satisfactory
Overall Implementation Progress (IP) | Moderately Satisfactory | Satisfactory
Overall Risk Rating | Substantial | Substantial

Implementation Status and Key Decisions
Considerable progress has been made in some of the project's pending activities since the December 2018 MTR and February 2019 implementation support missions. Implementation of the county-PBF has started on October 1, 2018 and hospital-PBF has been expanded to two additional hospitals. Overall the PDO is achievable with the one-year implementation remaining. To this end, close follow-up on implementation progress of agreed activities will continue.

### Risks

**Systematic Operations Risk-rating Tool**

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>Rating at Approval</th>
<th>Previous Rating</th>
<th>Current Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Political and Governance</td>
<td>--</td>
<td>Substantial</td>
<td>Substantial</td>
</tr>
<tr>
<td>Macroeconomic</td>
<td>--</td>
<td>Substantial</td>
<td>Substantial</td>
</tr>
<tr>
<td>Sector Strategies and Policies</td>
<td>--</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>Technical Design of Project or Program</td>
<td>--</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>Institutional Capacity for Implementation and Sustainability</td>
<td>--</td>
<td>High</td>
<td>Moderate</td>
</tr>
<tr>
<td>Fiduciary</td>
<td>--</td>
<td>Substantial</td>
<td>Moderate</td>
</tr>
<tr>
<td>Environment and Social</td>
<td>--</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>Stakeholders</td>
<td>--</td>
<td>Substantial</td>
<td>Moderate</td>
</tr>
<tr>
<td>Other</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Overall</td>
<td>--</td>
<td>Substantial</td>
<td>Substantial</td>
</tr>
</tbody>
</table>

### Results

**PDO Indicators by Objectives / Outcomes**

**Improve quality of primary/secondary health care services on maternal, neonatal and child health**

**Average Quality of Care score of target PBF hospitals (Number, Custom)**

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Actual (Previous)</th>
<th>Actual (Current)</th>
<th>End Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Value</strong></td>
<td>0.00</td>
<td>61.93</td>
<td>76.50</td>
<td>65.00</td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td>30-Apr-2017</td>
<td>29-Jun-2018</td>
<td>31-Dec-2018</td>
<td>30-May-2020</td>
</tr>
</tbody>
</table>

**Comments:**

This indicator statement was revised from the original "Health Facility Quality Index score improvement at Target PBF hospitals and facilities" for better clarity since the change of the quality index score will be reported as a trend over each subsequent verification period. The project reports the average quality score following every independent verification by the National Verification Agency. Reporting is being changed from "percentage" to "number".

The value of the previous reporting for 29 June 2018, 61.93%, was the average quality score for three hospitals (C.B. Dunbar, Phebe and Redemption) in the phase one rollout. The current reporting (October - December 2018 - 76.5%) is the average quality of care score for all six hospitals (phase one and phase two).
Maternal death audits carried out routinely by PBF target hospitals according to national maternal death audit guidelines (Percentage, Custom)

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Actual (Previous)</th>
<th>Actual (Current)</th>
<th>End Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>0.00</td>
<td>40.00</td>
<td>47.60</td>
<td>65.00</td>
</tr>
<tr>
<td>Date</td>
<td>03-Jan-2013</td>
<td>29-Jun-2018</td>
<td>31-Dec-2018</td>
<td>30-May-2020</td>
</tr>
</tbody>
</table>

Comments:
- The indicator statement was revised from the original "Maternal death audits carried out routinely by PBF target hospitals" for better clarity - now includes audit done according to national technical guidelines, as verified by the National Verification agency.
- The value of the previous reporting for 31 December 2017, 22.20%, was for three hospitals (C.B. Dunbar, Phebe and Redemption) in the phase one rollout. The system does not allow to reflect change for Actual (Previous). The current reporting for 31 December 2018, 47.6%, is for six hospitals (phase one and phase two). The end target is for six hospitals. End target has been changed to 65.00 which is the realistic estimate based on the current progress to date.

Doctors, clinicians and other MoH-approved staff who receive hazard payment for provision of EVD-related services. (Number, Custom)

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Actual (Previous)</th>
<th>Actual (Current)</th>
<th>End Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>28,537.00</td>
<td>28,537.00</td>
<td>28,537.00</td>
<td>28,537.00</td>
</tr>
</tbody>
</table>

Neonatal death audits carried out routinely by PBF target hospitals according to national neonatal death audit guidelines (Percentage, Custom)

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Actual (Previous)</th>
<th>Actual (Current)</th>
<th>End Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>0.00</td>
<td>--</td>
<td>40.90</td>
<td>45.00</td>
</tr>
<tr>
<td>Date</td>
<td>15-Jan-2017</td>
<td>--</td>
<td>31-Dec-2018</td>
<td>30-May-2020</td>
</tr>
</tbody>
</table>

Comments:
- The indicator statement was changed. The original indicator statement was: "Neonatal death audits carried out routinely by PBF target hospitals". The value of actual previous is a representation of the neonatal audit done according to the national technical guidelines for neonatal death audit and verified for three hospitals (C.B. Dunbar, Phebe and Redemption) in the phase one rollout. The Current (Actual) data (40.9%, December 31, 2018), is a representation of the neonatal audit done according to guideline and verified for all six hospitals. Actual (Previous) should be 14.8% (31 December 2017) but the system does not allow to reflect the change. End Target has been changed to 45.00 which is the realistic estimate based on the current progress to date.

Mothers who have a postpartum visit within 24 hours of delivering (Percentage, Custom)

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Actual (Previous)</th>
<th>Actual (Current)</th>
<th>End Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>0.00</td>
<td>--</td>
<td>76.50</td>
<td>80.00</td>
</tr>
<tr>
<td>Date</td>
<td>31-Dec-2015</td>
<td>--</td>
<td>31-Dec-2018</td>
<td>30-May-2020</td>
</tr>
</tbody>
</table>

Comments:
- The DHIS2 is collecting data for Post-natal care visit within 24 hrs and not within 2 days. This has been changed as part of the RF restructuring completed.

Overall Comments
Following December 2018 MTR mission, the project's Results Framework has been modified through level II project restructuring approved on April 1, 2019.

### Intermediate Results Indicators by Components

#### Support to Quality Service Delivery Systems

| ► Number of new users of modern contraceptive methods (Number, Custom) |
|--------------------------|--------------------------|--------------------------|--------------------------|
| **Baseline** | **Actual (Previous)** | **Actual (Current)** | **End Target** |
| Value | 123,165.00 | -- | 726,516.00 | 700,000.00 |
| Date | 31-Dec-2013 | -- | 31-Dec-2017 | 31-Dec-2019 |

**Comments:**
This is reported for 10 project target counties (Montserrado, Bong, Nimba, Lofa, Sinoe, Gbarpolu, Rivercess, Grand Cape Mount, Grand Gedeh and Grand Kru). This is a cumulative reporting for every calendar year (123,165 in year 2013; 67,513 in year 2014, 109,634 in year 2015, 162,671 in year 2016 and 101, 241 in year 2017 and 162,292 in year 2018). Total: 726,516. Actual (Previous) and Actual (Current) should show the same number but the system does not allow to reflect the change for Actual (Previous). Actual (Current) has been changed to 726,526 (31 December 2018). End target has been changed to 700,000.00.

| ► People who have received essential health, nutrition, and population (HNP) services (Number, Corporate) |
|--------------------------|--------------------------|--------------------------|--------------------------|
| **Baseline** | **Actual (Previous)** | **Actual (Current)** | **End Target** |
| Value | 0.00 | -- | 922,315.00 | 1,000,000.00 |
| Date | 03-Jan-2013 | -- | 31-Dec-2018 | 31-Dec-2019 |

**Comments:**
This indicator captures deliveries by skilled birth providers, children fully immunized and women and children who received basic nutrition services as reported for 10 project targeted counties (Montserrado, Bong, Nimba, Lofa, Sinoe, Gbarpolu, Rivercess, Grand Cape Mount, Grand Gedeh and Grand Kru) reported annually from DHIS. This indicator is a Corporate Result Indicator and has been moved from PDO level to Intermediate Outcomes. The reported data is the cumulative of total of all immunizations (513,076) + deliveries by skilled health personnel (409,239), which is 922,315.

| ► Number of children immunized (Number, Corporate Breakdown) |
|--------------------------|--------------------------|--------------------------|--------------------------|
| **Baseline** | **Actual (Previous)** | **Actual (Current)** | **End Target** |
| Value | 0.00 | -- | 513,076.00 | 600,000.00 |
| Date | 03-Jan-2013 | -- | 31-Dec-2018 | 31-Dec-2019 |

| ► Number of deliveries attended by skilled health personnel (Number, Corporate Breakdown) |
|--------------------------|--------------------------|--------------------------|--------------------------|
| **Baseline** | **Actual (Previous)** | **Actual (Current)** | **End Target** |
| Value | 0.00 | -- | 409,239.00 | 500,000.00 |
**Support to strengthening fit-for-purpose health workforce**

**Number of doctors receiving in-service training in obstetrics, pediatrics, surgery, and internal medicine (Number, Custom)**

<table>
<thead>
<tr>
<th>Date</th>
<th>Baseline</th>
<th>Actual (Previous)</th>
<th>Actual (Current)</th>
<th>End Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>03-Jan-2013</td>
<td>0.00</td>
<td>--</td>
<td>51.00</td>
<td>50.00</td>
</tr>
</tbody>
</table>

**Comments:** The indicator statement has been changed. The original indicator statement was: "In-service Training in Obstetrics, Pediatrics, Surgery, and internal medicine carried out on 6monthly basis in project target hospitals and satellite health facilities". The Actual (Current) is 51 (as of June 29, 2018).

**Physicians who complete the post-graduate medical residency program (Number, Custom)**

<table>
<thead>
<tr>
<th>Date</th>
<th>Baseline</th>
<th>Actual (Previous)</th>
<th>Actual (Current)</th>
<th>End Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>03-Jan-2013</td>
<td>0.00</td>
<td>--</td>
<td>28.00</td>
<td>40.00</td>
</tr>
</tbody>
</table>

**Comments:** This indicator is linked to component “Support to strengthening fit-for-purpose health workforce” of the Intermediate Outcomes. Actual (Previous) should be 13 but the system does not allow to reflect the change. The end target has been changed to reflect the realistic situation on ground, including challenges, with the post graduate medical residency program.

**Project Management**

**Number of PIU staff trained (Number, Custom)**

<table>
<thead>
<tr>
<th>Date</th>
<th>Baseline</th>
<th>Actual (Previous)</th>
<th>Actual (Current)</th>
<th>End Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>03-Jan-2013</td>
<td>0.00</td>
<td>--</td>
<td>11.00</td>
<td>18.00</td>
</tr>
</tbody>
</table>

**Comments:** This is a new indicator to monitor Project Management. Original project design did not have the indicator to measure project management. This is being introduced since the new OPCS guidelines require mapping of indicators by components. Actual (Current) is 11 (31 December 2018) and End Target is 12 (30 May 30 2020).

**Support to strengthening critical services and support Systems**

**Number of births registered within one year of birth occurrence (Number, Custom)**

<table>
<thead>
<tr>
<th>Date</th>
<th>Baseline</th>
<th>Actual (Previous)</th>
<th>Actual (Current)</th>
<th>End Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>03-Jan-2013</td>
<td>0.00</td>
<td>--</td>
<td>7,727.00</td>
<td>15,000.00</td>
</tr>
</tbody>
</table>

**Comments:**
The original indicator statement was: "Children under 13 years whose birth was registered in project target counties". The indicator statement has been changed to reflect what is collected and reported by paper-based vital statistics data collected by MoH. While the project is supporting a computerized system, it is yet to be fully functional to provide data, and therefore not being used as the data source for this indicator. Reporting has been changed from “Percentage” to “Number”. Reporting is a cumulative number made for a full calendar year for all 15 counties (entire country). Project additional financing (of which this indicator is a part of) was approved in early 2017 following which activity started and therefore reporting for full 2017 is not available. Therefore, Baseline (December 31, 2017) has been changed to 0.00, Actual (Previous) is not 6,085 (as reported previously) but the system does not allow to reflect the change, Actual (Current cumulative till December 31, 2018) is 7,727 and cumulative End Target for December 31, 2019 is 15,000.

<table>
<thead>
<tr>
<th>PBF hospitals reporting discussing grievances received (Percentage, Custom)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baseline</strong></td>
</tr>
<tr>
<td><strong>Value</strong></td>
</tr>
<tr>
<td><strong>Date</strong></td>
</tr>
<tr>
<td><strong>Comments:</strong></td>
</tr>
</tbody>
</table>

**Overall Comments**

Following December 2018 MTR mission, the project's Results Framework has been modified through level II project restructuring approved on April 1, 2019. The modified Results Framework reflects all changes proposed during the restructuring including CRIs.

**Data on Financial Performance**

**Disbursements (by loan)**

<table>
<thead>
<tr>
<th>Project</th>
<th>Loan/Credit/TF</th>
<th>Status</th>
<th>Currency</th>
<th>Original</th>
<th>Revised</th>
<th>Cancelled</th>
<th>Disbursed</th>
<th>Undisbursed</th>
<th>% Disbursed</th>
</tr>
</thead>
<tbody>
<tr>
<td>P128909</td>
<td>IDA-52440</td>
<td>Effective</td>
<td>USD</td>
<td>10.00</td>
<td>10.00</td>
<td>0.00</td>
<td>8.33</td>
<td>1.38</td>
<td>86%</td>
</tr>
<tr>
<td>P128909</td>
<td>TF-14432</td>
<td>Effective</td>
<td>USD</td>
<td>5.00</td>
<td>5.00</td>
<td>0.00</td>
<td>2.06</td>
<td>2.94</td>
<td>41%</td>
</tr>
<tr>
<td>P128909</td>
<td>TF-A4116</td>
<td>Effective</td>
<td>USD</td>
<td>16.00</td>
<td>16.00</td>
<td>0.00</td>
<td>3.62</td>
<td>12.38</td>
<td>23%</td>
</tr>
</tbody>
</table>

**Key Dates (by loan)**

<table>
<thead>
<tr>
<th>Project</th>
<th>Loan/Credit/TF</th>
<th>Status</th>
<th>Approval Date</th>
<th>Signing Date</th>
<th>Effectiveness Date</th>
<th>Orig. Closing Date</th>
<th>Rev. Closing Date</th>
</tr>
</thead>
</table>
Cumulative Disbursements

Restructuring History

Level 1 Approved on 08-Aug-2014 , Level 2 Approved on 15-Jan-2018 , Level 2 Approved on 01-Apr-2019

Related Project(s)

P162477-Liberia Health Systems Strengthening Project - Additional Financing