

**INTEGRATED SAFEGUARDS DATA SHEET
ADDITIONAL FINANCING**

Report No.: ISDSA12615

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I. BASIC INFORMATION

1. Basic Project Data

Country:	Africa	Project ID:	P153665
		Parent Project ID:	P111556
Project Name:	3A EA PH Laboratory Networking Project Additional Financing (P153665)		
Parent Project Name:	East Africa Public Health Laboratory Networking Project (P111556)		
Task Team Leader(s):	Miriam Schneidman		
Estimated Appraisal Date:	27-Jan-2015	Estimated Board Date:	30-Mar-2015
Managing Unit:	GHNDR	Lending Instrument:	Investment Project Financing
Sector(s):	Health (90%), Information technology (10%)		
Theme(s):	Other communicable diseases (34%), Health system performance (33%), Tuberculosis (33%)		
Is this project processed under OP 8.50 (Emergency Recovery) or OP 8.00 (Rapid Response to Crises and Emergencies)?			Yes
Financing (In USD Million)			
Total Project Cost:	99.00	Total Bank Financing:	99.00
Financing Gap:	0.00		
Financing Source			Amount
BORROWER/RECIPIENT			0.00
International Development Association (IDA)			99.00
Total			99.00
Environmental Category:	B - Partial Assessment		
Is this a Repeater project?	No		

2. Project Development Objective(s)

A. Original Project Development Objectives – Parent

To establish a network of efficient, high quality, accessible public health laboratories for the diagnosis and surveillance of tuberculosis and other communicable diseases.

B. Current Project Development Objectives – Parent

C. Proposed Project Development Objectives – Additional Financing (AF)

3. Project Description

The project includes three mutually reinforcing components, which assist Burundi, Kenya, Rwanda, Tanzania, Uganda, and now Ethiopia, to diagnose diseases of public health importance and to share information about those diseases to mount an effective regional response. The project components will remain unchanged but will be expanded to include Ethiopia and to support additional activities for four of the participating countries (Burundi, Kenya, Tanzania and Uganda). The activities to be funded and the estimated budgets are summarized below.

Ethiopia. In light of the government's strategic priorities, as articulated in the Ebola Emergency Preparedness and Response Plan, and the support of other development partners the following activities will be included under each component:

COMPONENT 1--Regional Diagnostic and Surveillance Capacity (US\$41.9 million) is providing support to enhance access to diagnostic services for vulnerable groups in cross border areas of Ethiopia; improve capacity to provide specialized diagnostic services and conduct selective drug resistance monitoring at the national level; and strengthen disease surveillance and preparedness to provide early warning of public health events. As requested by the Government of Ethiopia, this component will support construction of two regional laboratories in Benishangul and Dire Dawa, (employing a CDC laboratory model used for similar facilities to ensure uniformity and promote high standards) and quality related improvements at an additional eleven regional laboratories which would become part of the laboratory network. In addition, support will be provided to the Ethiopian Public Health Institute (EPHI) to make it a premiere center of excellence in the region for public health, research, and training.

The thirteen regional laboratories are in strategic cross border areas and/or in densely populated peri-urban areas where poverty is rampant and slum conditions serve as a breeding ground for the spread of diseases. Given Ethiopia's size and diversity the project support, combined with assistance from other development partners, will provide good coverage. The satellite sites were selected based on the following criteria: (i) facilities which are located in high transmission areas with large numbers of migrants or refugees; (ii) regional teaching hospitals which can serve as centers of excellence for conducting training and research; (iii) commitment to collaborate and coordinate efforts within and across countries; and (iv) support from other development partners to leverage other financing. The satellite facilities are essential to optimize surveillance efforts and contain the spread of communicable diseases. Component 1 includes three sub-components:

(i) Diagnostic Services for Vulnerable Populations in Cross Border Areas (US\$5.4 million): In addition to the 32 laboratories already receiving support, the first component will incorporate the 14 laboratories in Ethiopia in the laboratory network. IDA financing will continue promoting a systems approach to laboratory development and include: (i) support for rehabilitation, expansion, and/or

construction of laboratories and/or isolation units at select facilities, filling in gaps not funded by other partners; (ii) provision of laboratory equipment (including new TB diagnostics), materials, and supplies, including waste management and infection control equipment, and personal protective equipment to ensure the safety of laboratory personnel; (iii) acquisition of computer equipment, software, and technical support for integrated laboratory information systems to improve the quality of data generated and videoconferencing capacity to facilitate communications; and (iv) provision of operating funds to render the laboratories functional, including strengthening human resources, supporting assisted supervision and conducting outreach activities at the community level.

(ii/a) Reference and Specialized Services and Drug Resistance Monitoring (US\$32 million): The project will bolster the capacity of the EPHI to conduct specialized testing, with a particular focus on the diagnosis of emerging and re-emerging pathogens, such as Ebola. The EPHI will strengthen collaboration with the national referral laboratories in the other participating countries by sharing information, conducting joint training and research, and harmonizing policies and strategies. The project will fund the rehabilitation/construction and equipment of the EPHI, including appropriate biosafety capacity. The project will allow the Government to fund procurement of expertise in key aspects of designing, costing, and environmental safeguards needed for the state-of-the-art laboratories for EPHI including BSL 3 and BSL 4. Subsequently, the project will allow for the Government to fund construction of BSL 3 and BSL 4 laboratories in line with WHO biosafety standards and guidelines and in collaboration with other technical partners (agreeable to both IDA and the Government), subject to completion of acceptable risk, economic and financial, and environmental assessments.

(ii/b) EQA Systems and Laboratory Accreditation (US\$2.8 million): The project will introduce and/or strengthen laboratory quality systems at the 14 participating laboratories. All facilities will be supported to participate in the WHO/AFRO five-step quality improvement process (SLIPTA) towards accreditation and the accompanying training program (Strengthening Laboratory Management Towards Accreditation (SLMTA), with the goal of reaching at least three stars by project completion. The project will finance: (i) provision of equipment to support the EPHI to systematically conduct External Quality Assurance (EQA) by producing and distributing proficiency testing panels to regional facilities; (ii) technical assistance for laboratory accreditation; (iii) capacity building activities for satellite laboratories to participate in the EQA system; and (iv) provision of operating funds to support inter-laboratory external quality assessments among the six participating countries.

(iii) Disease Surveillance and Preparedness (US\$1.7 million): The proposed activities complement ongoing national, regional and global initiatives to improve Integrated Disease Surveillance and Response (IDSR) country systems by addressing glaring gaps highlighted by the recent Ebola outbreak. The project supports the IDSR strategic goals to improve availability of quality information by: (i) strengthening competence of lab and facility personnel to collect, analyze, and use surveillance data; (ii) reinforcing lab networking and district capacity to report, investigate, and adequately respond to disease outbreaks; and (iii) strengthening communications and data sharing to respond rapidly to outbreaks. The additional financing will assist Ethiopia to comply with its commitments under the IHR. The project will support Ethiopia to: (i) strengthen etiological confirmation of pathogens and promote active participation of laboratory and other health personnel in disease surveillance and disease outbreak investigations; (ii) scale up an electronic disease surveillance reporting system supported by CDC/USAID; (iii) refurbish isolation centers within existing hospitals/facilities at high traffic border points (Gambela, Benishangul); (iv) strengthen capacity to diagnose and manage zoonotic diseases in collaboration with animal health experts

through joint training, and coordinated disease outbreak investigations and table top simulations; (v) strengthen and operationalize cross border zonal surveillance committees with a focus on hot spot areas; and (vi) bolster capacity to track and diagnose non-communicable diseases (NCDs) with special emphasis on cancers which are rapidly emerging as an important public health problem. These activities will be funded through the provision of technical assistance, ICT equipment, and operating costs.

COMPONENT 2 --Joint Training and Capacity Building (US\$3.4 million) aims to support training and capacity building for health (i.e. laboratory, health workers, community workers) and non-health (i.e. airport and other port of entry personnel; zoonotic surveillance experts) personnel in order to increase the pool of experts, and improve the effectiveness of public health laboratories and the efficiency of disease preparedness and outbreak responses. As part of this component, Ethiopia will prepare a training plan, to be reviewed annually, which provides details of short and long-term programs, including regional training, in laboratory sciences and field epidemiology. In total, over 2,000 personnel will benefit from training to improve quality of laboratory services and disease prevention and preparedness capacity. An initial list of critical short term training programs have been proposed and will include but not be limited to: laboratory management, infection control and bio-safety, equipment maintenance, disease surveillance and outbreak investigations, laboratory mentorship, TB diagnostic techniques, Good Clinical Laboratory Practice, SLMTA and research methodologies. In addition, a three-month certificate program on Laboratory Management, developed by Tanzania under the original project, will be made available to Ethiopian participants. In order to address the growing need for diagnosis and management of NCDs, particularly cancers, training will also be provided to strengthen cancer screening and pathology services. The project will also support fellowships in field epidemiology through the country's ongoing flagship Field Epidemiology and Training Program (FETP), complementing support from CDC and others. The project will finance: (i) attendance at training courses at national and regional institutes; (ii) laboratory attachments, and regional exchanges at recognized centers of laboratory excellence; and (iii) technical assistance to review and develop standards and training curricula.

COMPONENT 3-- Joint Operational Research and Knowledge Sharing/Regional Coordination and Program Management (US\$3.7 million) will finance operational research and knowledge sharing activities, which aim to inform public policy and programmatic action on various topics, such as use of mobile phone disease surveillance technologies, feasibility of developing vaccines for zoonotic diseases, and strategies for the control and management of disease outbreaks. The component will also support activities aimed at generating lessons and sharing knowledge on the role of Health Extension Workers in disease surveillance and early response systems. The AF will support: (i) technical assistance to conduct operational research; (ii) procurement of essential supplies for operational research; (iii) workshops to disseminate research findings; (iv) study tours to the other participating countries to learn from ongoing successful programs and initiatives; and (v) operational costs to manage the project at the national and regional levels.

Burundi, Kenya, Tanzania and Uganda. For the four original countries the AF will support the consolidation of ongoing activities and funding of the following supplementary activities:

Component 1--Regional Diagnostic and Surveillance Capacity (US\$36.2 million): Under Component 1, the following additional activities will be funded to enhance readiness to cope with disease outbreaks: (i) establishment of selective BSL2/3 capacity to facilitate rapid and efficient diagnosis of EVD and other pathogens and minimize the need for transporting infectious materials across borders, drawing on thorough risk assessments to be conducted to determine the appropriate BSL required for

different contexts in accordance with WHO guidelines and policies; (ii) construction of isolation units to manage cases of EVD and other infectious diseases such as cholera and TB; (iii) construction and equipment of additional laboratories to expand geographic coverage and increase national capacity; (iv) provision of personal PPEs, materials and supplies; (v) operational support for EOCs and RRTs, cross border disease surveillance committees, and table top simulations; (vi) equipment and supplies for veterinary laboratories; and (vii) equipment for roll out of mobile phone disease surveillance reporting, based on system developed under the original project; and (viii) specialized pathology equipment to support a small scale cancer screening program.

Component 2--Joint Training and Capacity Building (US\$5.5 million): The AF will assist the four participating countries to conduct training and mentoring of both health and non-health personnel in key aspects of epidemic preparedness and response using a training of trainers (TOT) approach, cascading training down from regional to national level and from national to peripheral level. To this end, the project will fund training of: (i) health workers (i.e. medical, laboratory, community, disease surveillance) at all levels of the health system to enhance knowledge and capacity to monitor, track and manage cases of EVD and other infectious diseases; (ii) non-health workers (i.e. airport and port authorities) to strengthen screening and reporting of cases during epidemics; (iii) community and civil society groups to raise awareness of risks, and strengthen case notification during outbreaks; (iv) animal health specialists to encourage a move towards a One Health approach; and (v) establishment of the FETP Program (Burundi). In order to address the growing need for diagnosis and management of NCDs, particularly cancers, training will also be provided to strengthen cancer screening and pathology services.

Component 3--Joint Operational Research and Knowledge Sharing/Regional Coordination and Program Management (US\$8.3 million): In addition to consolidating and disseminating findings from ongoing operational research, the AF will support the participating countries to conduct research to determine factors contributing to outbreaks of VHF and to identify the most effective strategies for managing epidemics.

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

The initial project countries are Burundi, Kenya, Rwanda, Tanzania, and Uganda. The additional financing will add Ethiopia to the project and provide additional financing for four of the countries (Burundi, Kenya, Tanzania and Uganda). The project-supported facilities are located primarily in cross border areas of these five countries and/or in densely populated peri-urban areas where poverty is rampant and slum conditions serve as a breeding ground for the spread of communicable diseases.

5. Environmental and Social Safeguards Specialists

6. Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	
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	For Burundi and Kenya.
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

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:

The East Africa Public Health Laboratory Networking Project Additional Financing is categorized as “B”, similar to the original project (P111556) and triggers the safeguard policies on: (a) Environmental Assessment (OP/BP 4.01) due mainly to the planned construction/rehabilitation of 2 regional laboratories (employing a CDC laboratory model used for similar facilities to ensure uniformity and promote high standards) in addition to the proposed construction at the Ethiopian Public Health Institute (EPHI), as well as the generation of health care waste at all laboratories; and (b) Indigenous Peoples (OP/BP 4.10) for the project in Kenya and Burundi.

The appraisal mission confirmed that OP 4.12 on Involuntary Resettlement is not triggered, as all construction works will take place within the fenced premises of the selected hospitals or within the premises of the EPHI. There are no settlements on these sites, which have been reserved for potential future expansion. Moreover, even within the fenced premises there are no activities that could be viewed as supporting livelihoods.

With regard to OP4.01: during the preparation of the original project, an Environmental and Social Management Framework (ESMF) that includes an Environmental and Social Management Plan (ESMP) was prepared to ensure proper assessment and mitigation of potential adverse environmental and social impacts. Medical Waste Management Plans have also been prepared for each country.

Recent assessment of safeguards performance of the original project revealed that compliance with safeguard instruments has been generally satisfactory. In Rwanda, facilities are completed and no major environmental related issues emerged. In Kenya, environmental impact assessments were conducted for each site. In Uganda, authorities developed Environmental and Social Management Plans (ESMPs) to mitigate potential negative effects of the project-supported civil works. Civil works activities in Burundi and Tanzania are still at an early stage, with ESMPs to be prepared.

The ESMF will be updated to include Ethiopia, with guidance on managing the environmental and social impacts of the civil works planned for the laboratories in Ethiopia. The ESMF outlines the steps to be followed by the borrower in the Environmental and Social Screening Form (ESSF), and includes Social and Environmental Clauses/Guidelines (SEC/G) for contractors, a summary of the Bank's safeguard policies, and an Environmental and Social Checklist. The ESMF includes a generic Environmental and Social Impact Assessment (ESIA) terms of reference to be applied in the event that the screening process results indicate the need for a separate site specific ESIA and/or Environmental and Social Management Plan (ESMP). As the specific works have not yet been finalized, the project will use the ESMF to guide the management of environmental and social impacts. The ESIA and/or ESMP will be prepared, consulted upon, and disclosed before the civil works begin.

In addition, the existing Medical Waste Management Plan (MWMP) for the health sector in Ethiopia will be customized to encompass wastes likely to be generated through activities supported under the East Africa Public Health Laboratory Networking Project. These two safeguards instruments will be used for the Ethiopia related activities under the project. The Waste Management Plans for the other four countries will also be updated to take into account Ebola related requirements.

With regard to OP 4.10, in the case of Kenya, under the original project, initial screening suggested that indigenous vulnerable/marginalized peoples might be present in the five focus areas that would benefit from the project, and hence a Vulnerable and Marginalized Peoples Planning Framework was prepared in January 2010, to enable screening of sub-projects and preparation of plans as and when needed. In the case of Burundi, which received support to join the regional project in 2012 an "Indigenous Peoples Plan" was prepared aiming to ensure that vulnerable groups, including more specifically the Batwa, would be able to receive culturally appropriate services and benefits from the project. These instruments are currently under implementation and capacity of implementing agencies in Kenya and Burundi has been strengthened to improve implementation and monitor safeguard due diligence in relation to Indigenous and Vulnerable Peoples. With regard to the proposed activities in Ethiopia OP 4.10 has not been triggered, as planned activities consist mainly of refurbishing existing facilities and/or are planned in densely populated peri-urban areas which are outside of indigenous community areas.

The Project Paper includes an Environmental and Social Action Plan that sets out the updating of the safeguards instruments to address the new activities under the Additional Financing.

Finally, in light of the Bank's new policy on climate change screening, the task team is currently proceeding with the Climate Change screening requirements as part of the IDA 17 commitments. Screening will be completed before Board presentation. Findings will be taken into consideration during implementation.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:

Future activities at these laboratory facilities to be supported under the project are not expected to have long term detrimental or cumulative effects, especially as waste management and social and environmental concerns are being addressed through the ESMF, MWMP, the VMGP (Kenya) and IPP (Burundi).

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.

<p>The “no project” alternative would actually cause serious harm since it would prevent the health facilities from tackling efficiently debilitating and often lethal infectious diseases, as well as the appropriate ways of dealing with medical waste, especially in communities where poor and vulnerable groups live.</p>
<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.</p>
<p>As has been the practice in the other participating countries (Burundi, Kenya, Uganda, Rwanda and Tanzania), Ethiopia will also be included in the ESMF. The ESMF and MWMP to be revised will be consulted upon, and disclosed.</p> <p>There is already a dedicated team of staff in the Ethiopia’s Federal Ministry of Health (FMoH) working specifically on both social and environmental safeguards issues. The same team will be entrusted to satisfactorily implement the safeguards for this laboratory project. The Social & Environmental Team (SET) will be guided by and work closely with the World Bank safeguards team during supervision and throughout the project life cycle. The SET will also benefit from additional technical capacity building provided by the Bank team through a series of workshops and/or in-field training.</p>
<p>5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.</p>
<p>The primary beneficiaries are medical practitioners and local communities benefiting from and using medical facilities, including poor and vulnerable groups living in cross border communities. More specifically, discussions were held with a number of key stakeholders starting with the management of the Federal Ministry of Health and with members of the Ethiopia Public Health Institute (EPHI), and other key ministry personnel. These meetings provided detailed information on the proposed project design, implementation arrangements, and the safeguard documents, including the Environmental and Social Management Framework of the East Africa Laboratory Project (that will be used for Ethiopia) plus other important project related information.</p> <p>On the basis of these discussions it was decided to update the two safeguards instruments, namely the ESMF/ESMP, and the MWMP. During the implementation phase a series of participatory public consultations will be held to raise awareness, gain familiarization with the project, and with the proposed laboratory facilities to be supported under the project, and build ownership to foster more social accountability throughout the life of the project.</p> <p>As consultation and participation needs to be sustained, there will be regular consultations with implementing agencies during the implementation phase of the project.</p> <p>Finally, under the Additional Financing, the safeguards mechanisms to be used for consultation and disclosure of safeguard policies will be those already existing in Ethiopia which will be updated as needed to ensure new activities and populations are covered.</p>

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other	
Date of receipt by the Bank	27-Jan-2010
Date of submission to InfoShop	05-Feb-2010
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	////

"In country" Disclosure	
<i>Comments:</i>	
Indigenous Peoples Development Plan/Framework	
Date of receipt by the Bank	03-Feb-2010
Date of submission to InfoShop	05-Feb-2010
"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:	

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 checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
If yes, then did the Regional Environment Unit or Practice Manager (PM) review and approve the EA report?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Are the cost and the accountabilities for the EMP incorporated in the credit/loan?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
OP/BP 4.10 - Indigenous Peoples	
Has a separate Indigenous Peoples Plan/Planning Framework (as appropriate) been prepared in consultation with affected Indigenous Peoples?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
If yes, then did the Regional unit responsible for safeguards or Practice Manager review the plan?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
If the whole project is designed to benefit IP, has the design been reviewed and approved by the Regional Social Development Unit or Practice Manager?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] NA [<input checked="" 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 type="checkbox"/>] No [<input checked="" 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(s):	Name: Miriam Schneidman	
<i>Approved By</i>		
Safeguards Advisor:	Name:	Date:
Practice Manager/ Manager:	Name:	Date: