INTEGRATED SAFEGUARDS DATA SHEET
IDENTIFICATION / CONCEPT STAGE

Report No.: ISDSC21241

Date ISDS Prepared/Updated: 10-Feb-2017

I. BASIC INFORMATION

A. Basic Project Data

Country:	Africa	Project ID:	P163187	
Project Name:	Regional Program of Cancer Registries			
Team Leader(s):	Menno Mulder-Sibanda			
Estimated Date of Approval:				
Managing Unit:	GHN01	Lending Instrument:	IPF	
Financing (in USD Million)				
Total Project Cost:	0.49998	Total Bank Financing:	0	
Financing Gap:	0			
Financing Source				**Amount**
Trust Fund for Statistical Capacity Building				0.49998
Environment Category:	C - Not Required			

B. Project Development Objective(s)

The Project Development Objective (PDO) is to strengthen capacity for collecting, analyzing and sharing data on cancers in the five East Africa member states.

C. Project Description

The project will generate important evidence on how cancer registries can play a key role in tracking the emergence of a major public health problem in sub-Saharan Africa, and contribute to strengthening the capacity of Ministries of Health to produce reliable cancer statistics based on population based registries. While the focus of this initiative is on cancers, the project will generate valuable information for monitoring and tracking other NCDs. With support of the statistical trust fund, the EAC member states have an opportunity to serve as a model for other countries in sub-Saharan Africa that are facing similar challenges. Working together, in collaboration with key technical partners (i.e., AFCRN, CDC) under the leadership of ECSA-HC that has a sound track record of coordinating regional initiatives, will foster economies of scale and catalyze adoption of best practices.

Building linkages between statistical work and cancer registration

In order to develop strategies to effectively manage, control and reduce the rapidly growing cancer

burden in the five EAC member states, collection of high-quality data is of paramount importance. This project proposes a three stage process for building statistical capacity for the collection, analysis and use of cancer statistics, namely: (i) data collection ➢(cancer registries play a pivotal role in collecting statistics on new cases, and case fatality rates, broken down by gender, age and geographic location from hospitals, clinics, laboratories, radiology departments, pathology centres, and vital statistics departments through direct reporting by these sites or through active case finding by registry staff; strengthening the capacity of the five countries to generate high quality, complete and accurate statistics on cancer will be critical as the majority do not have well established population cancer registries; (ii) data analysis and statistical capacity building ➢(once the data is collected and compiled it will be important to conduct analyses to better under risk factors, disease staging, and other parameters; to this end, it will be important to strengthen the statistical capacity of the cancer registries to enable them to produce high quality cancer statistics; the proposal proposes to build capacity by providing critical equipment (hardware and software) and by conducting training of registrars, enumerators and statistical experts; and (iii) utilization of statistics - information generated through the statistical analysis of cancer data will inform policymaking by providing data on the disease burden, epidemiology, types of cancer and other important information. The figure below depicts the linkage between cancer registries as the data generation sources, the statistical aspects and use of statistics for decision making.

In order to build statistical capacity and generate quality cancer data, the project will support four key activities (Figure 1):

⇨(§   Conducting country assessments to identify strategic locations for establishing additional cancer registries.
⇨(§   Establishing core capacity at new sites, by procuring basic equipment (i.e. computers, printers, and office furniture)
⇨(§   Providing training, capacity building and mentorship for cancer registrars, statisticians and other key personnel.
⇨(§   Disseminating findings from cancer registration pilots, documenting the value added of this approach to strengthen national statistical capacity, providing a platform for data sharing for use by researchers and exploring ways to consolidate and scale up results.

A. Country Assessments: ECSA-HC will coordinate the country assessments, with support of ANCR and CDC, and in collaboration with respective Ministries of Health, National Statistical Offices and other local actors. The goal of the assessments would be to build on existing initiatives supported by other partners (as described in Annex II) by identifying prioritylocations for additional cancer registries in Kenya, Rwanda, Tanzania and Uganda, and for setting up the first cancer registry in Burundi. The assessment team would use standardized internationally recognized questionnaires and would organize focus group discussions and/or interviews with key stakeholders. ECSA-HC has successfully coordinated similar country assessments and is well placed to lead this effort.

B. Core Capacity: The governments will agree on the pilot sites, provide appropriate office space, and deploy personnel to the cancer registers. The trust fund will support the following complementary activities: (i) procurement of essential information and communications technology (ICT) and office equipment, including computers (i.e. desktops, laptops, i-pads), printers and scanners, not to exceed 20 percent of the total grant; and (ii) operating costs, including installation of an open source cancer registration software (CANREG); provision of internet services, where not available; and other key inputs (e.g. office supplies, logistical support). The trust fund will also

support recruitment of local consultants, on a selective basis and as strictly needed, to get the initiative underway more quickly.

C. Training, Capacity Building and Mentorship: Given that the quality of cancer registry data is highly dependent on the skills, and qualifications of staff this component is critical to the overall success of this initiative. To this end, the project will fund: (i) adoption of standardized instruction manuals for cancer registrars and data collection forms; (ii) technical training on basic and advanced cancer registration (e.g. abstracting and coding practices, statistical analysis, interpretation and presentation of cancer data/information, and preparation of reports) and on CANREG;   (iii) mentorship visits by regional and international experts; (iv) sensitization on cancer registration and the role of staff in the registry operations to ensure uptake; (v) peer visits to facilitate cross country learning. The trust fund will support: (i) training and workshop costs; (ii) consulting services (including travel); and (iii) operating costs (including travel).

D. Dissemination and Advocacy: In order to improve awareness and understanding of the importance of cancer registries, country specific case studies will be prepared, documenting achievements, and proposing future directions. The case studies will play a key role in building broad-based ownership and in exploring ways to institutionalize cancer registries in collaboration with National Statistical Offices. The dissemination activities will involve providers, medical records personnel, community leaders and patient groups, to generate broad based support. In order to understand the spatial patterns of cancer and to generate information on risk factors, a geographic information system (GIS) will be piloted. The fund will support: (i) consultancy services to write up the case studies and develop the GIS; and (ii) workshops with stakeholders to disseminate findings and generate support for scaling up.

Figure 1: Strengthening Cancer Registration in East Africa

B.   Implementing Agency Information

ECSA-HC will be coordinating the implementation of the project in collaboration with technical partners (e.g. CDC, AFCRN). ECSA-HC brings more than 40 years of experience within the region, working with member states and other stakeholders to further the goal of better health outcomes. ECSA-HC has a solid track record of coordinating simi lar initiatives, collaborating with governments to build capacity, mobilize regional and international expertise, share best practices, and advocate for improved policies. The organization has developed a unique set of competencies relevant to this project, as described in Annex III.

Project Stakeholder Information

Cooperating Organizations

In each country, ECSA-HC will bring together experts from existing cancer registries, ministries of health, statistical offices and technical partners and institutions (e.g. ACRN, CDC, United States National Cancer Institute, NCI/NIH, and the College of Pathologists of East Central and Southern Africa, COPECSA).

⇨(§   In Kenya, the two established population based registries, (i.e. Eldoret Registry located at the Moi Teaching and Referral Hospital and the Nairobi Cancer Registry located at the Kenya Medical Research Institute, KEMRI) are important partners to support capacity building based on the knowledge and experience gained to date.

⇨**(§** In Rwanda, ECSA-HC will work with the University Hospital of Butare, which manages a hospital based cancer registry, and with the Butaro Cancer Center of Excellence, which provides a full spectrum of cancer care and treatment.

⇨**(§** In Tanzania, ECSA-HC will partner with the Ocean Road Cancer Institute (ORCI), an independent autonomous institute directly under the Ministry of Health; and with the Muhimbili University of Health and Allied Sciences which have pulled forces to roll out a cancer/pathology program at the University.

⇨**(§** In Uganda, the team will work with the Uganda Cancer Institute that manages one of the strongest population based cancer register programs on the continent, Makerere University that hosts the Kampala cancer registry, and St. Mary➢(s Hospital Lacor that hosts the Gulu cancer registry.

⇨**(§** Finally, in Burundi, that has no established cancer registry, ECSA-HC will be guided by the discussions initiated between the Ministry of Health, and the Centre Hospitalaire Universitaire de Kamenge (CHUK).

Annex IV includes responses to the TFSCB Specific Questions.

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

E. Borrower's Institutional Capacity for Safeguard Policies

F. Environmental and Social Safeguards Specialists on the Team

II. SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/ BP 4.01	No	
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	
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

Appraisal stage ISDS required?: No

IV. APPROVALS

Team Leader(s):	Name: Menno Mulder-Sibanda	
Approved By:		
Safeguards Advisor:	Name:	Date:
Practice Manager/ Manager:	Name:	Date:

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[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.