

**INTEGRATED SAFEGUARDS DATA SHEET
APPRAISAL STAGE**

Report No.: ISDSA4685

Date ISDS Prepared/Updated: 15-Jul-2013

Date ISDS Approved/Disclosed: 15-Jul-2013

I. BASIC INFORMATION

1. Basic Project Data

Country:	Uganda	Project ID:	P144102
Project Name:	UGANDA REPRODUCTIVE HEALTH VOUCHER PROJECT (P144102)		
Task Team Leader:	Peter Okwero		
Estimated Appraisal Date:	01-Jul-2013	Estimated Board Date:	31-Jul-2013
Managing Unit:	AFTHE	Lending Instrument:	Investment Project Financing
Sector(s):	Health (100%)		
Theme(s):	Population and reproductive health (70%), Health system performance (20%), HIV/AIDS (10%)		
Is this project processed under OP 8.50 (Emergency Recovery) or OP 8.00 (Rapid Response to Crises and Emergencies)?			No
Financing (In USD Million)			
Total Project Cost:	13.30	Total Bank Financing:	0.00
Total Cofinancing:		Financing Gap:	0.00
Financing Source			Amount
Borrower			0.00
Global Partnership on Output-based Aid			13.30
Total			13.30
Environmental Category:	B - Partial Assessment		
Is this a Repeater project?	Yes		

2. Project Development Objective(s)

The proposed project development objective is to increase access to skilled care among poor women living in disadvantaged areas during pregnancy and delivery.

3. Project Description

The proposed operation would be funded by a US\$ 13.3 million grant from SIDA channeled through

GPOBA. The The project builds on the existing voucher model derived from the previous Reproductive Health Voucher Program (RHVP) which closed in March 2012. The project intends to expand the Reproductive Health Voucher Program (RHVP) and build national capacity to mainstream voucher management functions for RHVP services in Uganda and comprises two components:

(a) Component One - Safe Delivery. The objective of the component is to provide subsidized vouchers to vulnerable and poor pregnant women, enabling their access to a package of safe delivery services from contracted service providers: four antenatal visits, safe delivery and one postnatal visit as well as to treatment and management of selected pregnancy related medical conditions and complicated deliveries from contracted service providers. The project will largely rely on health centers to provide safe delivery services.

(b) Component Two - Capacity Building and Project. The objective of this component is to support project management functions and build national capacity to mainstream and scale up implementation of the safe delivery voucher scheme in the health sector. Under the component the project will finance (a) specific project management activities/functions including: voucher management agency, independent verification agent, quality assurance and audit, and monitoring and evaluation; and (b) capacity building activities to harmonize, mainstream and scale up voucher implementation in the sector.

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

The project will be implemented through existing health facilities selected on the basis of a set and approved criteria and will neither involve any civil works/construction, nor any land acquisition. The interventions with environmental and social implications center on component one, which involves the handling of medical products and thus contributing to increased generation of medical waste in the contracted health facilities.

5. Environmental and Social Safeguards Specialists

Herbert Oule (AFTN3)

Constance Nekessa-Ouma (AFTCS)

6. Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/ BP 4.01	Yes	The project will contribute to generation of medical waste in the contracted health facilities. However based on the scope and nature of the project, no Environmental Assessment is envisaged. Instead, Uganda's National Health Care Waste Management Plan, which was also used in another Bank funded UHSSP (P115563), will be used. Specific guidance on the handling and disposal of the HCW is included in the draft Project Operational Manual, drawing lessons from the Health Care Waste Guidance Note used under a piloted Uganda Reproductive Health Vouchers Program financed by the German

		Development Bank (KfW) and the Global Partnership on Output-Based Aid (GPOBA).
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	No	Voucher schemes are 'provider-led',-i.e., there must be facilities in the area able to provide the contracted services. The IPs in Uganda reside in areas where facilities with the capability to provide comprehensive emergency are lacking. The issue here is not about population characteristics but the fact that there are no facilities that be contracted to provide services.
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	

II. Key Safeguard Policy Issues and Their Management

A. Summary of Key Safeguard Issues

<p>1. Describe any safeguard issues and impacts associated with the Restructured project. Identify and describe any potential large scale, significant and/or irreversible impacts:</p> <p>The project will be implemented through existing health facilities selected on the basis of a set and approved criteria and will neither involve any civil works/construction, nor any land acquisition. The interventions with environmental and social implications center on component one, which involves the handling of medical products and thus contributing to increased generation of medical waste in the contracted health facilities. The project is expected to generate minimal localized medical waste related impacts; it is important that the waste is properly handled and disposed to avoid negative environmental impacts.</p>
<p>2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:</p> <p>None</p>
<p>3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.</p> <p>None</p>

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 Ministry of Health has substantial experience in the handling of medical waste in compliance with Uganda's National Environmental requirements, and experience with World Bank safeguards gained from implementation of UHSSP (P115563). Environmental compliance is the responsibility of the Environmental Health Division (EHD) of the Ministry of Health which is charged with executing the National Health Care Waste Management Plan under the overall policy guidance of the National Environment Management Authority. The National Health Care Waste Management Plan for 2009/2010 – 2011/2012 was completed and disclosed under the UHSSP. The HCWP was also disclosed under this project. Under the project, the Voucher Management Agency working under the oversight of the Environmental Health Division of the Ministry of Health will ensure that contracted service providers properly dispose medical waste in accordance to the guidelines outlined in the Project Operational Manual. The Health Care Waste Guidance Note developed in previous project will be updated to reflect the new changes and included in the Project Operation Manual. A study on Health Care Waste Management in Uganda noted that Health Care Waste (HCW) generated by facilities varies from under 20 kg per day in small health centers to 90 kg per day in big hospitals. Of this, 30% to 40% is considered hazardous. The study further identified challenges affecting HCW management and recommended measures to improve the HCW management practices in Uganda. These shall be taken into consideration when updating the Project Operational Manual. The government is working on a number of measures to improve HCW management: (a) a new strategy for the handling and disposal of pharmaceutical waste is under preparation; (b) the infrastructure standards were revised to take into consideration measures to reduce infection control; (c) installation of incinerators is underway in 40 hospitals in the country; and (d) infection control guidelines including tuberculosis infection control have been developed for use in the hospitals. In addition, private operators have been contracted to handle the disposal of medical waste generated by private practitioners in Kampala.

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

The main stakeholders are the MoH, Voucher Management Agency; Service Providers and Patients. The HCWP was prepared in a consultative manner. In addition, the specific guidance notes for use by service providers were also prepared in a consultative manner with the service providers. They will again be reviewed and updated as part of the project.

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other	
Date of receipt by the Bank	24-Apr-2013
Date of submission to InfoShop	12-Jul-2013
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	
"In country" Disclosure	
<i>Comments:</i>	
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:	

Health care Waste Management Plan was disclosed in April 2010 during preparation of the Uganda Health Systems Strengthening Project in the country. A copy is also available in the MoH website accessible to the public.

C. Compliance Monitoring Indicators at the Corporate Level

OP/BP/GP 4.01 - Environment Assessment	
Does the project require a stand-alone EA (including EMP) report?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] NA [<input type="checkbox"/>]
The World Bank Policy on Disclosure of Information	
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] NA [<input type="checkbox"/>]
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 [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
All Safeguard Policies	
Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Have costs related to safeguard policy measures been included in the project cost?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]

III. APPROVALS

Task Team Leader:	Peter Okwero	
<i>Approved By</i>		
Regional Safeguards Advisor:	Name: Alexandra C. Bezeredi (RSA)	Date: 15-Jul-2013
Sector Manager:	Name: Olusoji O. Adeyi (SM)	Date: 15-Jul-2013