

**INTEGRATED SAFEGUARDS DATA SHEET
APPRAISAL STAGE**

Report No.: ISDSA17641

Date ISDS Prepared/Updated: 09-Jun-2016

Date ISDS Approved/Disclosed: 09-Jun-2016

I. BASIC INFORMATION

1. Basic Project Data

Country:	Uganda	Project ID:	P155186
Project Name:	Uganda Reproductive, Maternal and Child Health Services Improvement Project (P155186)		
Task Team Leader(s):	Peter Okwero		
Estimated Appraisal Date:	16-May-2016	Estimated Board Date:	28-Jul-2016
Managing Unit:	GHN01	Lending Instrument:	Investment Project Financing
Sector(s):	Health (100%)		
Theme(s):	Population and reproductive health (60%), Health system performance (40%)		
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:	140.00	Total Bank Financing:	110.00
Financing Gap:	0.00		
Financing Source			Amount
BORROWER/RECIPIENT			0.00
International Development Association (IDA)			110.00
Global Financing Facility			30.00
Total			140.00
Environmental Category:	B - Partial Assessment		
Is this a Repeater project?	No		

2. Project Development Objective(s)

The Project Development Objectives (PDOs) are to: (i) improve utilization of essential health services with a focus on reproductive, maternal, newborn, child and adolescent health services in target districts; and (ii) scale up birth and death registration services.

3. Project Description

The proposed project comprises four components: (a) Results Based Financing for Primary Health Care Services; (b) Strengthen Health Systems to Deliver RMNCAH Services; (c) Strengthen Capacity to Scale up Delivery of Births and Deaths Registration Services; and (d) Enhance Institutional Capacity to Manage Project Supported Activities. The project under components one and two will support the country's efforts to scale-up key RMNCAH services as outlined in the RMNCAH Sharpened Plan 2016-2020, and under component three support efforts to strengthen institutional capacity to scale up birth and death registration (BDR) services in the country. The project is entirely focused on results and is designed to respond to key constraints in the provision and utilization of RMNCAH and CRVS services in the country. The project under component one will use RBF to incentivize the implementation of a set of high impact RMNCAH interventions by front-line health providers.

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

The project will be implemented through existing health facilities (HC III and IV) in selected districts. Component 1 will support implementation of RBF activities in a phased manner to ultimately cover 60 districts in Uganda. Activities for Components 2 and 3 are mainly national-level activities, and will accord priority to low capacity and remote districts. The interventions under the project involve improvement in provision of health services to communities, including those that are vulnerable. The project will contribute to improved health services and the treatment of more people and consequently there will be increased generation of medical waste in the health facilities, and the need for appropriate controls to minimize the associated risk of spread of disease. Component 2 will involve small scale repairs, renovations, and construction of maternity wards and appropriate environmental and social controls will be needed in respect to any land acquisition and construction activity. The environmental and social impacts that could arise from the project have been predicted. The civil works will pose health and safety issues, including construction waste aspects, while the health care waste will pose health risks to the patients, attendants, health workers and the general public in the event of poor management practices.

Given the wide geographical coverage of the project that includes Kaabong District where the IK community are present and with potential inclusion of some districts where the Batwa are present, both an Indigenous Peoples Plan (IPP) and an Indigenous Peoples Planning Framework (IPPF), respectively have been prepared. Through free, prior and informed consultations with the IK, the health concerns, challenges to health access and utilization were identified. The IPP includes actions that will address these unique barriers to health access among the IK, some of which are related to cultural and traditional considerations in health service delivery, inadequate midwives in the health center and language barriers among others. The IPPF, also prepared after free priori and informed consultations with the Batwa, will support the development of IPPs for the remaining districts where the project might cover areas inhabited by the Batwa.

In both cases, particular focus will be on enhancing continuous free, prior and informed consultation as well as meaningful engagement of IPs in project delivery. Appropriate mechanisms identified in the IPP and the IPPF will inform measures needed to address the unmet RHMNCH needs of IPs. Given that the above foreseen infrastructure works is expected to be carried out within existing health facility land, the need for compensation, resettlement and livelihood restoration is uncertain. In this case, an RPF has been prepared through a consultative process with stakeholders. Overall, the potential environmental and social impacts can be adequately managed by integrating environmental

and social due diligence into the sub-project cycle.

5. Environmental and Social Safeguards Specialists

Catherine Asekenye Barasa (GSU07)

6. Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	The interventions under Components 1 and 2 of the proposed project involve handling of medical products and thus contribute to increased generation of medical waste in the health facilities, may involve minor civil works and construction of maternity wards (repairs and minor renovation works) and related impacts, therefore renders the project to trigger OP 4.01 on Environmental Assessment. Because of the overall limited likely environmental and social impacts, the project is rated as EA category B. Since the participating health facilities are not yet determined or known, Environmental and Social Management Framework has been prepared to guide management of environmental and social aspects. Once the specific sites and respective activities have been identified, ESIA shall be prepared as needed and ESMPs developed before start of any works. The ESMF has been prepared in a consultative manner and disclosed both in-country by the client and at Infoshop by IDA before project appraisal. In addition to the National Health Care Waste Management Plan (2009/2010 ➤ 2011/2012) prepared and disclosed under the previous IDA projects, the MoH has the following documents on health care waste management and infection control: Approaches to Health Care Waste Management (HCWM), Health Workers Guide, Second Edition (2013); Uganda National Infection Prevention and Control Guidelines (December 2013); and the National Policy on Injection Safety and Health Care Waste Management (2014). These documents shall guide management of HCW and shall form part of the project ESMF. The listed guidelines shall be harmonized into one basic practical guide in the Project Implementation Manual used at both HC-IIIs and HC-IVs to manage HCW. HCWM shall be part of the assessment criteria for participating health facilities including development of a site specific HCWM-Plan.
Natural Habitats OP/BP 4.04	No	The project will not support any activities that may affect natural habitats.
Forests OP/BP 4.36	No	The project is not anticipated to affect any segment of forest/s and/or support activities associated with forests.
Pest Management OP 4.09	No	The project will not support procurement or use of pesticides.

Physical Cultural Resources OP/BP 4.11	Yes	Though the project will be undertaken in existing facilities and with no known PCRs, the civil works may affect unknown PCRs and a chance finds procedure has been developed as part of the ESMF.
Indigenous Peoples OP/BP 4.10	Yes	This policy has been triggered because some project Districts host indigenous people: such as the Ik people in Kaabong District. In this case where the project area clearly covers Kaabong where the Ik exist, an IPP has been prepared. It is anticipated that project coverage may extend to Districts of Kisoro, Bundibugyo, Kasese and Kanungu, all of which host the Batwa. In this case, an Indigenous Peoples Planning Framework (IPPF) has been prepared for the Batwa.
Involuntary Resettlement OP/BP 4.12	Yes	The project interventions under Component 1 and 2 are expected to be undertaken in existing health facilities with limited likelihood of land-take/acquisition or loss of livelihoods. However, since the specific facilities (HC IIIs and HC IVs) and scope of activities are not known at this point, additional land may be required in cases where expansion of the health facility may be required. In cases where surrounding communities or hospital staff sources of alternative livelihood or income generation activities like kiosks or gardens may be affected, these will be taken into account for restoration, time allowance for harvesting of crops, relocation or compensation whichever is appropriate in accordance to the policy. Community members and staff will have adequate education on and access to the GRM. RPF has been prepared in a consultative manner and disclosed both in-country by the client and at Infoshop by IDA before project appraisal.
Safety of Dams OP/BP 4.37	No	The project will not finance any dams or abstract water from existing dams.
Projects on International Waterways OP/BP 7.50	No	The project will not support any activities on international waterways.
Projects in Disputed Areas OP/BP 7.60	No	There are no known disputed areas in the likely project sites of the country.

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 proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:</p>
<p>The interventions under the project involve improvement in provision of health services, handling of medical products. These activities will contribute to increased generation of medical waste in the health facilities. Component 1 will support implementation of RBF activities in a phased manner to ultimately cover 60 districts in Uganda. Activities for Components 2 and 3 are mainly national-level activities, and will accord priority to low capacity and remote districts. The</p>

interventions under the project involve improvement in provision of health services to communities, including those that are vulnerable or marginalized. The project will contribute to improved health services and the treatment of more people and consequently there will be increased generation of medical waste in the health facilities, and the need for appropriate controls to minimize the associated risk of spread of disease. Component 2 will involve small scale repairs, renovations, and construction of maternity wards and appropriate environmental and social controls will be needed in respect to any land acquisition and construction activity. The environmental and social impacts that could arise from the project have been predicted. The civil works will pose health and safety issues, including construction waste aspects, while the health care waste will pose health risks to the patients, attendants, health workers and the general public in the event of poor management practices.

The project coverage includes districts that host indigenous peoples (IPs). In order to ensure that social development outcomes of inclusion are achieved, services supported under the project in the IP host communities will be delivered in a culturally sensitive manner, with provision for adequate interaction and communication with beneficiary communities and use of local dialects spoken by the IK and Batwa. Appropriate mechanisms identified in the IPP and the IPPF, will inform measures needed to address the unmet RHMNCH needs of IK and Batwa respectively.

The project involves small civil works and minor renovations, and while the probability for land acquisition under the project is quite small, since the exact sites and land take needs are uncertain, the project may have resettlement and land acquisition impacts in terms of compensation, resettlement and livelihood restoration. The potential environmental and social impacts can be adequately managed by integrating environmental and social due diligence into the sub-project cycle.

Although the project involves small civil works and minor renovations, adherence to existing labor laws will remain critical. This will among others include contractor's compliance to provision of contracts to all employees including clear provisions for conflict resolution, adherence to zero tolerance policy for sexual harassment in the workplace, decent sanitary facilities separate for men and women, access to clean water for all employees, HIV/AIDS workplace program, deliberate efforts to ensure non discriminative policies for employment that ensure opportunities for all; for example local labor from the host areas and women to be prioritized for work opportunities in order to advance equitable income distribution within the community. Other social concerns including child labor and all forms of violence against children, harassment of women and girls by laborers will be addressed through proactive measures and close supervision.

There are no anticipated large scale or irreversible impacts by the project.

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

Beyond the continued generation of medical waste in the health facilities, there are no anticipated long term or irreversible impacts by the project. The small civil works and minor renovations are not expected to promote mobile laborers in the area, with the resultant social interactions that could lead to: a) increased sex work, b) spread of STDs/HIV/AIDS, c) sexual harassment, and d) sexual abuse of women and underage children as well as child labor. A Code of Conduct has been prepared as part of the ESMF and shall be enforced with respect to influx of workers for any short term construction works.

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

impacts.

The project will use a combination of approaches to handle medical waste as per the guidelines issued by the Ministry of Health, including through the use of eligibility criteria for participating health facilities. In addition, an IPP has been prepared for the IK community and the IPPF for the Batwa. A Resettlement Policy Framework (RPF) has been prepared through a consultative process to inform any emerging needs in this respect. Engagement of District labor officers to provide regular site supervision and support for adherence to labor policy including on issues raised under 1 above.

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.

Since the exact participating facilities and their location are not yet known, and it is not clear whether or not the project could lead to acquisition of additional land and or loss of livelihoods of some individuals or communities, Environmental and Social Management Framework (ESMF) and a Resettlement Policy Framework (RPF) have been prepared to guide handling of project environmental and social aspects during implementation. The ESMF includes environmental and social management tools such as screening procedures for sub projects, assessment checklists, guides for environmental and social management plans, simplified/practical health facility (HC-III/IV) health care waste management guidelines, chance finds procedure, environmental and social reporting formats, , grievance redress mechanism, etc. Given that the project may involve construction and labor concentrations and movement, the ESMF has provided guidance that is in line with the National Labor laws and management of workers, including a Code of Conduct. In addition, each district has a department responsible for District Community Based Services departments to support compliance to related laws and guidelines.

In addition to the National Health Care Waste Management Plan (2009/2010 -③(③ 2011/2012) prepared and disclosed under the previous IDA projects, the MoH has the following documents on health care waste management and infection control: Approaches to Health Care Waste Management, Health Workers Guide, Second Edition (2013); Uganda National Infection Prevention and Control Guidelines (Dec 2013); and the National Policy on Injection Safety and Health Care Waste Management (2014). These guidelines have been reviewed and incorporated in the ESMF and shall be used to guide HCWM. HCWM shall be part of the assessment criteria for participating health facilities including development of a site specific HCWM-Plan as needed.

Environmental compliance is the responsibility of the Environmental Health Division (EHD) of the MoH which is charged with coordination of health care waste management activities under the overall policy guidance of the National Environment Management Authority. At the health facilities, committees to handle infection control have been established. In addition, the project will incentivize implementation of HCWM activities at the health facilities. Their functionality and capacity to handle environmental and social Safeguards requirements was assessed during preparation of the ESMF and appropriate remedial measures suggested to address the gaps that were found. In order to ensure proper implementation and management of the environmental aspects of the proposed project, the MoH will hire or designate an Environmental Health Specialist as part of the project coordination team. The specialist shall closely work and coordinate with the District Environment Officers and Community Development Officers and related partners on a day to day basis. Relevant safeguards training of project staff, participating health facilities & Local Governments shall be undertaken early enough at the start of the project.

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

Local consultations were done as part of the preparation of the ESMF. The consultations included the full spectrum of directly affected local stakeholders, the Indigenous Peoples of Ik and Batwa, including selected District Local Governments, In Charge of Health facilities, Hospitals Medical Superintendents, NEMA, National Medical Stores, National Drug Authority, and MoH staff.

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other	
Date of receipt by the Bank	29-Apr-2016
Date of submission to InfoShop	09-Jun-2016
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	
"In country" Disclosure	
Uganda	08-Jun-2016
<i>Comments:</i> In the MoH Resource Center and Websites	
Resettlement Action Plan/Framework/Policy Process	
Date of receipt by the Bank	29-Apr-2016
Date of submission to InfoShop	09-Jun-2016
"In country" Disclosure	
Uganda	01-Jun-2016
<i>Comments:</i> In the MoH Resource Center and Websites	
Indigenous Peoples Development Plan/Framework	
Date of receipt by the Bank	29-Apr-2016
Date of submission to InfoShop	09-Jun-2016
"In country" Disclosure	
Uganda	01-Jun-2016
<i>Comments:</i> In the MoH Resource Center and Websites	
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:	
Some documents disclosed previously under ongoing documents. The remaining ones are to be disclosed.	

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 4.11 - Physical Cultural Resources	

Does the EA include adequate measures related to cultural property?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Does the credit/loan incorporate mechanisms to mitigate the potential adverse impacts on cultural property?	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 checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
OP/BP 4.12 - Involuntary Resettlement	
Has a resettlement plan/abbreviated plan/policy framework/process framework (as appropriate) been prepared?	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"/>]
Is physical displacement/relocation expected?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] TBD [<input checked="" type="checkbox"/>]
Provided estimated number of people to be affected	
Is economic displacement expected? (loss of assets or access to assets that leads to loss of income sources or other means of livelihoods)	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] TBD [<input checked="" type="checkbox"/>]
Provided estimated number of people to be affected	
The World Bank Policy on Disclosure of Information	
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes [<input checked="" type="checkbox"/>] No [<input 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"/>]
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III. APPROVALS

Task Team Leader(s):	Name: Peter Okwero	
<i>Approved By</i>		
Safeguards Advisor:	Name: Nathalie S. Munzberg (SA)	Date: 09-Jun-2016
Practice Manager/ Manager:	Name: Magnus Lindelow (PMGR)	Date: 09-Jun-2016