



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 17-Jun-2020 | Report No: PIDA29521



BASIC INFORMATION

A. Basic Project Data

Country Kiribati	Project ID P174219	Project Name Kiribati COVID-19 Emergency Response Project	Parent Project ID (if any)
Region EAST ASIA AND PACIFIC	Estimated Appraisal Date 20-May-2020	Estimated Board Date 22-Jun-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Republic of Kiribati	Implementing Agency Ministry of Health and Medical Services	

Proposed Development Objective(s)

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in the Recipient’s territory.

Components

Strengthening essential health service delivery capacity
Implementation Management and Monitoring and Evaluation

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	2.50
Total Financing	2.50
of which IBRD/IDA	2.50
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	2.50
IDA Grant	2.50



Environmental and Social Risk Classification

Moderate

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

B. Introduction and Context

Country Context

- 1. The Republic of Kiribati is one of the smallest, most remote and geographically dispersed countries in the world.** The country consists of 32 low lying coral islands and one raised coral island in three main island groups - namely the Line Islands, Phoenix Islands and Gilbert Islands. Most islands are no more than two meters above mean sea level and only a few hundred meters wide. As such, they are at the forefront of climate change. The capital, South Tarawa, is about 4,000 kilometers from the major trade markets of Australia and New Zealand. With a total population estimated at 110,000 in 2015, Kiribati's population is spread amongst 167 rural villages and 1 urban area on 21 islands across some 3 million square meters; 45% of the country's population live in rural areas.
- 2. These geographical features create significant human development and economic growth challenges.** Kiribati has a limited economic base, dominated by (a) investment income from its sovereign wealth fund, the Revenue Equalization Reserve Fund; (b) the sale of fishing license fees; (c) remittances; and (d) aid flow. Only around 20 percent of the country's population is formally employed in the cash economy, with 80 percent of the jobs provided by the public sector. Food security relies largely on subsistence agriculture and fisheries. Despite improvements in revenues in recent years, Kiribati's Human Development Index ranking is 134 out of 189, and Human Capital Index ranking is 106 out of 157, both amongst the lowest in the Pacific region. According to the last available Household Income and Expenditure Survey (HIES) conducted in 2006, poverty was widespread in Kiribati.
- 3. Despite its relatively privileged position as a gateway to international markets, South Tarawa suffers from major development challenges.** Located on the atoll of Tarawa, South Tarawa, the country's only urban center, spans a string of very densely populated coral islets connected by several causeways. According to the 2006 HIES, the country's basic needs poverty was concentrated in South Tarawa, where the rate reached about 24 percent. However, South Tarawa provides opportunities for cash employment and consumption, as well as access to higher education and specialized social services including health, that is not available elsewhere in Kiribati. This has made the district a magnet for internal migration from the outer islands, further increasing population density and related urban development challenges. In 2012, it was estimated that half of South Tarawa's population was living in informal areas.

Sectoral and Institutional Context



4. **Despite notable improvements in recent decades, most of the population’s health outcomes in Kiribati do not compare well with other small countries in the Pacific.** In many respects, this reflects the very difficult geographic, environmental and social determinants of health that the country faces. Strong collaboration across sectors was recognised as essential to implement the “health in all Government policies” under the Kiribati Ambo Declaration in 2017, but there is no reporting available on progress for this important initiative. Over recent years, with the support of ongoing technical assistance from the World Bank, the Ministry of Health and Medical Services (MHMS) has taken some steps to improve its oversight of health sector performance but continued attention to ‘spending health dollars better’ is needed to achieve more efficient and quality outcomes from frontline service delivery.¹

5. **Access to essential health services varies considerably across the islands, with restricted communication and related support systems adding to the many challenges faced by service providers and the people they serve.** Kiribati generally reports much higher health seeking behavior compared with most other lower-middle income Pacific countries, with outpatient consultations between 2015-2018 averaging around 4.7 per person per year (although this varies substantially across the island groups). While in principle, the population of Kiribati has low cost access to some form of basic health care, delivered predominantly by MHMS through a network of public facilities consisting of 4 hospitals, 22 health centres, and 84 village clinics, much more needs to be done to improve the equity and quality of care across the country. Recent improvements in telecommunication services across the country provide an opportunity to reinvigorate previous efforts by MHMS to strengthen oversight of service performance at all health facilities. This includes: (a) scope for better patient care closer to home, with some form of telehealth support to local health workers for more effective case management, including domestic referrals²; (b) opportunities for more supportive supervision of health workers, including ongoing learning and professional development; as well as (c) the possibility for more timely monitoring of health service data, along with stock management of pharmaceuticals and the medical supplies necessary for improved quality of care. The number of facilities and staff vary significantly across geographic locations and island groups, and nearly two-thirds of the clinical staff are in the highly urbanized island of South Tarawa (where around 50 percent of the population lives). Current connectivity between outer island facilities relies on often poorly maintained Very High Frequency radios or, as telecommunications have improved, the use of mobile phones - but the latter is still often limited with frequent service outages and is usually at the considerable expense of the individual health worker. MHMS is finalizing its Role Delineation Policy (RDP) setting out what services are expected to be provided at each level of the health system; implementation of the RDP includes plans to strengthen supportive supervision of health workers across facilities, particularly for those working in more remote and isolated locations. It is not clear if an ICT related User Requirement Analysis has been completed by MHMS for health facilities as part of the RDP work, but this will be needed to inform interventions by MHMS to improve connectivity across facilities. This work will also need to be integrated with the broader eGovernment Roadmap under the responsibility of the Ministry of Information, Communication, Transport and Tourism Development (MICTTD).

¹ <http://documents.worldbank.org/curated/en/471011528376870220/Kiribati-Health-financing-system-assessment-spend-better>

² Analysis completed in the Health Facility Costing Study in 2019 suggested that there was a high level of local referrals happening (actual expenditure was double what was expected, even with conservative estimates). With better support to health service providers these referrals might be managed more effectively close to where people live and help use the limited resources for health more efficiently e.g. channeling what is potentially substantial savings back into ongoing improvements for telehealth services.



6. **The Kiribati Vision20³ recognizes that a healthy population is a productive population and good health is a pre-requisite to economic growth and poverty reduction.** While the Government is implementing measures to build a healthy society, the high prevalence of both communicable diseases and non-communicable diseases remain significant threats to the lives, wellbeing and productivity of I-Kiribati people. Safe water and sanitation services remain inadequate for many,⁴ including limited working hand-basins and taps for basic infection prevention and control (IPC) in most health facilities. Recently Kiribati has started to produce local hand sanitizer in line with WHO guidance. In addition to general poor nutrition, respiratory health is compromised by the ongoing high proportion of cigarette smoking, and high rates of tuberculosis.⁵ When combined with the often-crowded living arrangements, particularly in urban Tarawa and in the islet of Betio (the country's main port and large township with a population density equal to Hong Kong), an outbreak of COVID-19 will likely overwhelm the health system and further exacerbate the many other health, social and economic challenges the country faces.

7. **The recent Kiribati Social Development Indicator Survey 2018-19 provides insights into gender equality issues in Kiribati.** There was no significant difference in primary school attendance between males and females. However, females are 18% more likely to be attending upper secondary school than males. While women are more literate than men, there is no difference between women and men in terms of access to mass media. With domestic violence, the results of the survey are of considerable concern. Approximately 2 out of 3 of ever married women age 15-49 years reported having experienced emotional, physical or sexual violence at the hands of their current or most recent husband/partner. At least 55 percent of women aged 15-49 years who reported having experienced physical or sexual violence never sought help and never told anyone about their experience. Over recent years MHMS has reported annually on numbers of people seeking services for family-based violence, including through specific facilities established for this service, such as the Healthy Family Clinic at the entrance of the main hospital and more prominently from the newly established Kiribati Women and Children Support Center in Bairiki. Efforts to strengthen the health system more broadly are expected to help address the levels of gender-based violence by improving reporting from community-level facilities through enhanced surveillance capabilities and enabling more distance learning opportunities for health workers, as well as through continued provision of health services during times of restricted movement.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

8. To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in the Recipient's territory.

Key Results

9. **PDO level indicators:** The PDO will be monitored through the following PDO level outcome indicators:

³ Kiribati 20-Year Vision 2016-2036

⁴ According to the recent Kiribati Social Development Indicator Survey 2018-19, 82.3% of household population had access to improved sources of drinking water, 60.9% had handwashing facilities where soap and water were present and 33.7% practiced open defecation.

⁵ According to the last STEPS Report 2015-16, 47.7% of adults in Kiribati were tobacco smokers, according to the last WHO STEPwise approach to Surveillance (STEPS) Report 2015-16, while the reported tuberculosis case notifications in 2018 were 253 per 100,000 population.



- Emergency response protocols and plans revised and adopted
- Percentage of suspected cases of COVID-19 reported and investigated per approved protocol
- Availability of essential medicines and supplies at all health facilities

10. Intermediate Results Indicators

- Percentage of health facilities connected to a centralized health information management database and communication system to support telehealth services
- Increased storage capacity for COVID-19 buffer stocks and essential medicines
- Percentage of health facilities submitting completed surveillance reports within two weeks of the end of each month
- MHMS reporting at least every six months against its Strategic Health Plan core indicator set

D. Project Description

Component 1: Strengthening essential health service delivery capacity (US\$ 2.1 million equivalent)

- 11. This component will focus on strengthening the public health system to maintain essential health service delivery.** Support under this component will enable MHMS to respond more effectively to the evolving COVID-19 service requirements as well as build stronger longer-term foundations for health security and service delivery systems. This includes: (a) construction and upgrading of two warehouses for pharmaceutical and medical supplies – one of which involves demolition and rebuild of an existing building; and (b) assistance completing a User Requirement Analysis to inform MHMS plans and actions to connect most health facilities to a central health information and communication system to support telehealth services.

Sub-component 1.1: Upgrade and construction of warehouses for pharmaceuticals and medical supplies (US\$ 1.48 million equivalent)

- 12. This sub-component will include civil works for the demolition of the 50-year-old warehouse located at the old hospital in Bikenibeu and design and construction of a new Central Medical Store and upgrading of an existing warehouse at the Tungaru Central Hospital (TCH) to optimize storage space.** Both warehouse locations are on land already leased by Government of Kiribati. These two pharmaceutical and medical supplies warehouses will provide adequate space to store the increasing volume of supplies needed to support effective health service delivery across the country, including buffer stocks for COVID-19 response, and to improve supply chain management more generally. This component will also support the procurement of essential additional equipment and supplies so the warehouses are set up to function effectively for the purposes intended; this will include fork-lifts, refrigeration unit for satisfactory cold-chain management, and other equipment/supplies as required. To ensure sustainability of the equipment purchased through the Project, MHMS and MFED will ensure adequate maintenance budget is included in the annual MHMS budget appropriation. The sub-component may also draw on technical assistance provided under the Bank executed PASA to conduct an IPC review of the warehouse facilities to inform the design of the warehouses by ensuring there is the necessary environment for safe water, sanitation and hygiene services, as well as the availability of materials and equipment for required IPC activities. Learning from the IPC experience so far in Kiribati, including the most recent COVID-19 challenges which put the spotlight on the inadequate supplies of soap and/or hand sanitizer (a situation replicated in many other



countries, including high income ones), attention will be given to maintaining a satisfactory space for local production of hand sanitizer as needed, in line with the standards set out by the MHMS with guidance from WHO.

Sub-component 1.2: Connecting health facilities to a centralized health information management database and communication system to support health monitoring and reporting and telehealth services (US\$ 0.62 million equivalent)

13. **This sub-component will support connecting an estimated 100 health facilities (4 hospitals and most - if not all - clinics) across the country to a new centralized health information management database to support health information management and reporting and strengthening the MHMS communication system to support telehealth services.** Informed by the findings from a User Requirement Analysis to be completed by Government of Kiribati, the Project will support the development of the health information database, purchase and installation of equipment once these needs are finalized. This may include items such as connectivity equipment, a database server, network cabinets, routers, backup network attached storage and installation and operating costs related to these activities as required. It is anticipated that this component will predominantly support the purchase of hardware, complemented by the broader work that MICTTD is implementing across all ministries, as well as the technical support and training provided specifically to MHMS staff by its own ICT team on the use of the centralized health information management database and communication system, as well as through the investments of other development partners such as DFAT, UN partners and others.

Component 2: Implementation Management and Monitoring and Evaluation (US\$ 0.4 million equivalent)

14. **This component will provide technical, administrative and operational assistance on project management,** including supporting project management, implementation, monitoring and evaluation (M&E) of the Government’s national health strategic plan core indicators, carrying out audits, strengthening capacity on data collection, use and reporting, financial management (FM), procurement, and environmental and social risk mitigation activities; and sharing lessons learnt from response exercises and joint learning domestically and internationally. Key activities include: (a) recruitment of a Project Manager; (b) operating expenses for day-to-day management of the project, reporting and supervision; (c) support for procurement, FM, environmental and social related activities; (d) M&E activities including process evaluation to monitor implementation progress and address implementation challenges; and (e) contracting of staff on a short-term basis for any required specialized skills such as engineering and public works.

Legal Operational Policies

	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

Summary of Assessment of Environmental and Social Risks and Impacts



15. **The project is, overall, expected to have long term positive environmental and social impacts, insofar as it should improve COVID-19 surveillance, monitoring, treatment and containment.** The risks largely relate to construction and demolition activities and will be local, predictable, temporary and easily managed through project design features and the implementation of the Environmental and Social Management Framework (ESMF), the Environmental Code of Practice (ECOP), the Waste Management Plan (WMP), the Stakeholder Engagement Plan (SEP) and the Labor Management Plan (LMP).
16. **The environmental risks associated with the project have been assessed as "Moderate".** Environmental risks associated with demolition and construction activities include increased dust, noise and erosion, waste management and minor hydrocarbon spills as well as occupational health and safety risks such as working at heights, suspended loads and handling hazardous materials (e.g. asbestos) and sprains, strains, cuts and crush injuries etc. These can be addressed through the implementation of mitigation measures associated with good construction practice such as dust suppression during demolition, limited operating hours for noisy activities and the implementation of erosion and sediment control plans. In addition, contractors will be required to prepare and implement a waste management plan and safety management plan in compliance with the ESMF and local legislation.
17. **The Social Risks are Moderate.** The project is expected to have overall positive impact at a national scale. Risks and impacts are considered temporary, predictable, and readily managed through project design features and mitigation measures. No land acquisition or involuntary resettlement impacts are expected. All activities will be conducted within existing government facilities/grounds and no new land will be acquired or accessed.
18. **The key social risk is the potential for inequitable access to project supported facilities and services for vulnerable people.** To mitigate this risk MHMS will commit to the provision of services and supplies to all people, regardless of their social status based on the urgency of the need, in line with the latest data related to the prevalence of the cases, and the implementation of WHO guidance tools for COVID-19 risk communication and engagement. The project activity under component 1.2, which will support the connectivity of health facilities to a centralized health information management database is a positive impact to enabling better access to health information across the country. Geographically, the distance between the atolls is a key challenge for communication and information dissemination, this will facilitate access to a database at a national scale. The project will primarily rely on the use of existing government workers already employed in the MHMS. The project will involve the use of local contracted workers for civil works and facility upgrades and may also hire individual technical consultants to support the MHMS in specific technical areas where skills are lacking, who will be considered direct workers. The main risk relating to Labor and Working Conditions is the health and safety of those involved in construction and demolition activities. The Recipient will develop procedures for protection of workers in relation to occupational health and safety management and infection control precautions and include these in the LMP and in contracts.

E. Implementation

Institutional and Implementation Arrangements



19. **The project will be implemented by the MHMS.** The MHMS through its relevant technical departments will be responsible for technical oversight of the Project and coordination with other Government ministries and stakeholders on all aspects of Project implementation as required. The Ministry of Infrastructure and Sustainable Energy (MISE) will provide technical oversight of Component 1.1, by providing technical inputs for the procurement of works and construction designs as well as conducting inspections and monitoring construction to ensure compliance with Kiribati regulations. MICTTD will provide technical oversight of Component 1.2 to ensure that any activities supported under this Project are in line with broader GOK plans and interventions for e-government services. The MHMS will appoint a Project Manager to lead the day-to-day project management and implementation. The MHMS will ensure the Project Manager is contracted within two months after the effective date of the Financing Agreement. The Kiribati Fiduciary Services Unit (KFSU) is being scaled up through a recently approved World Bank project⁶ and will provide centralized services for all World Bank-funded projects in Kiribati. The KFSU is based in the MFED and currently includes one Program Manager, one Procurement Officer and two Accountants, with additional staff to include environmental and social specialists and monitoring and evaluation specialists, as well as other staff, as necessary. It is expected that Programmatic Preparation Advance funds will be used to fast-track recruitment of environmental and social specialists, who will support the preparation of key environmental and social documents. The KFSU will also provide ongoing procurement, financial management, and environmental and social support to the project during implementation, and will maintain, at a minimum throughout project implementation, a procurement specialist, financial management specialist, local environmental and social specialist, and international environmental and social specialist.
20. **The Development Coordination Committee which has responsibility for overseeing all development projects, will provide general oversight, coordination and strategic direction for overall project implementation.** The Development Coordination committee which is the main governing body that coordinates and reports on all development activity in Kiribati, is chaired by the Secretary of the Cabinet with membership from all ministries including MFED and MHMS. Development partners engaged in the health sector will also continue to play a prominent role in enhancing MHMS's preparedness and capacity to respond to the COVID-19 pandemic and broader health security.
21. **A Project Operations Manual (POM) will be developed by not later than two months after the effective date of the Financing Agreement to support the MHMS, MISE, and MICTTD to meet their respective responsibilities for management and implementation of the project.** The POM will describe detailed arrangements and procedures for the implementation of the project, such as the responsibilities of the different departments within MHMS - Pharmacy and Information Communications and Technology; operational systems and procedures; project organizational structure; finance and accounting procedures (including funds flow and disbursement arrangements); procurement procedures, personal data collection and processing in accordance with good international practice; and implementation arrangements for the Environmental and Social Commitment Plan (ESCP) as well as the preparation and/or implementation of instruments referred to in the ESCP such as the Environmental and Social Management Plan.
22. **Annual Work Plan and Budget** will be prepared by the government and submitted to the Association, no later than October 1 of each year during the implementation of the Project, for the Association's review and no-objection. The first Annual Work Plan and Budget for the first year of implementation is to be submitted within 90 days of the Effective Date of the Financing Agreement. The workplan will list all activities to be

⁶ The Kiribati Outer Islands Transport Infrastructure Investment Project (P165838), approved in March 2020.



implemented for the period covered by the plan, with budgets attached, indicating the targets to be achieved. The Bank team will work closely with the government to develop the plan and provide support as needed.

CONTACT POINT

World Bank

Carol Atieno Obure
Economist (Health)

Susan Lynette Ivatts
Senior Health Specialist

Borrower/Client/Recipient

Republic of Kiribati

Implementing Agencies

Ministry of Health and Medical Services
Kaaro Neeti
Secretary - MHMS
secretary@mhms.gov.ki

FOR MORE INFORMATION CONTACT

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: <http://www.worldbank.org/projects>

APPROVAL

Task Team Leader(s):	Carol Atieno Obure Susan Lynette Ivatts
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Approved By

Environmental and Social Standards Advisor:		
Practice Manager/Manager:		
Country Director:	Jane Millicent Sprouster	17-Jun-2020
