Public Disclosure Authorized

Public Disclosure Authorized

Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 16-Nov-2020 | Report No: PIDA30402

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Kenya	P175188	KENYA COVID-19 HEALTH EMERGENCY RESPONSE PROJECT	P173820
Parent Project Name	**Region**	**Estimated Appraisal Date**	**Estimated Board Date**
KENYA COVID-19 EMERGENCY RESPONSE PROJECT	AFRICA EAST	30-Oct-2020	12-Jan-2021
Practice Area (Lead)	**Financing Instrument**	**Borrower(s)**	**Implementing Agency**
Health, Nutrition & Population	Investment Project Financing	Republic of Kenya	Ministry of Health

Proposed Development Objective(s) Parent

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

Components

Medical supplies and equipment
Response, capacity building and training
Quarantine, isolation and treatement centres
Medical waste disposal
Community discussion and information outreach
Availability of safe blood and blood products
Project implementation and monitoring
Gender Based Violence

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	56.43
Total Financing	56.43
of which IBRD/IDA	50.00
Financing Gap	0.00

DETAILS

World Bank Group Financing	
International Development Association (IDA)	50.00
IDA Credit	50.00
Non-World Bank Group Financing	
Trust Funds	6.43
Freestanding Tfs - Health, Nutrition & Population GP	2.90
Pandemic Emergency Financing Facility	3.53

Environmental and Social Risk Classification

High

B. Introduction and Context

Country Context

1. **The economic impacts of COVID-19 are expected to be massive.** COVID-19 threatens livelihoods, food security, nutrition, and schooling, particularly in low-and-middle income countries like Kenya, where a majority of the population work in the informal sector. It is estimated that growth in 2020 could decrease by as much as 2.9 percent from a baseline of 6.0 percent in the January 2020 (global economic prospects) and from 5.7 percent in the Spring (macro poverty outlook). Thus, plunging economic growth to about 3.1 percent in 2020. In the event of a downside scenario, the contraction could be higher, with a growth in 2020 of about 2.2 percent.

2. **Kenya is entering this crisis with important sources of economic resilience, but also significant fiscal constraints.** Real Gross Domestic Product (GDP) growth has been robust, averaging 5.7 percent over the last five years, and the macroeconomic environment has been stable (with low inflation and a narrowing current account deficit). The financial sector is sound, with banks being adequately capitalized and very liquid at the system level. Interest rate caps have been repealed, easing access to credit and creating space to loosen monetary policy. Nonetheless, the high government debt burden and wide budget deficit leave little fiscal space to deal with emergencies such as this pandemic. In addition, private sector investment has been a weak spot in the economy, and now faces additional headwinds.

3. **Poverty rates in Kenya remain high and are likely to influence health seeking behavior and social distancing related to COVID-19.** The share of the population living below the national poverty line fell from 46.8 percent in financial year (FY) 2005/06 to 36.1 percent in FY 2015/16. Despite the poverty decline, many Kenyans are at a risk of falling into poverty in the short term. Over a third of Kenyans are classified as vulnerable; a majority of these households rely on agriculture and have low levels of education attainment. Additionally, the poorest population are less likely to seek treatment when they experience health challenges and are unlikely to maintain

social distance due to their living and work environment.

4. **Demographic characteristics, low levels of human capital, and limited access to basic services constrain poor households.** Kenya has a Human Capital Index of 0.52[1] and is ranked 94th globally. The heads of poor households are on average older and more likely to have no education, compared to the heads of wealthier households. Poor households also tend to be larger and have higher dependency ratios than wealthier households, and these demographic factors are known to hinder poverty reduction. Compared to wealthier households, poor households are less likely to have access to safe drinking water (65.6 percent compared to 80.4 percent) and improved sanitation (47.8 percent compared to 72.2 percent) as well as other basic services.

5. **Development outcomes indicators have more than doubled in the last two decades.** Sustained output growth, alongside slowing population growth (the fertility rate has decreased from 4.5 births per woman in 2009 to 3.6 in 2018)[2], has lifted gross national income per capita from US$900 in 2009 to US$1,620 in 2018 (current dollars, Atlas method), and Kenya attained middle-income status in 2015. Similarly, other indicators related to human capital including access to education, nutrition, maternal and child health have improved significantly over this period.

6. **The Government of Kenya's (GoK) Third Medium Term Plan (MTPIII) outlines the main priorities, legal and institutional reforms which will be implemented during the period 2018-2022.** The MTPIII prioritizes implementation of the "Big Four" agenda[3], of which achieving universal health coverage (UHC) is one. Pandemic preparedness is an integral part of UHC. The ongoing COVID-19 global pandemic and the recent Ebola crisis in Africa have demonstrated the urgent need for resilient health systems, that are adequately prepared and dynamic to respond to public health emergencies.

Sectoral and Institutional Context

7. **The original COVID-19 Emergency Response Project (CERP) is consistent with the scope of Kenya's National COVID-19 Contingency Plan (CP).** The CP, which is currently being updated, assumed a "most-likely" outbreak scenario of about 1,000 primary contacts in a 3-month period following one imported case; with 500 cases and 10 of these being fatalities. However, as of November 8, 2020, Kenya reported 62,489 positive cases and 1,111 deaths while 41,931 infected persons recovered. Since the first case was reported on March 13, 2020, the outbreak has spread to all of Kenya's 47 counties, against an anticipated scenario of 14 counties . Moreover, community transmission is established with high levels of transmission in Nairobi and Mombasa which account for 62 percent of Kenya's reported COVID-19 cases. Estimates published in September 2020 suggest that the COVID-19 pandemic peaked in Kenya before the end of July 2020 in major urban counties and will peak elsewhere within 2-3 months. This second peak in cases has commenced as predicted with test positivity rates rising from 5 percent in mid-September to 13 percent in mid-October.

8. **The GoK has responded to the outbreak through:** (i) strengthening leadership structures to coordinate and guide the pandemic response (e.g. expanding membership of the National COVID-19 Task Force (NTF)); (ii)

[1] A child born in Kenya today will be 52 percent as productive when she grows up as she could be if she enjoyed complete education and full health.
[2]https://databank.worldbank.org/source/world-development-indicators/Type/TABLE/preview/on
[3] The other pillars of the Big Four Agenda include: affordable housing; enhanced manufacturing; and food security and nutrition.

activating the national Public Health Emergency Operations Center (PHEOC) and county-level Emergency Operations Centers (EOCs) to manage the response; (iii) enhancing testing, tracking and isolation activities (e.g. activation of additional rapid response teams, enhancement of laboratory testing capacity, expansion of county-level isolation and treatment capacity, and initiation of home-based isolation and care (HBIC)); (iv) limiting close contact, including bans on gatherings, restrictions on occupational activities, movement restrictions in high transmission areas and a nationwide night curfew; and (v) optimizing care for infected persons through dedicated COVID-19 treatment facilities, investment in oxygen delivery and capacity building of healthcare workers. These activities have led to an increase in labs conducting SARS-CoV-2 testing from 2 to 38; recruitment of over 10,000 health workers; a nearly 300 percent enhancement in isolation bed availability; and the formation of 292 rapid response teams for improved contact tracing since April 2020 .

9. **The GoK is implementing non-health interventions to mitigate the socioeconomic impacts of the pandemic.** These include: (i) hiring of local labor for rehabilitation of roads and bridges; (ii) employing additional teachers and Information Communications and Technology professionals to support digital learning; (iii) support for micro, small and medium-sized enterprises through a credit guarantee scheme and tax refunds; (iv) supply of farm inputs to small-scale farmers using vouchers; (v) soft loans to restaurants and hotels; and (vi) reduction in individual income tax and value-added tax rates .

10. **The pandemic is still evolving and requires enhanced response.** For the health sector this includes: (i) amplifying testing, tracing and isolation capacity in the face of global supply restrictions and local implementation constraints; (ii) management of ports of entry and essential cross-border movement; (iii) improving capacity for quality case management for COVID-19 and other highly infectious diseases, especially sustained medical oxygen supply to reduce mortality; (iv) strengthening community based surveillance and HBIC; (v) effective protection from infection for essential health workers; (vi) enhancing risk and behavior change communication to prevent stigma and support adaptation to the new normal with schools reopening and night curfew lifted; (vii) enhancing health system capacity to deal with emerging concerns arising from the pandemic (e.g. mental health and gender based violence); and (viii) ensuring sustainability of essential services provision. The MoH is also conducting an in-depth review of the health sector response to the pandemic.

11. **An overarching challenge is limited financial resources available to effectively respond to the pandemic and strengthen the health systems for public health preparedness.** The GoK reallocated funding from the FY 2019/20 budgets to respond to the pandemic and have also allocated funding in FY 2020/21. However, this has been constrained by the economic and fiscal impact of outbreak mitigation measures; pre-existing constraints on fiscal space; challenges with targeting vulnerable households for intervention and a nascent social safety net system; and pre-existing high levels of poverty, and youth unemployment .

12. **Gender impacts from the pandemic are substantial.** Evidence from past disease outbreaks shows that health emergencies accentuate existing gender inequalities . Preliminary evidence indicates that while men are experiencing the direct health impacts of COVID-19 (infection and death) more than women, the resultant social impacts will disproportionately affect women in Kenya in the immediate, short and medium term. This will mainly be through adverse effects on their well-being, food security and nutrition, livelihoods, and protection from violence. A preliminary assessment of informal settlements in Nairobi showed that women compared to men are more likely to have completely lost their income due to the pandemic, have increased housework, increased tensions in the home, forgone health services and skipped meals . With the school closures that have gone on since March 15, 2020 and limited movement, a greater burden is placed on women to care for children and the elderly. The extra burden of care also affects women's ability to take on paid work or business activities. There is anecdotal evidence that women who work as house helps have been laid off or asked to take unpaid leave by their employers due to fear of COVID-19 and/or economic considerations.

13. **COVID-19 in particular has exacerbated structural violence and inequalities that impact the most vulnerable, including women, youth, children and persons with disabilities.** Mobility restrictions combined with economic stress and isolation contribute in particular to an increase in GBV. This is evidenced by an increase in the number of calls to the national helpline and through informal discussions with women in informal settlements in Nairobi. In May 2020, a toll-free GBV Rapid Response Center and tollfree helpline recorded 3,201 cases, as compared to 1,649 cases recorded in April, constituting a 94 percent increase. These figures reflect a wider increase in cases aligned with the onset of COVID-19; as per the reported data, there has been over 300 percent spike in the number of GBV cases reported between the months of March to May. Reported figures indicate that women and girls remain the most vulnerable to varying forms of GBV. Experiences during other public health emergencies also illustrate the vulnerability of women and girls to sexual exploitation in isolation and treatment facilities. In addition, there is a risk of the health sector resources from GBV response services and other critical basic health services such as maternal health being diverted to emergency health needs.

C. Proposed Development Objective(s)

Original PDO

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

Current PDO

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

Key Results

14. **The Original Project was approved on April 2, 2020 and became effective on April 8, 2020 with a current closing date of March 21, 2025.** The CERP currently has total financing of US$50.0 million IDA credit, of which 44.89 percent has been disbursed as of November 9, 2020. The Project has been under implementation for approximately 7 months. To date, the Project is compliant with all legal covenants: (i) establishment of a project management team; (ii) development of a project implementation manual; and (iii) preparation of a project workplan and budget. For this reason, both PDO and overall project implementation are rated satisfactory as per the first ISR (Seq. No: 1, filed June 3, 2020).

D. Project Description

15. **The proposed Additional Financing (AF) to the ongoing Kenya COVID-19 Emergency Response Project (CERP) (P173820) totals US$56.43 million** from the International Development Association (IDA) (US$50.00 million) and grants (US$6.43 million). The grant financing consists of two grants: (i) US$2.89 million from the Government of Denmark, through the Danish International Development Agency (Danida); and (ii) US$3.53 million from the Pandemic Emergency Financing Facility (PEF).

16. **The proposed AF aligns with the original objectives, design and components of the CERP.** There are no anticipated changes in the implementation arrangements. The proposed AF will support additional activities

within components all components and support a new component as follows:

Component 1: Medical Supplies and Equipment [US$20.55 million consisting of US$16.85 equivalent credit from IDA; US$1.40 million grant from Danida TF; US$2.30 million grant from PEF TF]

17. **This component aims to improve the availability of supplies and equipment needed to respond to COVD-19 and other public health emergencies.** Efficient and timely testing is essential for early detection, isolation and management of COVID-19 and for other infectious diseases. The COVID-19 pandemic exposed existing weaknesses in Kenya's essential diagnostics system. Testing for SARS-CoV-2 remains a challenge even though the number of tests conducted per confirmed case falls within the 10-30 range proposed by the World Health Organization as a general benchmark of adequate testing. This component will provide support towards (i) enhancing capacity for COVID-19 testing and increase access to quality clinical diagnostics for other diseases; (ii) optimizing diagnostic network; (iii) strengthening capacity for case management including oxygen; and (iv) protecting health workers from infection.

Component 2: Response, Capacity Building and Training [US$12.68 million consisting of US$9.95 million equivalent credit from IDA; US$1.50 million grant from Danida TF; and US$1.23 grant from PEF TF].

18. **This component aims to strengthen response and build capacity of key stakeholders including health professionals, and community health workers.** This component will provide support towards (i) effective rapid response contract tracing and epidemic intelligence capacity building at national and county level; (ii) enhancing human resources capacity; (iii) providing psychological support; and (iv) establishment of a National Public Health Institute.

Component 3: Quarantine, Isolation and Treatment Centers [US$ US$2.00 million equivalent credit from IDA]

19. **This component aims to strengthen the health system capacity to effectively provide IPC and Covid-19 case management.** The Third Extraordinary Session of the National and County Governments Co-ordinating Summit on the Coronavirus Pandemic held on June 10, 2020 resolved that each county must establish isolation centers. With 93 percent of patients being asymptomatic, the MoH introduced HBIC to make better use of existing resources. However, many households in Kenya, particularly those living in informal settlements, do not meet the MoH standards of HBIC and therefore require to be managed in isolation centers. This component will support operational costs for quarantine and isolation centers and supplies for in for case management.

Component 4: Medical Waste Disposal [US$1.50 million equivalent credit from IDA]

20. **This component aims to ensure safe disposal of waste generated during case management.** COVID-19 testing and case management centers generate highly infectious waste. The CERP project is supporting installation of waste management facilities and waste management supplies in 10 COVID-19 treatment facilities. 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 [US$2.20 million equivalent credit from IDA]

21. **Advocacy, communication and social mobilization is an integral component of strengthening surveillance and response to COVID-19 and health emergencies.** The CERP is supporting community sensitization, communication and coordination activities at national and county level; community dialogue meetings, radio shows, other forms of media engagement and use of different forms of art to communicate among others. The AF 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 [US$10.00 million equivalent credit from IDA]

22. **The CERP is funding the Kenya National Blood Transfusion Services to improve on availability and efficient use of safe blood and blood products.** Key areas of support includes strengthening coordination of regional and satellite centers; automating blood transfusion service systems; procurement of supplementary auxiliary equipment for blood collection centers, strengthening systems for blood mobilization, collection and retention and support towards procurement and installation of a blood information communication and technology system to monitor the flow of blood at regional[4] and satellite centers. The AF will go towards: (i) expanding coverage of the blood information communication and technology systems to all 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) capacity building; (iii) development and application of a blood donor retention strategy; and (iv) contracting health workers to support the operations of the blood laboratories.

Component 7: Project Implementation and Monitoring [US$3.99 million equivalent credit from IDA]

23. **This component finances costs associated with project coordination and monitoring and evaluation of activities which is critical given the dynamic nature of the COVID-19 outbreak.** The MoH and the Kenya Medical Research Institute undertook a serological survey which are informing pandemic response.[5] The NTF has identified the need to periodically repeat and modify this survey and perform an additional investigation into excess mortality that may be masked by underreporting and other systemic issues. 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 [US$3.51 million equivalent credit from IDA]

24. **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

[4] The KNBTS has six RBTCs in Nairobi, Embu, Nakuru, Mombasa, Eldoret and Kisumu and 25 satellite centers.
[5] Revealing the extent of the COVID-19 pandemic in Kenya based on serological and PCR-test data
John Ojal, Samuel PC Brand, Vincent Were, et al.

health. Support under this component will include (i) 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; (ii) capacity strengthening of health care providers to identify the risks and health consequences of GBV and to offer first line support and medical treatment; (iii) 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; and (iv) enhancing safety of female frontline health workers.

Legal Operational Policies

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

Summary of Assessment of Environmental and Social Risks and Impacts

E. Implementation

Institutional and Implementation Arrangements

25. **The Project will be implemented by the Ministry of Health (MoH).** The MoH will be the main implementing agency for the project and will lead the execution of project activities. The Kenya Medical Supplies Agency (KEMSA), will be responsible for procurement, warehousing and distribution of medical supplies and equipment.

26. **The NERC on COVID-19, chaired by the Cabinet Secretary for Health, will provide stewardship and oversight of the Project.** The NERC was established by the President through an Executive Order to address various aspects of COVID-19 preparedness and response including to: (i) coordinate Kenya's preparedness and response to COVID-19; (ii) coordinate capacity building of medical personnel and other professionals; (iii) enhance surveillance at all points of entry; (iv) coordinate the preparation of national, county and private isolation and treatment facilities; (v) coordinate the supply of testing kits, critical medical supplies and equipment; (vi) conduct economic impact assessments and develop mitigation strategies; (vii) coordinate both local and international technical, financial and human resources support efforts with development partners and key stakeholders; and (viii) formulate, enforce and review of processes and requirements which require entry into Kenya of people travelling from COVID-19 affected countries, among others.

27. **The National COVID-19 Task Force will provide technical guidance throughout implementation.** The Task Force draws membership from the MoH, other relevant Government agencies, development partners, non-governmental and civil society organizations. The mandate of the Task Force 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.

28. **Project management will be the responsibility of the existing CERP project management team (PMT) established specifically for this Project.** Thus, for this proposed additional financing, the MoH will be required to: (i) maintain a dedicated PMT; (ii) designate staff with appropriate skill sets and recruit on exceptional basis to fill skills gaps; (iii) build staff capacity; and (iv) make resources available to conduct day-to-day functions.

.

CONTACT POINT

World Bank

Jane Chuma
Senior Economist, Health

Toni Lee Kuguru
Health Specialist

Borrower/Client/Recipient

Republic of Kenya
Julius Monzi
Principal Secretary
pstreasury@gmail.com

Implementing Agencies

Ministry of Health
Susan Mochache
Principal Secretary
pshealthke@gmail.com

FOR MORE INFORMATION CONTACT

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

APPROVAL

Task Team Leader(s):	Jane Chuma Toni Lee Kuguru

Approved By

Practice Manager/Manager:		
Country Director:	Camille Anne Nuamah	16-Nov-2020