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INTEGRATED SAFEGUARDS DATA SHEET
CONCEPT STAGE

Report No.: ISDSC3726

Date ISDS Prepared/Updated: 11-Jun-2013

Date ISDS Approved/Disclosed: 12-Jul-2013

I. BASIC INFORMATION

A. 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%)		
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		

B. Project Objectives

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

C. 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:

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(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.

D. 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.

E. Borrowers Institutional Capacity for Safeguard Policies

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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 Uganda Health Systems Strengthening Project (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 Uganda Health Systems Strengthening Project (P115563) on April 13, 2010.

A USAID (AIDSTAR-One project) commissioned study report of June 2012 on Health Care Waste Management in Uganda, conducted jointly with Ministry of health in 99 health facilities (12 hospitals, 17 Health Center IV centers, 43 HC-IIIs, and 24 HC-IIs in 18 Districts), 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 drafting 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.

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Under the project, the Voucher Management Agency working under the oversight of the EHD 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.

No social safeguards are anticipated to be triggered based on the project design. The project is based on the voucher model/system of service delivery. 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 obstetric services are lacking, making it untenable to offer the health voucher services in areas where IPs reside. In addition, the project will not require acquisition of land, relocation/displacement of land use or/and persons, loss of sources of income or means of livelihood and restriction of access to legally designated protected areas.

The ministry of Health has undertaken an evaluation of the previous phase of a similar project, which has recommended a reviewed attention to PMTCT of HIV/AIDS and targeting reaching poorer women. The ministry will strive to have these issues addressed in this project with lessons from other projects. Deliberate attention will be required in defining the realization of these issues at conception, project development, implementation including monitoring and evaluation. The ministry has the required capacity to address these recommendations.

F. Environmental and Social Safeguards Specialists on the Team

Herbert Oule (AFTN3)

Constance Nekessa-Ouma (AFTCS)

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II. SAFEGUARD POLICIES THAT MIGHT APPLY

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

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		(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	

III. SAFEGUARD PREPARATION PLAN

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A. Tentative target date for preparing the PAD Stage ISDS: 08-May-2013

B. Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing[1] should be specified in the PAD-stage ISDS:

The project is expected to generate minimal localized medical waste related impacts, and cause no resettlement. No safeguard-related studies are anticipated under the project. The Medical Waste Guidance Note developed included in the Project Operational Manual developed using the Health Care Waste Management Plan for 2009/2010 – 2011/2012 which was completed and disclosed under the Uganda Health Systems Strengthening Project (P115563) will guide implementation of medical waste management under the project. No social safeguard related studies will be undertaken and/or anticipated.

IV. APPROVALS

Task Team Leader:	Name: Peter Okwero	
Approved By:		
Regional Safeguards Coordinator:	Name:	Date:
Sector Manager:	Name: Olusoji O. Adeyi (SM)	Date: 12-Jul-2013

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