Integrated Safeguards Data Sheet
Identification / Concept Stage (ISDS)

Concept Stage | Date ISDS Prepared/Updated: 18-Jul-2017 | Report No: ISDSC22343

BASIC INFORMATION

A. Basic Project Data

Project ID	Project Name	Environmental Category	Country
P164301	Tackling Non-Communicable Disease Challenges in Kenya (P164301)	B - Partial Assessment	Kenya
Team Leader(s)	**Estimated Date of Approval**	**Managing Unit**	**Financing Instrument**
Gandham N.V. Ramana, Miriam Schneidman		GHN01	Investment Project Financing

PROJECT FINANCING DATA

FINANCING

FINANCING SOURCES

Select all that apply

[ ] Counterpart Funding [✓] Trust Funds [ ] Parallel Financing

SUMMARY (USD)

Total Project cost	**2,500,000**
Total Financing	**2,500,000**
Trust Funds	2,500,000
Financing Gap	**0**

DETAILS

Trust Funds

Source	Currency	Amount	USD Equivalent
Pharmaceutical Governance Fund(PHGF)	USD-US Dollars	2,500,000	2,500,000

B. Project Development Objective(s)

The proposed RETF will support the Government of Kenya (GOK) to develop and pilot models of integrated NCD care at community and primary care levels in selected counties that can inform the national scale up. More specifically, the RETF will support the design, execution, and systematic monitoring of a pilot program for screening, early detection and treatment of selected NCDs at community and primary care levels complemented by cost effective referral linkages. The RETF will lead to the production of a case study, documenting the main features of the model of care, and lessons learned to inform interventions that are scalable and sustainable.

C. Project Description

The proposed NCD pilot project focuses on prevention that is one of the main priorities in Kenya. Early screening, detection and basic treatment will: (i) avert high levels of morbidity and mortality; (ii) pre-empt an escalation of health care costs associated with delayed health care seeking behavior; and (iii) lay the foundation for a comprehensive approach to chronic care management (i.e. patients need to be aware and know their status to seek care). Ultimately, catching people early will save lives, improve the quality of life, and avoid the impoverishing effects associated with high out-of-pocket spending due to catastrophic illnesses.

The pilot project will generate a model of care that will inform the roll out of the national strategy and that may be replicated by other county governments. The pilot builds on ongoing experience with a Chronic Care Model supported by AMPATH [1] in several counties in Western Kenya. Insights and lessons from the proposed NCD pilot are expected to inform policy development while simultaneously expanding coverage. The model (focused on *hypertension and diabetes*) has been introduced in limited geographic areas with promising initial results, as discussed below. The proposed pilot offers an opportunity to introduce the model to additional sub-counties to test its robustness in different settings; to include additional NCDs (*cervical and breast cancer*); and to systematically estimate the costs and cost-effectiveness of alternative strategies.

The pilot will focus on NCD services at the community and primary health care levels while strengthening the referral system across different levels of care in two pilot counties. It will document what it takes to make this work in terms of strategies, systems, and resources. The process of scale up would involve initial meetings with county leadership led by the county health management teams to forge partnerships and sensitize them to this program. This would be followed by adaption of the program to the local situations. The curricula will be used to train trainers who will also be mentors during the roll out process. The training will be cascaded to primary health care workers and the same model of hypertension and diabetes prevention and control will be rolled out at all project sites while cervical and breast cancer screening is rolled out at selected sites. The tools, strategies, experiences and lessons from this pilot will be shared widely with other county officials to assist in the scale up to other parts of the country. The NCD pilot project will be separately supported by the Bank through a BETF (P163853) which aims to share and disseminate experiences and lessons from implementation at the national and global level. The description of the activities to be supported under the RETF is provided below.

Design, Piloting and Evaluating Models of Care for Screening and Treatment of Select NCDs. Two pilot projects would be conducted in two counties (i.e. Busia, Trans-Nzoia) in Western Kenya with support of AMPATH. Pilot 1 would include the expansion of the *Chronic Care Model* (CCM) and the testing of the *Expanded Chronic Care Model* (ECCM) in select sub-counties in Trans-Nzoia. Pilot 2 would include the expansion of the Chronic Care Model in sub-counties in Busia. Counties were selected based on the following criteria: (i) *commitment* and support of county governments;(ii) *high poverty* rates; and/or (iii) *disease burden.* Busia county with a population of roughly 954,000 inhabitants has a poverty rate of over 64 percent and a life expectancy of only 47 years. Based on community screenings done over the past two years in select counties the prevalence of elevated blood pressure is 22 percent and diabetes is 1.5 percent.

Trans-Nzoia county has a population of nearly 957,000, a poverty rate of over 50 percent, and is predominantly agricultural. Based on community screenings the prevalence of elevated blood pressure and diabetes is 27 and 2 percent, respectively.

The main focus of the pilots would be on establishing/expanding basic NCD services at the community and primary health care levels using the Chronic Care Model. This would include raising awareness, early screening, diagnosis, linkage to a health facility for initial treatment of basic, cost effective interventions with referral to specialized facilities. In addition, a number of the sub-counties will benefit from the Expanded Chronic Care Model that includes community empowerment activities and enrollment of beneficiaries in the NHIF, as these aspects are critical to sustainability. An important aspect of the pilot will be to sensitize communities in participating counties on the importance of health insurance, the NHIF benefit package, payment rates and payment options and how to access services. Sensitization will be conducted jointly with the NHIF during the community meetings and NCD screening exercises, and will also include registration of beneficiaries. To increase retention rates, AMPATH will collaborate with the NHIF to monitor registration of beneficiaries and send monthly reminders through mobile phones to remind registered beneficiaries of their monthly payments. The interventions to be supported are expected to generate lessons on what is feasible; what impediments arise; what remedial actions are taken; how much it cost; and what is the scale up strategy. The pilots would be evaluated to draw lessons for potential scale up to other counties in Kenya. In addition to an impact evaluation (before and after study) a small qualitative process evaluation would be conducted to document the implementation process (i.e. What worked? What did not and why?). All necessary ethical clearances would be obtained prior to launching the pilots.

The implementation of the pilot NCD project will generate important lessons in terms of how services should be organized, delivered, and financed. The project will provide an opportunity to identify health system barriers to care and develop feasible approaches and apply cost effective interventions with a focus on primary care. The pilot will: (i) determine knowledge, attitudes and practices of patients and providers; (ii) establish the effectiveness of alternative community education and screening strategies and different linkage and referral strategies; (iii) demonstrate the feasibility and scalability of the chronic care model for select NCDs; and (iv) ascertain the costs of these interventions and evaluate the cost effectiveness of the screening, linkage, referral and care strategies. The experience and lessons generated will be of broader interest to other county governments in Kenya struggling with similar challenges as well as to other low and middle-income countries participating in the broader industry-supported initiative (*Accelerated Access*) supporting this critical work.[2] The pilot NCD project will focus on health system barriers that impede access to chronic care: (i) shortages of personnel; retention and motivation of personnel; (ii) cost of drugs, stock outs, and inadequate availability of diagnostics; and (iii) weak referral system. While AMPATH's experience with chronic care has generated important early lessons in some counties, it is important to test the replicability and robustness of the model in different settings. Based on discussions with key stakeholders in Kenya a series questions have been identified, and will form the basis for the operational research agenda to be supported under the project. This current preliminary list of questions to be explored is as follows:

Community Level

- *Which approaches are most effective and cost effective in conducting screening -- facility based or community outreach either through mass screening or targeted screening at community meetings (Barazas)?*
- *Which workers are most appropriate to use (e.g. community health volunteers or remunerated community health workers) for initial screening?*
- *Should referrals to a health facility be done based on the initial screening or should there be a second*

confirmation measurement at the community level?

- *Where should initial referrals be made to? (i.e., patient support groups,dispensaries, health centers or higher level facilities)*
- *How do these questions differ for each NCD (hypertension, diabetes, cancers)?*
- *What is the potential role of community level workers in supporting adherence?*

Primary Health Care Level

- *What strategies are most appropriate to address shortages, turnover and motivation of clinicians? What options work? - task sharing; task shifting or recruitment of additional personnel? What models of capacity building are most effective? What will be the commitment of county governments to absorb additional personnel at project completion?*
- *Which approaches and strategies are most effective to address the high cost of drugs and frequent stock outs? Role of community revolving pharmacies; strengthening the KEMSA system of drug stocking or centralized procurement of generic medicines by counties?*
- *How can health record systems be improved to comprehensively cover NCDs for better quality reporting to MOH and other stake holders?*
- *What strategies are most effective to address impediments to treatment adherence at facility level (i.e. long waiting times; frequent visits to collect medications; low health literacy level)?*
- *What is the cost of offering care for different tracer conditions?*

Cross Cutting

- *What measures need to be put in place to ensure that the referral system operates efficiently across the different levels of care?*
- *How will county and national governments sustain activities supported under the pilot program?*
- *How to promote financial sustainability? Role of the risk pooling? Role of county governments?*

[1] AMPATH consists of Moi University College of Health Sciences, Moi Teaching and Referral Hospital and a consortium of North American Universities

[2]Accelerated Access is a multi-stakeholder initiative to improve NCD care in low and middle income countries, involving more than 20 biopharmaceutical companies working in close collaboration with The World Bank Group and the Union for International Cancer Control (UICC) to overcome a variety of access barriers.

SAFEGUARDS

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

E. Borrower's Institutional Capacity for Safeguard Policies

The pilot project is expected to have a minimal risk in terms of safeguard policies. The recipient, Moi Teaching and Referral Hospital, has adequate capacity to ensure compliance with environmental safeguard policies. To implement the social safeguards related to OP4.10, the client will engage services of a social consultant.

F. Environmental and Social Safeguards Specialists on the Team

Edward Felix Dwumfour (GEN01)
Kimberly Vilar (GSU04)

G. Policies that might apply

Safeguard Policies Triggered by the Project	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	The initial scoping of the project interventions suggest that the potential environmental and social impacts will be low. The potential negative environmental impacts of the project relate to issues of health care waste management, associated with the handling and disposal of medical waste. The Environmental Assessment Category assigned is B Partial Assessment since the anticipated impacts are reversible, localized and easily manageable. The project will adopt the National Health Care Waste Management Plan for the project.
Natural Habitats OP/BP 4.04	No	
Forests OP/BP 4.36	No	
Pest Management OP 4.09	No	
Physical Cultural Resources OP/BP 4.11	No	
Indigenous Peoples OP/BP 4.10	Yes	The project is not expected to have

		negative impacts on the Vulnerable and Marginalized Groups (VMGs) residing in the counties where the activities will be carried out. The policy has been triggered to ensure that there is free prior and informed consultation, appropriate targeting, and broad community support from the VMGs for the project.
Involuntary Resettlement OP/BP 4.12	No	
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	

H. Safeguard Preparation Plan

Appraisal stage ISDS required? No

APPROVALS

Team Leader(s):	Gandham N.V. Ramana

Approved By

Safeguards Advisor:	Nathalie S. Munzberg	17-Jul-2017
Practice Manager/Manager:	Carolyn J. Shelton	17-Jul-2017

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