Additional Financing Appraisal Environmental and Social Review Summary

Appraisal Stage

(AF ESRS Appraisal Stage)

Date Prepared/Updated: 11/05/2020 | Report No: ESRSAFA054

BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Kenya	AFRICA EAST	Republic of Kenya	Ministry of Health

Project ID	Project Name
P175188	KENYA COVID-19 HEALTH EMERGENCY RESPONSE PROJECT

Parent Project ID (if any)	Parent Project Name
P173820	KENYA COVID-19 EMERGENCY RESPONSE PROJECT

Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	10/30/2020	1/12/2021

Proposed Development Objective

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

Financing (in USD Million)	Amount
Current Financing	0.00
Proposed Additional Financing	0.00
Total Proposed Financing	0.00

B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?

Yes

C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]

COVID-19 has been spreading across the world since December 2019, with Kenya reporting its first confirmed case on March 13, 2019. Since then the number of confirmed cases have increased to 37,489 cases as at 24th September,

2020. COVID-19 poses significant impact on lives, economic losses and food and nutrition, particularly in low-and-middle income countries like Kenya.

The Kenya COVID-19 Emergency Response project is the Phase 1 of the Multi-Phase Programmatic Approach for Strategic Preparedness and Response Program which aims to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

The proposed AF aligns with the original objectives, design and components of the C-HERP. There are no anticipated changes in the implementation arrangements. The proposed AF will support additional activities within all components under parent project and new component 8 on GBV as follows:

Component 1: Medical Supplies and Equipment: This component aims to improve the availability of supplies and equipment needed to respond to COVID-19 and other public health emergencies. This shall cover testing equipment and supplies, case management equipment and supplies including oxygen and personal protective Equipment.

Component 2: Response, Capacity Building and Training: This component aims to strengthen response and build capacity of key stakeholders including health professionals, and community health workers.

Component 3: Quarantine, Isolation and Treatment Centers. This component is strengthening IPC and Covid-19 case management. The Third Extraordinary Session of the National and County Governments Coordinating Summit on the Coronavirus Pandemic held on June 10, 2020 resolved that each county must establish isolation centers with a minimum capacity of 300 persons to meet modelling predictions. This component will support treatment, quarantine and isolation centres in selected counties with the highest cases. Support will include operational costs and supplies for case management.

Component 4: Medical Waste Disposal: The AF will support: (i) procurement, installation of waste management equipment and construction of waste management infrastructure for an additional 10 COVID-19 treatment facilities, where these are not available; (ii) medical waste management consumables; (iii) capacity building of health workers on waste management; (iv) environmental impact assessments and audits.

Component 5. Community Discussions and Information Outreach : This component will enhance support towards: (i) community engagement for vulnerable and marginalized; (ii) training of community and opinion leaders; (iii) periodic knowledge, attitude and practice surveys.

Component 6: Availability of Safe Blood and Blood Products : This support will go towards strengthening the capacity of the Kenya National Blood Transfusion Service (KNBTS) to provide safe blood and blood products. The additional financing will go towards: (i) expanding the coverage of the blood information and communications technology to all level Level 6 and 5 public hospitals), and selected high volume Level 4 hospitals; (ii) enhancing screening for transfusion transmissible infections through procurement of reagents for TTI screening and pathogen inactivation; (iii) contracting health workers, particularly laboratory technologies to support the operations of the blood laboratories; (iv) operational costs of the Kenya National Blood Transfusion Services (KNBTS).

Component 7: Project Implementation and Monitoring : This support will finance activities for program implementation and monitoring by providing additional resources, to strengthen coordination and management

capacity of the project. The AF will support expansion of the scope of routine monitoring and evaluation activities for the project that will inform the response to the evolving pandemic.

Component 8: Improving Quality and Capacity for Gender Based Violence]: This component aims to improve the capacity and quality of GBV response services for survivors in targeted counties, with particular focus on health systems strengthening. While GBV is an issue requiring comprehensive, multi-sectoral interventions in order to respond to the full range needs of survivors, the health sector presents an immediate and critical entry point for engaging in GBV mitigation and first line response through the provision of medical and psychosocial care, and through referral to additional services beyond health. The health sector is often a key starting point for referral processes as it is often the first and only place women are willing to disclose experiences of violence in order to receive care and access to other needed services, including access to justice and police support, protection/shelter options and economic support.

Support under this component will include but not be limited to:
a) Assessment and strengthening of health sector systems for GBV response through the application of a standardized quality assurance tool and associated plans to address identified priority gaps in service delivery.
b) Capacity strengthening of health care providers to identify the risks and health consequences of GBV and to offer first line support and medical treatment. This may include integration of essential training modules on identifying, treating and referring GBV survivors for medical professionals into existing COVID-19 or other healthcare trainings. Trainings may relate to GBV case screening, medical case management, including the collection of forensic evidence, as well as updating and disseminating relevant protocols and guidance notes for health practitioners developed specifically for the health system. Activities may further include development and/or strengthening of model GBV centers to be piloted in select referral hospitals at the county level.
c) Strengthening data collection and analysis to monitor service delivery, understand emerging trends, build the capacity of health sector staff and build capacity for collection of essential forensic, medical-legal evidence should survivors want to seek justice. This activity will explore the use of technology-based solutions to enable safe and efficient data collection and use.
d) Enhancing safety of female frontline health workers. Front-line providers responding to COVID-19 risk experiencing stigmatization, isolation, and being socially ostracized. These health workers, the majority of whom are women, may be at risk for violence in their homes or in the workplace.

Increasing the security of people in isolation/quarantine centers and health facilities through sensitizing the service providers and users on GBV and providing information on available services

D. Environmental and Social Overview

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

The project will operate in the same geographical scope as the parent project targeting high-risk counties/ high transmission counties. All original 7 components will remain and undergo scale-up; an additional Component 8 on GBV is added. No new Environment and Social standard were found to be relevant to the AF activities.

D. 2. Borrower's Institutional Capacity

The country has put in place various mechanisms to ensure coordination at the national and county levels. The Ministry of Health will be the main implementing agency for the project and will lead the execution of project activities. The Covid-19 NTF brings together technical experts from the MoH, county governments, other relevant Government agencies, development partners, private sector, non-governmental, and civil society organizations. The mandate of the NTF is to review the evolving threat from the COVID-19 outbreak and regularly offer technical advice to the MoH and other line ministries on appropriate measures. The Task Force has six sub-committees responsible for: resource mobilization; public health emergency operations center; media, communications, and call center; case management and capacity building for health workers; laboratories of samples handling and testing; and facility preparedness.

The MoH, PMT has full-time environmental and social specialists supporting the project in managing the environment and social risks and impacts. The environmental and social specialists are working closely with respective designated county public health officers in the monitoring of sub-projects in the beneficiary laboratories and healthcare facilities to ensure the implementation of instruments prepared. The project has a designated communication specialist who works closely with E&S specialists on community outreach, feedback, and complaint handling mechanism as per SEP.

The Project has been under implementation for only 6 months.

Assessment of Environment and social risk management to date: The PCU has full-time environment and social specialists that support the project in managing the environment and social risks and impacts. The environment and social specialists work closely with the respective county public health officers, port health managers, laboratory managers, and blood services managers on the environment and social issues under the project. The MoH has prepared the environment and social instruments (ESMF, ICWMP, SEP, and LMP) and disclosed on MoH website, as agreed in the ESCP.

Environmental and social screening of COVID-19 health facilities which will receive support for waste treatment facilities and/or renovation activities has been completed and the necessary supplementary instruments (ESIA/ESMP) to be prepared were identified. The project is in the process of contracting a NEMA lead expert consultant to support MoH in preparation of site-specific Environmental and Social Impact Assessments/ESMPs for the construction and installation of waste treatment facilities and the renovation/rehabilitation activities. In addition, sensitization on the environment and social instruments, incidents reporting protocol, occupational health and safety, Infection prevention and control, and medical waste management among other areas have been carried out for the PCU and surge capacity workers including laboratory staff, public health officers, clinical officers, nurses, and clinical psychologists).

The development of C-HEP Environment GEMS tool is in the process to track and monitor sub-project level progress. The first draft of the environment and social manual for contractors as per the LMP was completed in September and shared with Bank for feedback.
In order to meet the communication needs of communities, specifically the hard-to-reach and VMG communities, a joint meeting with health promotion officers with VMG focal points for an online sensitization meeting is planned during the second week of October. This meeting shall help in identifying the specific needs of these communities and acceptable ways to engage with these communities given the COVID restrictions and protocols. A draft VMG outreach

Action Plan for the next 6 months is prepared that includes distribution of communication materials and interactions with VMG communities, in a manner acceptable to them.
The project's GRM mechanism has been operationalized. So far, in total 33 complaints have been received so far, out of which 30 have already been resolved within the stipulated time of 21 days. The majority are workers' complaints received so far are around delays in salaries and facilitation of vehicles. Three complaints are long term and linked to the long term communication needs of communities including VMGs and regular sensitization needs of all workers.

The Induction Manual for Contractors and Contractor Workers was reviewed by PMT alongside the GRM Guideline. Environmental aspects were included. Distribution of one-pager GBV/SEA reporting and Code of Conduct alongside the GRM tools are planned in the next two months at all facilities being supported under the project.

II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC) High

Environmental Risk Rating High

AF environment risk rating is assessed as high risk. The screening of the proposed activities confirmed that the risks associated with the AF project are materially consistent risks associated with the activities under the parent project. Key environmental risks under the AF include; healthcare-associated infections due to weak infection prevention and control measures and generation of hazardous waste from the activities related to sample collection, transportation, and testing. This includes performing laboratory operations such as handling culture, specimens, and chemical reagents. The beneficiary laboratories and the health facilities used in COVID-19 diagnostic testing and isolation facilities as well as the blood component laboratories may generate biological waste, chemical waste, and other hazardous by-products. The waste generated from COVID-19 case management could have high environmental and social risks, if not properly handled, treated, or disposed of. Other potential environmental risks are moderate and relate to i) the construction of the National Public Health Institute (NPHI) (an administrative building in Nairobi), procurement, and installation of waste treatment facilities in COVID-19 health facilities. The potential impacts include; soil and air pollution, noise and vibrations, solid waste management, and occupational health and safety risks, ii) procurement and installation of liquid oxygen plants could lead to risks of explosion and that may endanger the neighboring community, hospital workers, and persons in the hospitals.

There are no new Environment and Social Standard (ESS) applicable to the AF activities. The Environment and Social Management Framework (ESMF) and Infection Control Waste Management Plan (ICWMP) prepared and disclosed under the parent project provide measures that adequately covers the related risks such as; i) environment health and safety risks from improper handling, storage, transportation, treatment and disposal of infected medical waste, ii) community health and safety risks related to the spread of Covid-19, iii) OHS risks for medical staff, lab staff and community-related to weak infection prevention and control measures and iv) risks related to new construction and rehabilitation activities. The PMT will be required to continue monitoring the implementation of the Environment and Social Management Plan (ESMP) and ICWMP as agreed under the parent project.

Social Risk Rating High

The Risk continues to be rated as high primarily owing to GBV risks and low capacity to timely reach out and engage with community and stakeholders specially in counties with security concerns and other hard to reach areas. The key social risks relate to inadequate trust in the government and the health system to deal with the pandemic and consequent reluctance of citizens to be tested or treated, as well as reductions in health-seeking for other conditions. A strong desire to return to normal not least due to the economic impact, and lack of appropriate and responsive communication targeting specific hard-to-reach and high-risk groups are limiting behavioral change towards adopting the government directives of social/physical distancing and wearing masks. This is in addition to inadequate consultations and feedback (especially of hard to reach groups such as VMGs on communication or project services; and lack of protection of individuals and communities from potential abuse by health workers and those involved in contact tracing and enforcing restrictions. The limitation on movement and reduction in income generation opportunities has also resulted in heightened levels of Gender-Based Violence (GBV) at home, especially against women and girls. For people in quarantine and isolation centers, it is critical that they are protected from GBV/sexual exploitation and abuse/sexual harassment and provided with sufficient material, information, respect, and psychological support to minimize stress and psychological damage. As part of the parent project, ESMF, SEP, and LMP instruments have been prepared and disclosed and shall apply to the scope of activities under AF. The implementation arrangements systems to manage the risks identified in parent project are now put in place. An additional component to Improve Quality and Capacity for Gender Based Violence response system has been included in the project. These instruments, which capture all the mitigation and monitoring actions to cover the identified risks for both the parent project and scope of activities under AF, are being rolled out. These instruments shall be updated to reflect the scaled-up scope of activities under AF project description and disclosed.

B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

Environment: The AF will scale-up activities under the parent project through financing activities related to the procurement of supplies and equipment (diagnostic tests, specialized lab equipment, and PPE) and involvement in supporting treatment, quarantine, and isolation centers in selected counties with the highest cases of Covid-19 in operational cost and supplies for case management. The project will have positive impacts as it should improve COVID-19 surveillance, monitoring, and containment. However, the project could also cause significant environmental, health, and safety risks due to the dangerous nature of the pathogen (COVID-19) and reagents and other materials to be used in the project-supported laboratories and healthcare facilities. Healthcare-associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and laboratory workers. The laboratories and relevant health facilities that will be used for COVID-19 diagnostic testing and isolation of patients can generate biological waste, chemical waste, and other hazardous by-products. With the proposed AF, MoH will acquire equipment for total of 24 project supported laboratories and equally distributed across the country. As the laboratories to be supported by the project will process COVID-19 that can have the potential to cause serious illness or potentially lethal harm to the laboratory staff and to the community, effective administrative and containment controls should be put in place to minimize these risks. Sustainable healthcare including lab operation will require adequate provisions for minimization of OHS risks, proper management of hazardous waste and sharps, use of appropriate disinfectants, proper quarantine procedure for

COVID-19, appropriate chemical and infectious substance handling and transportation procedure, institutional/implementation arrangement for environmental and social risks, etc.
The international best practice is outlined in the WHO "Operational Planning Guidelines to Support Country Preparedness and Response", annexed to the WHO "COVID-19 Strategic Preparedness and Response Plan" (Feb. 12, 2020). Further guidance is included in the WHO "Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV" (Feb. 11, 2020).
These guidelines include provisions to address the needs of patients, including the most vulnerable. They also include provisions on the establishment of quarantine and isolation centers and their operation considering the dignity and needs of patients and transparency and equity in the allocation of care and prioritization of patients in case of shortages, as well as enforcement of legal measures and managing any social unrest.
Risks related to activities under component 6 involve the generation of various categories of medical waste which ranges from general infectious waste, pathological waste, chemical waste (lab reagents), and sharps. The project should ensure proper management and disposal of the medical waste generated in the blood transfusion centers. Blood service centers should facilitate the safe donation of blood and should have procedures in place to prevent the spread of infections.
Each beneficiary medical facility/lab will prepare site-specific infection control and waste management plan following the requirements of the ESMF/ICWMP, relevant ESS, relevant WBG EHS Guidelines, and WHO Covid-19 guidelines. The ESMF/ICWMP prepared under the parent project has adequately covered infection prevention control measures and procedures for the safe handling, storage, and processing of COVID-19 materials including the techniques for preventing, minimizing, and controlling environmental and social impacts during the operation of project supported laboratories and medical facilities. It has also clearly outlined the implementation arrangement to be put in place by the Kenya Ministry of Health for environmental and social risk management; training programs focused on COVID-19 laboratory biosafety, operation of quarantine and isolation centers and screening posts, as well as compliance monitoring and reporting requirements; including on medical waste management based on the existing Infection Control and Waste Management Plan prepared as part of the ESMF. In addition to the ESMF, the client will implement the activities set out in the ESCP. It will also implement the SEP and LMP in the proposed time-line. Site- and activity-specific considerations will be made based on these documents on an ongoing basis, to be post-reviewed by the Bank for any sub-activity not considered of high risk.
Component 4 activities on medical waste treatment and disposal include: installation of hospital-level waste management equipment and construction of waste management infrastructure (housing, ash pits, and adequate storage capacities), alternatives to incineration such as medical waste microwaves or autoclaves will be considered, in cases where technically and financially feasible. AF will provide support to additional 10 COVID-19 treatment facilities, those with no adequate medical waste treatment facilities. The potential risks include: i) air pollution from on-site medical waste incineration; ii) OHS risks related to handling or incineration of healthcare waste such as sharps-inflicted injuries, toxic exposure to mercury and dioxins, thermal injuries during operation of medical waste incinerators; iii) soil and water contamination from improper final disposal of incinerated ash; and iv) potential risk of spread of COVID-19 from improper handling of medical waste. The ESMF and ICWMP cover risks and mitigation measures related to waste treatment facilities including siting, design, construction, and operation of the waste treatment facilities. The project has also factored in training and capacity building to healthcare workers, waste handlers, and incinerator operators on healthcare waste management.
Construction activities are expected under the additional financing such as the construction of the National Public Health Institute and construction and installation of waste treatment facilities within the COVID-19 designated health facilities. The physical works are expected to be of medium scale, associated impacts include; soil and air pollution,

noise and vibrations, solid waste management, and occupational health and safety risks. ESMF has provided guidance on mitigation of potential environmental social, health, and safety risks associated with civil work activities. As for the construction activities and installation of waste treatment facilities, the environment, and social screening of the sub-projects will be undertaken and recommended site-specific ESIA/ESMP prepared.
For Component 1 activities on Strengthening capacity for case management, including oxygen: procurement and installation of liquid oxygen plants could lead to risks of explosion and that may endanger the neighboring community, hospital workers, and persons in the hospitals. These risks may result from (i) oxygen enrichment of the atmosphere from leaking equipment; (ii) use of materials not compatible with oxygen; (iii) use of oxygen in equipment not designed for oxygen service; (iv) incorrect or incautious operation of oxygen equipment; (v) improper disposal of pressurized containers. The design of these plants, choice of location within the medical facilities, selection of materials used in their maintenance, and training of the medical personnel on use and maintenance will be cognizant of necessary risk management.
The Kenya Ministry of Health has developed and disclosed an ESMF and ICWMP, LMP and SEP covering all environmental and social risks and mitigation measures related to project activities under the parent project, drawing on the updated WHO COVID-19 guidance notes. The instruments capture adequately all the mitigation measures for all activities under the AF and will be updated to reflect the scale-up activities and Component on GBV under AF project description and disclosed.

Social: The key social risks related to the project are public and occupational health risks deriving from engagement with people and samples contaminated with COVID-19. Accordingly, the provisions made for use of security personnel, with a focus on quarantine and isolation centers, screening posts, and laboratories to be funded by the project; encompassing above all OHS and waste management procedures will be strengthened through the additional financing. There is also concern that contracted workers are kept safe and do not pose a risk to others under the parent project will also be augmented, either from COVID-19 but also in terms of their appropriate behavior – treating people with dignity and the prevention of SEA. The LMP prepared and code of conduct signed and training given on appropriate and safe behavior shall continue to apply to all project workers including under Additional Financing. Project implementation needs to continue to ensure appropriate stakeholder engagement as per SEP to (i) avoid conflicts resulting from false rumors, (ii) vulnerable groups not accessing services, or (iii) issues resulting from people being kept in quarantine. The project can thereby rely on standards set out by WHO as well as the Africa CDC to (1) facilitate appropriate stakeholder engagement and outreach towards differentiated audiences (concerned public at large, suspected cases and patients, relatives, health workers, etc.) to ensure widespread sharing of project benefits (COVID-19 prevention and treatment), avoidance of potential rumors and social conflicts; (2) appropriate handling of quarantining interventions (including dignified treatment of patients; appropriate handling of specific concerns by vulnerable groups including cultural needs and prevention of SEA; as well as minimum accommodation and servicing requirements).

ESS10 Stakeholder Engagement and Information Disclosure

As outlined in the Stakeholder Engagement Plan for parent project, a structured approach is established to engage with stakeholders that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with COVID-19. A detailed plan is put together and being rolled out for hard to reach areas and vulnerable and marginalized communities as part of the Project's communication and outreach strategy. Communication strategy should also consider counties with security concerns.

In instances where there is a likelihood of more vulnerable groups in attendance, such as the elderly and those with compromised immune systems or related pre-existing conditions, stakeholder engagement should minimize close contact. People affected by project activities will be provided with accessible and inclusive means to raise concerns and grievances. This will be through the national grievance toll-free hotline that is being set up under the C-HERP and also through county grievance systems, that will be strengthened as part of this project. The use of additional channels of GRM under C-HERP including the phone line, SMS, WhatsApp, and in-person reporting will also be promoted and encouraged for use. The hotline will receive complaints from the general public, workers, and contract workers including confidential complaints including GBV. A COVID-19 complaints protocol, which has been developed on which all staff and complaints handlers will be trained.

The SEP prepared for the parent project will be updated to reflect the changes in the AF and disclosed.

B.2. Specific Risks and Impacts

A brief description of the potential environmental and social risks and impacts relevant to the Project.

ESS2 Labor and Working Conditions

Most activities supported by the project will be conducted by health and laboratory workers, i.e. civil servants employed by the Government of Kenya. Although additional surge capacity workers will be contracted to provide clinical support, new community health volunteers will be trained for data collection of cases in the community and contact tracing, and some construction workers and technicians will be contracted for the minor civil works and training on the operation of new equipment.

In compliance with ESS2, labor-management will include implementation of occupational health and safety measures including emergency preparedness and response procedures, and incorporating labor requirements into the ESHS specifications for project contract documents.

OHS risks related to medical waste management and incineration (sharps-inflicted injuries, toxic exposure to mercury and dioxins, thermal injuries when operating incinerators) are expected, the waste handlers and incinerator operators will be provided with adequate and appropriate personal protective equipment, provision of sanitation facilities (toilets and wash areas), provision of fire-suppression equipment, guidance on operation and maintenance of the equipment, training and capacity building on OHS measures, infection prevention and control and medical waste management to healthcare workers, waste handlers and incinerator operators.

The new contracted workers will have orientation on and sign a code of conduct on expected behavior and on health and safety standards including GBV risks. Medical staff at the facilities should be trained and be kept up to date on WHO advice (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance) and recommendations on the specifics of COVID-19.

In line with ESS2 as well as the Kenyan law, prohibited is the use of forced labor or conscripted labor in the project, both for construction and operation of health care facilities.

The project will also ensure a basic, responsive GRM to allow workers to quickly inform their immediate management of labor issues, such as a lack of PPE and unreasonable overtime as well as the national grievance hotline to the Ministry of Health.

The LMP for the parent project will be updated to reflect additional financing for scaled up activities and component on GBV/SEA response activities.

ESS3 Resource Efficiency and Pollution Prevention and Management

Medical waste management is a key part of project activities to be financed under the AF. Parent project envisioned procurement of waste treatment facilities which may include either incinerator, microwave, or autoclaves for COVID-19 project beneficiary health facilities with no proper waste treatment facilities, based on the project needs assessment. Medical and chemical waste (including water, reagents, infected materials, etc.) from the labs, COVID-19 healthcare facilities to be supported (drugs, supplies, and medical equipment) can have a significant impact on the environment and human health. Waste that may be generated from healthcare facilities/labs could include liquid contaminated waste, chemicals and other hazardous materials, and other waste from labs, quarantine, and isolation centers including sharps, used in diagnosis and treatment. Each beneficiary health facility/lab is expected to follow the requirements of the ESMF and ICWMP prepared under the parent Project, WHO COVID-19 guidance documents, and other best international practices to prevent or minimize such adverse impacts.

ESMF/ICWMP prepared include: i) guidance related to transportation and management of samples and medical goods or expired chemical products; and ii) impacts and mitigation measures related to proper siting, design, construction, and operation of waste treatment facilities including proper handling and disposal of healthcare waste generated.

Resources (water, air, etc.) used in quarantine facilities and labs will follow standards and measures in line with CDC and WHO environmental infection control guidelines for medical facilities. In terms of efficiency, the project will ensure equipment procured are energy-efficient to the extent possible.

The project will also aim to reduce emissions from the incinerators through proper design selection, and installation of particulate removers (scrubbers) and clear recommendations to the counties on operation and maintenance requirements of these waste treatment facilities.

ESS4 Community Health and Safety

In line with safety provisions in ESS4, it is important to ensure the safety of communities from infection with COVID-19. The measures put in place to handle infection control and waste management will be strengthened through the AF. Laboratories, quarantine and isolation centers, and screening posts, will thereby have to follow respective procedures with a focus on appropriate waste management of contaminated materials as well as protocols on the transport of samples and workers cleaning before leaving the workplace back into their communities. The project will thereby follow the provisions outlined in the ESMF and ICWMP as noted in ESS1.

The operation of quarantine and isolation centers needs to be implemented in a way that both, the wider public, as well as the quarantined patients are treated in line with international best practice as outlined in WHO guidelines referenced under ESS1.
A new component is included under Additional Finance to improve the capacity and quality of GBV response services for survivors in targeted counties, with particular focus on health systems strengthening.
The project will ensure the avoidance of any form of SEA by implementing the provisions on GBV (including management of data privacy and retaliation risks) as provided in the updated SEP, LMP, and ESMF while also relying on the WHO Code of Ethics and Professional Conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure such as segregated toilets and enough light in quarantine and isolation centers. All activities under Component 8 including date handling and case management will ensure that it is carried out in accordance with GIIP and in a survivor-centric manner.
The project will also ensure, via the above-noted provisions, including stakeholder engagement, that quarantine and isolation centers and screening posts are operated effectively throughout the country, including in remote and border areas, without aggravating potential conflicts between different groups, including host communities and refugees/IDPs.
In case quarantine and isolation centers are to be protected by security personnel or they are involved in the enforcement of government directives or containment of possible social unrest, it will be ensured that the security personnel follow strict rules of engagement and avoid any escalation of the situation, including rolling out training on GBV/SEA and other guidelines.
These rules of engagement and code of conduct shall ensure that public and private security personnel associated with the Project AF have been: (i) screened to confirm that they have not engaged in past unlawful or abusive behavior, including SEA, SH or excessive use of force; (ii) adequately instructed and trained, on a regular basis, on the use of force and appropriate behavior and conduct (including in relation to SEA and SH); (iii) deployed in a manner consistent with applicable national law; (iv) will follow strict rules of engagement, code of conduct, and avoid any escalation, and (v) ensure an efficient monitoring of the security personnel on field. This shall be detailed out in the Security Management Framework and included in the updated LMP and disclosed.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

All construction works will be undertaken within existing facilities and thus at this point, ESS5 in reference to permanent resettlement, land acquisition, or economic displacement is not considered relevant. Temporary closures, reduced access, or disruption will be conducted in a consultative manner with the Project Affected People, ensuring no forced eviction takes place.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

Civil works supported under the AF include; construction of the National Public health Institute and waste treatment infrastructure. The proposed construction activities under the AF will be on-site within already existing health facilities designated as COVID-19 health facilities in the counties. Based on the Environment and social screening, any sites with identified impacts on ecologically-sensitive areas will be excluded from project financing. The ESMF includes recommendations on the siting of waste treatment facilities, including ash pits, to avoid or minimize

contamination to waterways. In addition, Environment and Social training to be carried out to the beneficiary health facilities will include ESS 6 provisions and monitoring requirements for waste disposal.

An environmental and social audit will be undertaken on an annual basis for waste treatment facilities installed under the project. In addition, NEMA (at the country level) will assist with monitoring of the facilities, including waste management and disposal.

ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

Due to the country-wide rollout of activities, it is likely that the project will also affect people meeting the criteria of ESS7, in 31 out of the 47 counties, as defined in the VMGF for the Transforming Health Centre project. The project will ensure respect for human rights, dignity, aspirations, identity, culture, and livelihoods of SSAHUTLC and avoid adverse impacts on them or, when avoidance is not possible, minimize, mitigate or compensate for such impacts. This will be ensured via the Project's communication and outreach strategy as outlined under ESS10: the project will ensure that such communities are appropriately informed and can share in the benefits of the project in an inclusive and culturally appropriate manner (i.e. prevention and treatment). The SEP and ESMF will be updated accordingly in line with the AF.

ESS8 Cultural Heritage

Based on the screening of potential and known locations for rehabilitation and construction works, likely impact of the project on cultural heritage is low. As a precautionary measure the ESMF has included a chance find procedure, which will continue to apply.

ESS9 Financial Intermediaries

This standard is not currently relevant to the proposed project interventions.

B.3 Other Relevant Project Risks

Security risks from terrorist threats continues in some areas of Kenya, particularly counties bordering Somalia, restricting access outside of the county capitals including the high-risk counties of Wajir and Garissa. and localized insecurity from Turkana and other North and North Eastern counties. It will thus be important that communication outreach takes this into account. The development of the RCCE strategy (see ESS10) will describe respective measures, including engagement with communities as well as security personnel.
Also, the PMT shall be in close coordination with other government offices to be able to react to any worsening security situation. In such case, it will be important that the client informs the World Bank accordingly.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways	No

OP 7.60 Projects in Disputed Areas	No

B.3. Reliance on Borrower's policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework?	No

Areas where "Use of Borrower Framework" is being considered:

No use of Borrower Framework is being considered.

IV. CONTACT POINTS

World Bank

Contact:	Jane Chuma	Title:	Senior Economist, Health
Telephone No:	5327+7998 / 254-20-293-7998	Email:	jchuma@worldbank.org
Contact:	Toni Lee Kuguru	Title:	Health Specialist
Telephone No:	5327+6806 / 254-20-2936806	Email:	tkuguru@worldbank.org

Borrower/Client/Recipient

Borrower: Republic of Kenya

Implementing Agency(ies)

Implementing Agency: Ministry of Health

V. 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

VI. APPROVAL

Task Team Leader(s):	Jane Chuma, Toni Lee Kuguru
Practice Manager (ENR/Social)	Iain G. Shuker Cleared on 05-Nov-2020 at 20:25:43 GMT-05:00

Safeguards Advisor ESSA	Peter Leonard (SAESSA) Concurred on 16-Nov-2020 at 17:44:30 GMT-05:00