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Report No: PAD3832

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT APPRAISAL DOCUMENT

ON A

PROPOSED CREDIT

IN THE AMOUNT OF EURO 45.5 MILLION
(US$50.0 MILLION EQUIVALENT)

TO THE

REPUBLIC OF KENYA

FOR THE

KENYA COVID-19 EMERGENCY RESPONSE PROJECT

UNDER THE
COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROGRAM

AS PHASE 1 OF THE MULTI-PHASE PROGRAMMATIC APPROACH
WITH AN OVERALL FINANCING ENVELOPE OF US$1.3 BILLION
APPROVED BY THE BOARD ON MARCH 20, 2020

March 25, 2020

Health, Nutrition and Population Global Practice
Africa Region

CURRENCY EQUIVALENTS

(Exchange Rate Effective February 29, 2020)

Currency Unit =	Kenya Shilling (KES)
KES 106.2 =	US$1
Euro 0.90954568 =	US$1

FISCAL YEAR
January 1 - December 31

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ABBREVIATIONS AND ACRONYMS

BECS	Blood Establishment Equipment Computer Software
BFP	World Bank Facilitated Procurement
CDC	Centers for Disease Control and Prevention
CERC	Contingency Emergency Response Component
COVID-19	Coronavirus Disease 2019
CP	Contingency Plan
CPF	Country Partnership Framework
CPS	Country Partnership Strategy
DA	Designated Account
EID	Emerging Infectious Diseases
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESRS	Environmental and Social Review Summary
EVD	Ebola Virus Disease
EVD-WA	West African Ebola Virus Disease
FM	Financial Management
FMM	Financial Management Manual
FY	Financial Year
GBV	Gender-based Violence
GDP	Gross Domestic Product
GoK	Government of Kenya
GRS	Grievance Redress Service
IBRD	International Bank for Reconstruction and Development
ICT	Information and Communications Technology
ICU	Intensive Care Unit
IDA	International Development Association
IDSR	Integrated Disease Surveillance and Response
IEC	Information Education and Communication
IHR	International Health Regulations
IMF	International Monetary Fund
IPC	Infection, Prevention and Control
IPF	Investment Project Financing
JEE	Joint External Evaluation
KEMSA	Kenya Medical Supplies Agency
KHSSP	Kenya Health Sector Support Project
KNBTS	Kenya National Blood Transfusion Service
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MPA	Multiphase Programmatic Approach

MTPIII	Third Medium Term Plan
NAPHS	National Action Plan for Health Security
NERC	National Emergency and Response Committee
NPHI	National Public Health Institute
NPHL	National Public Health Laboratories
NERC	National Emergency Response Committee
PAD	Project Appraisal Document
PCR	Polymerase Chain Reaction
PHEOC	Public Health Emergency Operations Center
PMT	Project Management Team
PoE	Ports of Entry
PPE	Personal Protective Equipment
PPSD	Project Procurement Strategy for Development
RBTCs	Regional Blood Transfusion Centers
SDG	Sustainable Development Goals
SoE	Statement of Expenditure
SPRP	Strategic Preparedness and Response Program
STEP	Systematic Tracking of Exchanges in Procurement
THS-UCP	Transforming Health Systems for Universal Care Project
TTI	Transfusion Transmissible Infection
UHC	Universal Health Coverage
UN	United Nations
UNICEF	United Nations Children's Fund
WB	World Bank
WBG	World Bank Group
WHO	World Health Organization

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DATASHEET

BASIC INFORMATION

Country(ies)	Project Name	
Kenya	KENYA COVID-19 EMERGENCY RESPONSE PROJECT	
Project ID	Financing Instrument	Environmental and Social Risk Classification
P173820	Investment Project Financing	High

Financing & Implementation Modalities

[✓] Multiphase Programmatic Approach (MPA)	[ ] Contingent Emergency Response Component (CERC)
[ ] Series of Projects (SOP)	[ ] Fragile State(s)
[ ] Disbursement-linked Indicators (DLIs)	[ ] Small State(s)
[ ] Financial Intermediaries (FI)	[ ] Fragile within a non-fragile Country
[ ] Project-Based Guarantee	[ ] Conflict
[ ] Deferred Drawdown	[✓] Responding to Natural or Man-made Disaster
[ ] Alternate Procurement Arrangements (APA)	

Expected Project Approval Date	Expected Project Closing Date	Expected Program Closing Date
31-Mar-2020		31-Mar-2025

Bank/IFC Collaboration

No

MPA Program Development Objective

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

MPA Financing Data (US$, Millions)

MPA Program Financing Envelope	50.00

Proposed Project Development Objective(s)

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

Components

Component Name	Cost (US$, millions)
Medical supplies and equipment	8,472,500.00
Response, capacity building and training	8,759,700.00
Quarintine, isolation and treatement centres	12,676,400.00
Medical waste disposal	3,387,600.00
Community discussion and information outreach	4,960,100.00
Availability of safe blood and blood products	10,000,000.00
Project implementation and monitoring	1,743,700.00

Organizations

Borrower:	Republic of Kenya
Implementing Agency:	Ministry of Health

MPA FINANCING DETAILS (US$, Millions)

MPA Program Financing Envelope:	50.00
of which Bank Financing (IBRD):	0.00
of which Bank Financing (IDA):	50.00
of which other financing sources:	0.00

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	50.00
Total Financing	50.00

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

IDA Resources (in US$, Millions)

	Credit Amount	Grant Amount	Guarantee Amount	Total Amount
Kenya	50.00	0.00	0.00	50.00
Crisis Response Window (CRW)	50.00	0.00	0.00	50.00
Total	**50.00**	**0.00**	**0.00**	**50.00**

Expected Disbursements (in US$, Millions)

WB Fiscal Year	2020	2021
Annual	35.00	15.00
Cumulative	35.00	50.00

INSTITUTIONAL DATA

Practice Area (Lead)

Health, Nutrition & Population

Contributing Practice Areas

Climate Change and Disaster Screening

This operation has not been screened for short and long-term climate change and disaster risks

SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

Risk Category	Rating
1. Political and Governance	High
2. Macroeconomic	High
3. Sector Strategies and Policies	Moderate
4. Technical Design of Project or Program	Moderate
5. Institutional Capacity for Implementation and Sustainability	Substantial
6. Fiduciary	High
7. Environment and Social	High
8. Stakeholders	Moderate
9. Other	Moderate
10. Overall	High
Overall MPA Program Risk	

COMPLIANCE

Policy

Does the project depart from the CPF in content or in other significant respects?

[ ] Yes [✓] No

Does the project require any waivers of Bank policies?

[ ] Yes [✓] No

Environmental and Social Standards Relevance Given its Context at the Time of Appraisal

E & S Standards	Relevance
Assessment and Management of Environmental and Social Risks and Impacts	Relevant
Stakeholder Engagement and Information Disclosure	Relevant
Labor and Working Conditions	Relevant
Resource Efficiency and Pollution Prevention and Management	Relevant
Community Health and Safety	Relevant
Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant
Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Relevant
Cultural Heritage	Not Currently Relevant
Financial Intermediaries	Not Currently Relevant

NOTE: For further information regarding the World Bank's due diligence assessment of the Project's potential environmental and social risks and impacts, please refer to the Project's Appraisal Environmental and Social Review Summary (ESRS).

Legal Covenants

Sections and Description

Financing Agreement, Schedule 2, Section I, A.5(a)

The Recipient (the Republic of Kenya) shall within thirty (30) days after the Effective Date establish and thereafter maintain throughout Project implementation, a Project Management Team ("PMT"), with adequate resources and facilitation, key staff holding such qualifications and under terms of reference acceptable to the Association, such staff to include a project manager, a monitoring and evaluation specialist, at least one dedicated specialist for each of social risks and environmental risks management and any other technical and fiduciary specialists as may have been agreed with the Association and as further detailed in the Project Implementation Manual ("PIM").

Sections and Description

Financing Agreement, Schedule 2, Section I, B.1(a)

No later than thirty (30) days after the Effective Date, the Recipient shall prepare a project implementation manual containing detailed arrangements and procedures for implementation of the Project, furnish to and exchange views with the Association on such manual promptly upon its preparation, and consequently adopt such manual as shall have been approved in writing by the Association (Project Implementation Manual or PIM); and thereafter implement the Project in accordance with the requirements set forth in the PIM.

Sections and Description

Financing Agreement, Schedule 2, Section I, B.2(a)

The Recipient shall no later than thirty (30) days after the Effective Date: (i) prepare and furnish to the Association a proposed work plan and budget for Project implementation setting forth (A) a detailed description of the planned activities, including any proposed conferences and Training, under the Project for the period covered by the plan; (B) the sources and proposed use of funds thereof; (C) procurement and environmental and social risks management arrangements thereof, as applicable and; (D) responsibility for the execution of said Project activities, budgets, start and completion dates, outputs and monitoring indicators to track progress of each activity; (ii) taking into account the Association's comments, finalize the plan and furnish it to Association for its approval; and (iii) adopt the plan as shall have been approved by the Association (Work Plan and Budget or WPB).

Conditions

I. STRATEGIC CONTEXT

1. **This Project Appraisal Document (PAD) describes the emergency response to the Republic of Kenya under the coronavirus disease (COVID-19) Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA) with an overall Program financing envelope of International Development Association (IDA) US$1.3 billion and of International Bank for Reconstruction and Development (IBRD) US$2.7 billion. The Government of Denmark is co-financing the Project with US$3.2 million.** This PAD covers phase one of the COVID-19 Strategic Preparedness and Response Program (SPRP), approved by the World Bank's Executive Directors on March 20, 2020 the first phase {P173789}.

2. **An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China**. Since the beginning of March 2020, the number of cases outside China has increased over thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of March 20, 2020, WHO data show that the outbreak has resulted in an estimated 267,013 confirmed cases and 11,210 confirmed deaths in 184 countries/areas/territories. The novel coronavirus pandemic has claimed the most lives in Italy and China and it is infecting thousands and spreading rapidly across the globe.

3. **COVID-19 is one of several emerging infectious diseases (EID) outbreaks in recent decades that have emerged from animals in contact with humans, resulting in major outbreaks with significant public health and economic impacts.** The last moderately severe influenza pandemics were in 1957 and 1968; each killed more than a million people around the world. Although countries are now far more prepared than in the past, the world is also far more interconnected, and many more people today have behavior risk factors such as tobacco use[1] and pre-existing chronic health problems that make viral respiratory infections particularly dangerous[2]. With COVID-19, scientists are still trying to understand the full picture of the disease symptoms and severity. Reported symptoms in patients have varied from mild to severe, and can include fever, cough and shortness of breath. In general, studies of hospitalized patients have found that about 83 to 98 percent of patients develop a fever, 76 to 82 percent develop a dry cough and 11 to 44 percent develop fatigue or muscle aches[3]. Other symptoms, including headache, sore throat, abdominal pain, and diarrhea, have been reported, but are less common. While four percent of the people worldwide confirmed as having been infected have died, WHO has been careful not to describe that as a mortality rate or death rate. This is because in an unfolding epidemic it can be misleading to look simply at the estimate of deaths divided by cases so far. Hence, given that the actual prevalence of COVID-19 infection remains unknown in most countries, it poses unparalleled challenges with respect to global containment and mitigation. These issues reinforce the need to strengthen the response to COVID-19 across all IDA/IBRD countries to minimize the global risk and impact posed by this disease.

A. Country Context

4. **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.

[1] Marquez, PV. 2020. "Does Tobacco Smoking Increases the Risk of Coronavirus Disease (Covid-19) Severity? The Case of China." *http://www.pvmarquez.com/Covid-19*
[2] Fauci, AS, Lane, C, and Redfield, RR. 2020. "Covid-19 — Navigating the Uncharted." New Eng J of Medicine, DOI: 10.1056/NEJMe2002387
[3] Del Rio, C. and Malani, PN. 2020. "COVID-19—New Insights on a Rapidly Changing Epidemic." JAMA, doi:10.1001/jama.2020.3072.

5. **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.

6. **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.

7. **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[4] 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.

8. **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)[5], 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.

9. **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[6], 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.

B. Sectoral and Institutional Context

10. **Despite the GoK's commitment to strengthen pandemic preparedness and response, capacity is limited.** A 2017 Joint External Evaluation (JEE) of the core capacities in the International Health Regulations (IHR) assessed the strengths and weaknesses in Kenya; it also identified priority interventions to improve the preparedness of the health

[4] 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.
[5]https://databank.worldbank.org/source/world-development-indicators/Type/TABLE/preview/on
[6] The other pillars of the Big Four Agenda include: affordable housing; enhanced manufacturing; and food security and nutrition.

system as a whole[7]. These included inter alia: legislation or policies to enable IHR implementation and coordination structures; strengthening quality management system for point of care testing; improving capacity and sustainability of the Public Health Emergency Operations Center (PHEOC); and developing a multisectoral pandemic preparedness plan. Following these recommendations, the Ministry of Health (MoH) developed the National Action Plan for Health Security (NAPHS), which aims to strengthen the IHR core capacities, by identifying priorities, adopting strategies and implementing high impact interventions to improve the country's health security on all 19 core capacities. The NAPHS also emphasizes the strong need to establish and operationalize a National Public Health Institute (NPHI), to reduce fragmentation in public health activities, and consolidate public health functions bringing together data and expertise across sectors.

11. **The COVID-19 situation is quickly evolving due to Kenya's strategic location as a critical regional and commercial hub.** Kenya was identified by the WHO Africa Regional Office as one of the thirteen most vulnerable countries that have either direct links or high volume of travel with China and other COVID-19 affected countries. On March 13, 2020, Kenya reported the first case of COVID-19 due to importation and since then, neighboring countries have also reported confirmed cases linked to importation[8]. As of March 21, 2020, Kenya has reported seven confirmed cases and continues to be vulnerable to a more widespread outbreak. To mitigate importation and the related risk of community spread, the GoK took decisive action on March 15, 2020 by (i) suspending arrivals from all affected countries and only citizens or foreigners with permits can enter the country; (ii) ordering those who enter the country to self-quarantine for 14 days; and (iii) closing all educational institutions; as well as on March 22, 2020 by (i) suspending international passenger arrivals; (ii) increasing quarantine requirements; (iii) restricting social gatherings; and (iv) imposing new standards for public transport The GoK also urged organizations to adopt home based work and use of mobile money to avoid cash transactions.

12. **A preliminary assessment conducted by the GoK highlighted key risk factors for the importation of COVID-19 into Kenya and identified fourteen high risk counties[9].** As a regional hub, Kenya is at high risk, with intense trade between Kenya and other countries experiencing outbreaks involving movement of people and goods. Mombasa has one of the largest seaports in East Africa where goods and humans pass through daily. Challenges such as poor health seeking behavior, weaknesses in disease surveillance and chronic underinvestment may affect health system responsiveness. Some socio-cultural practices such as hand shaking and tendency towards large gatherings for social events may put Kenyans at risk. Finally, fourteen counties have been identified as high risk as they host Ports of Entry (PoE) or have significant immigrant and itinerant populations.

13. **Kenya's National COVID-19 Contingency Plan (CP):** The Government: (i) is working closely with technical partners including relevant United Nations (UN) agencies; and (ii) has prepared a costed CP (US$82 million) to guide preparedness, early detection and early response for COVID-19 in Kenya. The National Emergency and Response Committee (NERC) chaired by the Cabinet Secretary for Health oversees implementation of the CP led by the National COVID-19 Task Force. The CP is aligned to the key actions prioritized in the WHO draft Operational Planning Guidelines to Support Country Preparedness and Response and prioritizes the 14 high risk counties.

C. Relevance to Higher Level Objectives

14. **The Project is aligned with World Bank Group (WBG) strategic priorities, particularly the WBG's mission to end extreme poverty and boost shared prosperity.** The Project is focused on preparedness which is critical to achieving

[7] Joint External Evaluation of IHR Core Capacities of the Republic of Kenya. Geneva: World Health Organization; 2017. License: CC BY-NC-SA 3.0 IGO.
[8] Confirmed cases as of March 21, 2020: Ethiopia (9); Somalia (1); Tanzania (6); Uganda (1).
[9] Busia, Garissa, Kajiado, Kiambu, Kilifi, Kisumu, Machakos, Migori, Mombasa, Nairobi, Nakuru, Turkana, Uasin Gishu, Wajir.

UHC. It is aligned with the World Bank's support for national plans and global commitments to strengthen health security through three key actions under preparedness: (i) improving national preparedness plans including organizational structure of the Government; (ii) promoting adherence to the IHR; and (iii) utilizing international framework for monitoring and evaluation (M&E) of IHR. The economic rationale for investing in the MPA interventions is strong, given that success can reduce the economic burden suffered both by individuals and countries. The project complements both WBG and development partners investments in health systems strengthening, disease control and surveillance, attention to changing individual and institutional behavior, and citizen engagement. Further, as part of the proposed IDA19 commitments, the World Bank is committed to "support at least 25 IDA countries to implement pandemic preparedness plans through interventions (including strengthening institutional capacity, technical assistance, lending and investment)." The project contributes to the implementation of IHR (2005), Integrated Disease Surveillance and Response (IDSR), the World Organization for Animal Health (OIE) international standards, the Global Health Security Agenda, the Paris Climate Agreement, the attainment of UHC and of the Sustainable Development Goals (SDG), and the promotion of a One Health approach.

15. **The Project is aligned with the Country Partnership Strategy (CPS) FY 2014-2020 (Report No. 87024-KE).** Improved social service delivery for vulnerable groups, particularly women, is a key outcome of Domain Two (Protection and Potential); and better provision of health and sanitation services by counties is a key output of Domain Three. The Project complements the World Bank's ongoing: (i) technical assistance to pandemic preparedness[10]; and (ii) the Transforming Health Systems for Universal Care Project (THS-UCP – P152394) (Report No. PAD1694) which includes a Contingency Emergency Response Component (CERC) (US$10 million) that was triggered to co-finance the National COVID-19 Contingency Plan. The Project is also aligned to the Kenya Health Sector Strategic and Investment Plan III, which includes disease surveillance and information as a key investment priority.

D. Multiphase Programmatic Approach (MPA)

16. The Program framework will be updated as more countries join SPRP. All projects under SPRP are assessed for Environmental and Social Framework (ESF) risk classification following the World Bank procedures and the flexibility provided for COVID-19 operations.

[10] Kenya Health Systems Strengthening for Universal Health Coverage (P164023).

II. PROJECT DESCRIPTION

17. **The proposed project was selected for COVID-19 financing because of the strategic place Kenya holds when it comes to global connectivity and travel, and the risks for the country associated with this.** The proposed financing for the Project will be provided through the WBG COVID-19 Fast Track Facility, as part of a Global COVID-19 MPA Program, designed to assist countries to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness. The amount allocated to Kenya under the Fast Track Facility is based on criteria for each country taking into consideration key factors such as population size, GDP per capita, and other selected criteria.

A. Project Development Objective

18. **PDO Statement:** To prevent, detect and respond to COVID-19 outbreak and strengthen national systems for public health emergency preparedness.

19. **PDO Level Indicators:** The PDO will be monitored through the following PDO level outcome indicators:

- Percentage of suspected cases of COVID-19 reported and investigated based on national guidelines.
- Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents.
- Percentage of designated acute healthcare facilities with isolation capacity.
- Percentage of requests for blood and blood products fulfilled within the recommended turnaround time.

20. **Results Chain:** Swift detection of an outbreak, assessment of its epidemic potential and rapid emergency response can reduce avoidable mortality and morbidity and reduce the economic, social, and security impacts. Failure in the rapid mobilization of financing and coordination of response results in unnecessary casualties and significant socioeconomic consequences. By focusing on the containment, diagnosis and treatment of patients, the proposed project seeks to control the disease outbreak and limit socioeconomic losses.

21. **Critical interventions are needed to reduce morbidity and mortality rates from existing and emerging infectious diseases, curtail the spread of COVID-19 and mitigate the social impacts of the outbreak.** The development of the National COVID-19 Preparedness and Response Plan which includes strengthening of the PHEOC for efficient emergency response for multiple hazards, strengthening of surveillance and information systems, increased laboratory capacity, improved infection and prevention control and case management will improve disease surveillance and emergency response in the country. Health care workers trained in critical skills involved in disease detection and response will increase the health system's effectiveness whereas risk communication and behavior change interventions including social distancing measures will contribute to slowing the spread of COVID-19 and other disease outbreaks.

B. Project Components

22. The proposed project aims to assist Kenya in its efforts to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness. The project would have the following seven components:

23. **Component 1. Medical Supplies and Equipment [US$8,472,500 equivalent]:** This component aims to improve

the availability of supplies and equipment needed to respond to COVD-19 and other public health emergencies and strengthen the capacity of the MoH to provide timely medical diagnosis for COVID-19 patients. Support under this component will include but not limited to the following areas:

a) strengthening capacity of seven laboratories (including two zoonotic laboratories) to manage large scale testing for COVID-19 cases and other infectious diseases. Support will include procurement of specialized equipment (i.e. Polymerase Chain Reaction (PCR) machines, sequencer etc.) to allow screening of multiple pathogens and purchase of test kits;
b) providing sample collection and packaging supplies, reagents and transport media, including shipment of samples to the National Public Health Laboratories (NPHL) and other referral laboratories;
c) procurement of Personal Protective Equipment (PPE), pharmaceuticals and non-pharmaceutical commodities and supplies required for case management and infection prevention control; and
d) strengthening clinical care capacity in selected hospitals to provide critical care for patients with severe illnesses. According to the WHO, while most patients with COVID-19 are developing a mild or uncomplicated illness, approximately 14 percent develop severe disease requiring hospitalization and oxygen support, and 5 percent[11] require admission to an Intensive Care Unit (ICU). This support will, therefore, increase the capacity of the MoH and County Governments to manage severe cases through the procurement of ICU sets and dialysis beds

24. **Component 2. Response, Capacity Building and Training [US$8,759,700 equivalent]:** This component aims to strengthen response and build capacity of key stakeholders including health works and communities. Support under this component will include but not limited to the following areas:

a) coordination of activities at national and county level, including support towards the National COVID-19 Steering Committee and the National COVID-19 Task force;
b) training health workers at all levels of the health system on relevant guidelines and protocols;
c) adaptation and roll out of the 3rd Edition of Integrated Disease Surveillance and Response technical guidelines;
d) strengthening surveillance and screening at all POEs and at the community level, including development and adaptation of an electronic community-based reporting system, training of community health workers and equipping them with the right tools to conduct surveillance, and equipping all POE with the necessities to function effectively;
e) strengthening operational capacity of the PHEOC, Rapid Response and Contact Tracing Teams;
f) cross hospital expert teleconferencing facilities in selected hospitals to enable clinicians share their knowledge and experiences in management of diseases;
g) establishment and operationalization of the NPHI; and
h) increasing the number of health workers required to meet the additional demands for surveillance, rapid response and case management.

25. **Component 3. Quarantine, Isolation and Treatment Centers [US$12,676,400 equivalent].** This component will strengthen the health systems capacity to effectively provide Infection Prevention and Control (IPC) and case management of COVID-19 cases. Key areas of support include construction/renovations and equipping the following facilities:

[11] Team NCPERE. Vital surveillances: the epidemiological characteristics of an outbreak of 2019 novel coronavirus. diseases (COVID-19) – China. Chin CDC Weekly. 2020;2(8):113-22.

a) facilities for isolation rooms in all PoEs;
b) isolation room facilities in all 14 high risk counties, Level Five hospitals and high-volume Level Four hospitals; and
c) strengthening capacity of the Kenyatta National Hospital Infectious Disease Unit Mbagathi, Kenyatta University Teaching and Referral Hospital and Moi Teaching and Referral Hospital to manage infectious diseases – including structural changes to improve negative pressure airflow, floor and air quality among others.

26. **Component 4. Medical Waste Disposal [US$3,387,600 equivalent]:** This component will ensure the safe disposal of waste generated by laboratory and medical activities. It will include:

a) procurement of specialized incinerators for three national-level referral hospitals and other referral laboratories, where these are not available; and
b) construction of incinerator areas, acquisition of licenses and training on incinerator use, and medical waste packaging such as bags and safety boxes.

27. **Component 5. Community Discussions and Information Outreach [US$4,960,100 equivalent]:** Advocacy, communication and social mobilization is an integral component of strengthening surveillance and response to health emergencies. GoK has developed a risk communication and community engagement strategy to keep the public informed on expected behaviors, how best to avoid infection and advise how to mitigate social and economic impacts due to the COVID-19. This component will ensure there is a two- way communication between the Government and the population. Regular communication is essential in building trust and increasing community support and engagement on the response to enable compliance with public health recommendations. Supported activities include:

a) rapid community behavior assessment to gather information about different groups knowledge, attitudes, beliefs, and challenges related COVID-19 response;
b) continuous behavior assessment and community sensitization through mobile feedback (text messages, social media platforms), public health address systems and dedicated radio call-in shows both mainstream and indigenous languages to ensure preventative community and individual health and hygiene practices in line with national public health containment recommendations;
c) design, production and distribution of Information Education and Communication (IEC) materials (posters, brochures, roll-up banners and fact sheets);
d) publishing electronic IEC materials through all media outlets, including translation of messages into various indigenous languages; and
e) communication in support of grievance redress mechanism.

28. **Component 6: Availability of Safe Blood and Blood Products [US$10,000,000]:** This support will go towards strengthening the capacity of the Kenya National Blood Transfusion Service (KNBTS) to provide safe blood and blood products. Blood is core to all clinical aspects of health systems. As patients fall ill with COVID-19, many of whom will have co-morbidities, transfusions will be needed. Anemic mothers who deliver in this period will also continue to be at risk, etc. Further, at this time when people are less likely to go out, donations will fall which endangers the whole system. This component will include:

a) enhancing blood collection and supply services through strengthening the coordination of national, Regional Blood Transfusion Centers (RBTCs)[12] and satellite centers; procurement of consumables and supplies for blood collection; procurement of supplementary auxiliary equipment for the blood collection centres such as blood mixers, blood bank refrigerators and blood donor coaches; and strengthening systems for blood mobilization, collection and retention;
b) automating blood transfusion service systems to enhance efficiency and traceability of blood and blood products between collection sites, RBTCs, and transfusing health facilities. This will involve assessing the existing blood establishment equipment computer software (BECS) and the extent to which it meets the country's needs. Based on the outcome of the assessment, support will include expanding the BECs information and communications technology (ICT) system to satellite centres and facilities, or purchase and installation of a new software, procurement of ICT equipment and capacity building staff;
c) enhancing screening for transfusion transmissible infections (TTIs). In order to ensure that blood for transfusion is safe and free from TTIs, the project will expand the KNBTS testing capacity. This will include procurement of auxiliary and multiplex laboratory equipment, and purchase of reagents for screening of TTI and pathogen inactivation;
d) enhancing efficiency and quality of blood and blood products. International blood transfusion standards recommend transfusion of blood products instead of whole blood apart from exceptional situations such exchange transfusion in new-borns or trauma. The KNBTs is currently processing blood to blood components using a manual system, potentially compromising quality blood components and reduced efficiency[13] of the blood processes. Support will include, full automation of blood component processing systems, maintaining cold rooms for blood storage, procurement and maintenance of generators to ensure limited loss of the blood and blood products, and establishing a preventive maintenance plan for all the laboratory equipment in collaboration with the NPHL equipment maintenance Centre of Excellence; and
e) strengthening quality assurance systems in line with international standards and best practices on blood safety. The KNBTs will pursue blood bank accreditation from the African Society for Blood Transfusion standards and further accredit two remaining testing centers to ISO 15189 standards. Support will also include training and mentorship of technical staff, testing centres enrolment into proficiency testing schemes and the contracting of integrated courier services for blood transfusion.

29. **Component 7. Project Implementation and Monitoring [US$1,743,700 equivalent]:** Institutional and implementation arrangement are detailed under Section III. To support implementation, the project would finance costs associated with the project coordination, activities for program implementation and monitoring and to strengthen management capacity. Key areas of support include:

a) operational costs and logistical services for day-to-day management of the project;
b) M&E activities, including process evaluation to monitor implementation progress and address implementation challenge;
c) environmental and social safeguards related activities, including establishment of a call center to handle complaints and feedback to the public, linked to the PHEOC;
d) stakeholder engagement; and
e) contracting of staff on short term basis for any required specialized skills like engineering and public works.

[12] The KNBTS has six RBTCs in Nairobi, Embu, Nakuru, Mombasa, Eldoret and Kisumu and 25 satellite centres.
[13] For example, with manual system, 6 units of blood (six donors) are required to make 1 therapeutic platelet dose compared to one unit using automated system. This does not only reduce the cost of producing the blood products but also reduce the blood volume requirement.

C. Project Beneficiaries

30. **The Project is expected to benefit the whole population.** Implementation will be nationwide, covering all 47 counties. The primary project beneficiaries will be infected persons, at-risk populations, medical and emergency personnel as well as service providers, medical and testing facilities, and national health agencies. Health workers at both national and county level will also benefit from increased capacity resulting from health systems strengthening.

D. Rationale for World Bank Involvement and Role of Partners

31. **The World Bank's dedicated umbrella Fast Track COVID-19 Response Program and International Finance Corporation (IFC) Trade Solutions and Working Capital Liquidity Facilities build on the experience and credibility of both institutions in responding to global crisis.** They allow the institutions to move nimbly to support countries as they respond to the health and economic impacts of the spread of COVID-19 and build in the experience and high standards that are needed so that the approaches work well in fast moving environments.

32. **The UN agencies have all committed technical expertise to support development of the Kenya's CP and a Senior Officer from OCHA/WHO has been seconded to the Office of the Cabinet Secretary for Health in the Government of Kenya.** The WHO is providing technical capacity and test kits among other areas of support, the United States, Centre for Disease Control is supporting capacity building of rapid response teams, and United States Agency for International Development (USAID) is supporting activities related to IPC among others. The Government of Denmark is co-financing this Project with US$3.2 million.

E. Lessons Learned and Progress on Learning Agenda

33. **The World Bank is well positioned to respond to this pandemic** given its global expertise; understanding of Kenya's health and other development context; prior experience in responding to crises (pandemics, natural disasters, economic shocks) while building resilience and improving future preparedness and response capability; respect and trust of client countries; and global partnerships (UN agencies/WHO, other Multilateral Development Banks, International Monetary Fund (IMF), etc). The proposed first instance response will follow a cross-sectoral One Health approach within the framework of a Fast Track COVID-19 Response Program, allowing a rapid response to short-term needs. Depending on how the outbreak progresses and impact on economic activity unfolds there may be need for a second phase with a greater focus on support for economic and social disruption resulting from the spread of the virus.

34. **The Fast Track COVID-19 Facility and the Project draw upon lessons learned from past World Bank responses to recent global crises and outbreaks**, including the various Ebola outbreaks, the Global Food and Avian Influenza Crises in 2007-08, and the 2017 Food Crisis Response, among others. Swift detection of an outbreak, assessment of its epidemic potential and rapid emergency response can reduce avoidable mortality and morbidity and reduce the economic, social, and security impacts. Failure in the rapid mobilization of financing and coordination of response results in unnecessary casualties and significant socioeconomic consequences. As highlighted by the SARS and the West African Ebola Virus Disease (EVD-WA) outbreak, the cost of outbreak control and socioeconomic losses rises exponentially with delayed detection, reporting, and action, and close technical coordination is needed across countries to prevent and control the transboundary spread of the disease. Although delayed by several months from the onset of cases, the global response to EVD-WA was eventually effective in stopping the outbreak. The failure in the rapid mobilization of financing and the coordination of responses resulted in unnecessary casualties of over 11,000 persons, and significant socioeconomic consequences across the sub-region. These economic and social costs of the EVD-WA crisis are estimated to be US$53 billion.

35. **The project under the MPA Program will support adaptive learning throughout the implementation, as well as from international organizations including WHO, IMF, CDC, UNICEF, and others. The Global MPA aims at the following:**

- *Forecasting*: Modeling the progression of the pandemic, both in terms of new cases and deaths, as well as the economic impact of disease outbreaks under different scenarios;
- *Technical*: Cost and effectiveness assessments of prevention and preparedness activities; research may be financed for the re-purposing of existing anti-viral drugs and development and testing of new antiviral drugs and vaccines;
- *Supply chain approaches*: Assessments may be financed on options for timely distribution of medicines, equipment and medical supplies; and
- *Social behaviors*: Assessments on the compliance and impact of social distancing measures under different contexts.

III. IMPLEMENTATION ARRANGEMENTS

A. Institutional and Implementation Arrangements

36. **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)[14] will be responsible for procurement and distribution of medical supplies and equipment. The institutional and implementation arrangements are summarized in Figure 1.

37. **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.

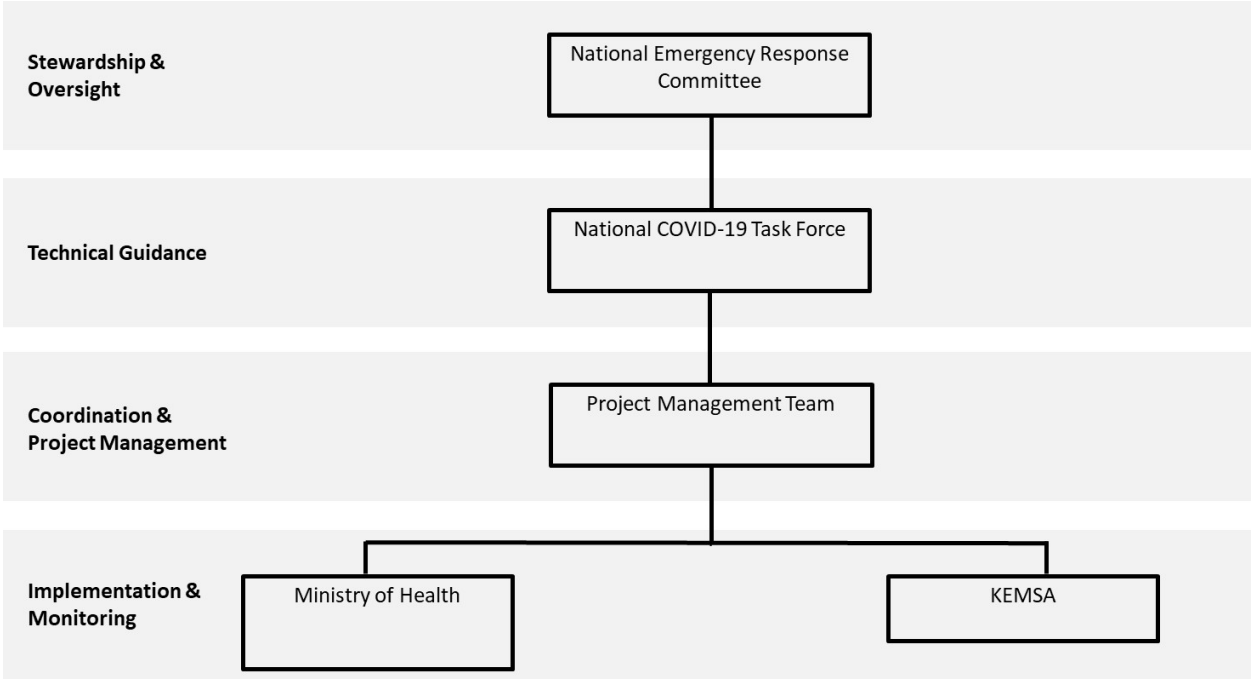
38. **The National COVID-19 Task Force will provide technical guidance throughout implementation.** The Task Force draws membership from the MoH, other relevant Government agencies, development partners, non-governmental and civil society organizations. The mandate of the Task Force is to review the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

39. **Project management will be the responsibility of a project management team (PMT) established specifically for this Project**. It would not be an effective strategy to task the PMT of the ongoing THS-UCP to coordinate both the ongoing and the new project. Thus, for this new Project, the MoH will be required to: (a) set up a dedicated PMT; (b)

[14] KEMSA is the government procurement agency for medical supplies and equipment.

designate staff with appropriate skill sets and recruit on exceptional basis to fill skills gaps; (c) build staff capacity; and (d) make resources available to conduct day-to-day functions. The MoH have already designated two key people with technical expertise in health security to be part of the PMT. This will have a dedicated project manager with overall responsibility for the effective functioning of the Project. Staff for cross-cutting functions (for example, procurement officers[15], project accountants, safeguards officers, M&E) will be shared between the THS-UCP and the Project, with additional staff with the appropriate skills set designated as necessary. This PMT will also work closely with the PMT for the THS-UCP. The MoH will release those staff assigned to this PMT of any other duties and responsibilities. The PMT will be responsible for coordinating and managing the timely and effective implementation of the Project. The PMT will prepare quarterly financial and technical reports and submit these to the World Bank within the stipulated timelines.

Figure 1: Institutional and implementation arrangements



40. **Stakeholder engagement.** The Project will coordinate and implement the activities with county governments and other stakeholders. The county governments are represented in the Task Force through the chair of the County Health executives. The Task Force is working in close collaboration with the existing coordination structures at the county level through both the national government and county teams in executing this project. This includes using existing structures at the county level such as the county stakeholder forums and community network since communities are playing a significant role as implementers and leaders in promoting individual and collective behavior change to prevent and respond to COVID-19. The feedback from the communities is being tracked through the call center already established. All information from the counties is feeding into the national level Taskforce led by the national level MoH.

41. **Donor coordination will be streamlined.** The Development Partners for Health Kenya (DPHK) provides a forum

[15] Additional staff with expertise in accounting, procurement, environment, public works and social safeguards will be required.

for consultation and coordination of DPs. Implementation support by the World Bank during implementation of the project will be coordinated as much as possible with all multilateral agencies that are active in this area. This will avoid a piecemeal approach to providing assistance, help build a common strategy, allow the GoK to draw on the expertise of each of these agencies and avoid duplication of effort and investments.

42. **Data protection.** Large volumes of personal data, personally identifiable information and sensitive data (Data) are likely to be collected and used in connection with the management and response to the COVID-19 emergency. In order to ensure the legitimate, appropriate and proportionate use and processing of that Data and guard against abuse of that Data, the Project will incorporate provisions of applicable national law and best international practices for dealing with such Data in such circumstances. Such measures may include, by way of example, data minimization (collecting only Data that is necessary for the purpose); data accuracy (correct or erase Data that are not necessary or are inaccurate), use limitations (data are only used for legitimate and related purposes), data retention (retain data only for as long as they are necessary), informing data subjects of use and processing of data, and allowing data subjects the opportunity to correct information about them, etc.

B. Results Monitoring and Evaluation Arrangements

43. **M&E activities will be the responsibility of MoH.** The MoH will: (i) collect and compile all data relating to the results framework; (ii) evaluate results; and (iii) provide the relevant performance information to the PMT. The PMT will be responsible for reporting results to the World Bank prior to each semiannual supervision mission.

C. Sustainability

44. **The Project is supporting the implementation of key activities identified in the NAPHS**, which has already been adopted by Government. Of key importance is the support towards establishment and operationalization of the institutions and coordination structures for health security, including the NPHI. Once established, the NPHI will anchor global health security and strengthen the multisectoral approach towards health security.

IV. PROJECT APPRAISAL SUMMARY

A. Technical, Economic and Financial Analysis

45. **The COVID-19 outbreak clouds an already fragile global economic outlook and could reverse gains in poverty alleviation, in addition to the population health impacts already observed in the countries affected by the outbreak.** Potential tightening of credit conditions, weaker growth, and the allocation of additional public resources to fight the outbreak are likely to reduce governments' ability to invest in other sectors. Low-income countries are expected to feel the impact, as current estimates suggest that a one percent decline in developing country growth rates traps an additional 20 million people into poverty.

46. **The pandemic weighs on economic activity through both demand and supply channels.** On the demand side, activities involving interactions between people are reduced in efforts to prevent transmission of the virus. On the supply side, prevention measures, such as factory closures, have significantly disrupted production of tradable and non-tradable goods around the world. Major stock markets, globally and the Nairobi Securities Exchange-20, are now in a bear market, consistent with pricing in a global recession. Dollar financing costs for Kenya and other emerging markets

are rising dramatically. Imports of capital and intermediate goods have decreased sharply, especially imports from China. Stanbic Purchasing Managers' Index for Kenya is now below the 50 points mark (signaling an economy in contraction).

B. Fiduciary

(i) Financial Management

47. **The Project will leverage the existing financial management (FM) and disbursement arrangements of the THS-UCP for its implementation with some adjustments, and the internal controls prescribed in the Financial Management Manual (FMM) for THS-UP will also apply**. However, there will be no funds flow to the counties. Instead, counties will receive support in kind from the National Government. This helps manage implementation risks as well as provide flexibility to MoH to respond rapidly as challenges evolve. The funds flow arrangements also include flexibility of direct disbursement to UN agencies, including as advances based on six- to twelve-monthly forecasts of expenditures, as approved by Government in a withdrawal application. This Project is part of the direct payment pilot. A lower threshold of US$10,000 equivalent for direct payments and a high ceiling of EUR20 million for the DA are allowed.

48. **The disbursements will be based on Statements of Expenditures (SoEs), and the World Bank, will review the underlying expenditures in the SoEs on a quarterly basis.** One DA will be opened for MoH that will serve MoH and all the beneficiaries MoH will also open a project account in Kenya shillings and funds will not be comingled with THS UCP funds. For UN agencies, disbursements will be done using UN Commitment method which is mainly used under indirect engagement where the UN agency is only implementing a portion or component of the project along with other implementors (Government or other UN agencies).The UN commitment is used to ensure funds are reserved (committed) for the UN agency to ensure execution of the part of the project in accordance with the signed contract agreement with the government. All parties from MoH, National Treasury (NT) and World Bank will prioritize processing of project payments and withdrawal applications within three working days or within agreed frameworks. The Project will submit quarterly interim financial reports to the World Bank, and the Office of Auditor General will conduct annual project audits. In respect of components that will be implemented with UN Agencies' support, the UN Agencies will account for the funds using their institutional accounting rules and regulations. These agencies will provide quarterly Fund Utilization Reports that show funds received and related expenditure, alongside progress reports, to the World Bank, the MoH and the National Treasury. The MoH will also submit quarterly SoE accounting for funds received through the DA for all activities, including those conducted by the beneficiaries under MoH. The Audit for MoH will be done by Office of the Auditor General (OAG) annually and submitted to the World Bank six months after the end of the financial year.

49. **The overall project FM risk is assessed "high".** Table 1 shows the constituent elements of the risk and their respective mitigation measures. The implementation of the mitigation measures will be reviewed, and the FM risk will be reassessed as part of the continuous implementation support on the project.

Table 1: Financial management risks and mitigation measures

Risks	Mitigation measures
Dilution of internal controls Inefficient cash management & delays in funds flow	MoH Internal audit to provide compensatory controls through post reviews within little time lag. The normal payment processes of invoicing, goods / services receipts, and payments to be reviewed, both at the implementing line ministry and the National Treasury to explore how best to use the time frame allowed by creditors in making payments. Agree on service standards within which to release funds as mentioned in the main text above.
Incomplete records or supporting documentation on payments made. Overdue unacquitted cash advances, incomplete documentation, and use of cash for ineligible expenditure.	MoH will be responsible for keeping detailed records in the management of any cash advances to the beneficiaries and compliance with PFM regulations.

(ii) Procurement

50. **Procurement for the Project will be carried out in accordance with the World Bank's Procurement Regulations for IPF Borrowers for Goods, Works, Non-Consulting and Consulting Services, dated July 1, 2016 (revised in November 2017 and August 2018).** The Project will be subject to the World Bank's Anticorruption Guidelines, dated October 15, 2006, revised in January 2011, and as of July 1, 2016. The Project will use the Systematic Tracking of Exchanges in Procurement (STEP) to plan, record and track procurement transactions.

51. **The major planned procurement activities include:** medical supplies and equipment; hospital equipment; capacity building and training; construction of emergency medical facilities; medical waste disposal; community discussions and information outreach; blood equipment and supplies; and project implementation and monitoring**.** Finalization of the streamlined Project Procurement Strategy for Development (PPSD) has been deferred to implementation and will be submitted two weeks after effectiveness. An initial procurement plan for the first three months has been agreed with the Borrower and will be updated during implementation.

52. **The proposed procurement approach prioritizes fast track emergency procurement for the required goods, works and services to utilize the flexibility provided by the World Bank's Procurement Framework for fast track emergency procurement.** Key measures to fast track procurement include: (i) use of simple and fast procurement and selection methods fit for an emergency situation including direct Selection / Procurement, as appropriate including increased thresholds for Requests for Quotations (RFQ) to US$1 million for goods and services and US$5 million for works; (ii) streamlined competitive procedures with shorter bidding time; (iii) extension of existing contracts where

they include required goods, works and services; (iv) use of framework agreements including existing ones; (v) procurement from UN Agencies enabled and expedited by World Bank procedures and templates; and (vi) use of procurement agents. If requested by the Borrower, the World Bank will provide procurement hands-on expanded implementation support to help expedite all stages of procurement – from help with supplier identification, to support for bidding/selection and/or negotiations to contract signing and monitoring of implementation. Further, Bid Securing Declaration may be used instead of the bid security. Advance payment may be increased to 40 percent, while secured with the advance payment guarantee. The time for submission of bids/proposal can be shortened to seven- 15 days in competitive national and international procedures, and to three days for the Request for Quotations, however if bidders request an extension it should be granted. The retroactive financing may be applied to the contracts procured in advance for the purpose of this Project objective using procurement procedures consistent with Sections I, II and III of the World Bank's Procurement Regulations and consistent with the Financing Agreement of this Project.

53. **The Project may be significantly constrained in purchasing critically needed supplies and materials due to significant disruption in the supply chain, especially for PPE.** The supply problems that have initially impacted PPE are emerging for *other* medical products (e.g. reagents and possibly oxygen) and more complex equipment (e.g. ventilators) where manufacturing capacity is being fully allocated by rapid orders from other countries.

54. **Upon the Borrower's request during Project Negotiations, the World Bank agreed to provide World Bank Facilitated Procurement (BFP) to proactively assist the implementing agency(ies) in accessing existing supply chains for the agreed list of critical medical consumables and equipment needed under the Project.** Once the suppliers are identified, the World Bank will proactively support the Borrower with negotiating prices and other contract conditions. The Borrower will remain fully responsible for signing and entering into contracts and implementation, including assuring relevant logistics with suppliers such as arranging the necessary freight/shipment of the goods to their destination, receiving and inspecting the goods and paying the suppliers, with the direct payment by the World Bank disbursement option available to them. *If needed, the World Bank may also provide hands-on support to the implementing agency(ies) in contracting to outsource logistics*.

55. **BFP to access available supplies may include aggregating demand across participating countries, whenever possible, extensive market engagement to identify suppliers from the private sector and UN Agencies.** The World Bank is coordinating closely with the WHO and other UN agencies (specifically WHO and UNICEF) that have established systems for procuring medical supplies and charge a fee which varies across agencies and type of service and can be negotiated (around 5 percent on average). In addition, the World Bank may help Borrowers access governments' available stock. In providing BFP the World Bank will remain within its operational boundaries and mandate which already include expanded hands-on implementation support to help borrowers achieve the project's development objectives. Procurement for goods/works and services outside this list will follow the World Bank's standard procurement arrangements with the Borrower responsible for all procurement steps.

56. **Procurement implementation will be undertaken by two agencies:** (i) MoH; and (ii) KEMSA. Both agencies have recent experience in implementing the World Bank funded Kenya Health Sector Support Project (KHSSP) and THS-UCP though both projects were not emergency operations. Under MoH, the project will be implemented by a new PMT, with shared functions with the existing THS-UCP team, while under KEMSA the project will be mainstreamed. MoH and KEMSA agreed to use emergency procedures along with the increased thresholds for RFQs, and shortened time lines to ensure the procurement processing reflects the emergency nature of the project.

57. **Record keeping and asset management:** MoH procurement will be responsible for maintaining detailed records of assets and inventory dispatched to the health facilities to ensure assets purchase are safeguarded. MoH will also: (i) monitor and ensure oversight over the assets specifically that the goods (assets & inventory) at the health facilities including at county level are used for the intended purpose. MoH will in coordination with counties issue guidance to

emphasize the role the beneficiaries play in ensuring assets dispatched to them are used for the intended purpose.

58. **The key risks and preliminary risk mitigation action plan is indicated in Table 2. The residual risks after the implementation of the mitigation measures proposed in Table 2 would be reduced to "Substantial".**

Table 2: Procurement Risks and Mitigation Measures

No.	Risk	Mitigation measure
a	Slow procurement processing and decision making with potential implementation delays particularly in signing of the Procurement Professional opinion.	MoH committed to put in place mechanisms for regular follow up and monitoring of procurement processes. MoH committed to use emergency procedures including increased thresholds for RFQ and further to ensure expeditious clearance at processional opinion stage as soon as submissions are made.
b	Weak contract management system for civil works under KEMSA with potential time and cost overruns.	MoH committed to obtain support from the Ministry of Public Works in form of personnel with required skills who will be part of the project team to be established before procurement processing commences to support civil works contracts throughout the bidding process and contract management.
c	Delays due to inadequate and late releases from Treasury to support procurement processing.	National Treasury committed to prioritize the implementation of this emergency project in release of funds.
d	Lack of familiarity in dealing with such a novel pandemic and need for flexibility in processing throughout the procurement cycle.	MoH shall use of staff previously engaged in Ebola response to make use of experience and expertise and lessons learned.
E	Delays in payment by MoH to suppliers whose contracts are processed by KEMSA.	KEMSA will be paid through direct payments. NT and MoH committed to stick to strict timelines to allow expeditious processing.
F	Global nature of the COVID-19 outbreak may create shortages of supplies and necessary services resulting in price volatility and in bidders only providing short validity periods.	The Project will use rapid disbursement procedures and simplified procurement processes in accordance with emergency operations norms. The MoH and KEMSA committed at negotiations to put in place emergency procurement approval mechanisms and dedicated teams to ensure evaluation and contract awards are concluded in 3-5 days after receipt of bids.
G	Challenges of bids submission due to COVID-19 movement restrictions imposed by many countries worldwide.	• MoH and KEMSA teams will closely monitor market trends, and promptly propose more efficient procurement approaches and methods; • The Bank agreed to Government's request to make use of BFP; • With support from the Bank MoH and
h	Limited competition as a few competent bidders may refrain from submitting bids due to COVID-19 pandemic.	

		KEMSA will prepare Key Performance Indicators (KPIs) to monitor procurement process and contract management issues.
i	Failed procurement by countries due to lack of sufficient global supply of essential medical consumables and equipment needed to address the health emergency as there is significant disruption in the supply chain; Borrower closure of borders and import restrictions in place for goods/service providers/ consultants/ contractors from certain countries; Constraints in institutional and implementing capacity in borrowing countries, particularly now there are quarantines be in place or other restrictions that impact on public administration.	The World Bank will provide BFP leveraging its comparative advantage as convener with the objective of facilitating Borrowers' access to available supplies at competitive prices, as described in the procurement section of this document.
j	Perception that the World Bank is acting beyond its role as a financier with greater reputational and potentially litigation risks – these would relate to questions of transparency, equity in terms of which borrowers get access to what and when, issues with quality, timeliness of delivery, value for money, and any other issues of contractual non-performance by the suppliers identified by the World Bank.	The World Bank and the Borrower will clearly delineate the roles and responsibilities of the World Bank and the Borrowers for whom the World Bank facilitates access to available supplies. Moreover, BFP is provided to mitigate the greater risk that the World Bank could be providing financing for medical supplies that may not be readily available to developing countries.

59. **Various industries are feeling the impact of COVID-19, especially the construction industry that will impact the procurement process and implementation of the contracts.** To deal with potential procurement delays because of the spreading of COVID-19, the World Bank will support MoH and KEMSA in applying any procedural flexibilities in bid submission modality and bid submission dates and by advising the Borrower on the contractual provisions, which could be invoked by contractors/suppliers/consultants in relation to COVID-19 pandemic.

60. **The World Bank's oversight of procurement will be done through increased implementation support**, and increased procurement post review based on a 20 percent sample while the World Bank's prior review will not apply.

C. Legal Operational Policies

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

D. Environmental and Social

61. **As this Project will finance procurement of drugs, supplies and medical equipment, the environmental risks will mainly be associated with the operation of the labs, the quarantine and isolation centers, and screening posts at land crossings, as well as with the appropriateness of the medical waste management system to be put in place by the client.** Given that Kenya has limited experience in managing highly infectious medical wastes such as COVID-19, the Project can be assessed to have a high environmental risk and will require that appropriate precautionary measures are planned and implemented. WHO has reported that 20 percent of total healthcare waste would be infectious waste, and improper handling of health care waste can cause serious health problem for workers, community and the environment. Medical wastes have a high potential of carrying micro-organisms that can infect people who are exposed to it, as well as the community at large if it is not properly disposed of. Wastes that may be generated from labs, quarantine facilities and screening posts to be supported by the COVID-19 readiness and response could include liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid) and infected materials (water used; lab solutions and reagents, syringes, bed sheets, majority of waste from labs and quarantine and isolation centers, etc.), which requires special handling and awareness, as it may pose an infectious risk to healthcare workers in contact or handle the waste. It is also important to ensure that sharps are properly disposed of.

62. **There is a possibility for infectious microorganisms to be introduced into the environment if they are not contained within the laboratory or the quarantine facilities due to accidents/ emergencies, such as a fire response or natural phenomena event (e.g., flood, land slide).** The expected healthcare infectious/hazardous waste also includes wastes generated from COVID-19 patients. In addition, medical wastes can include chemicals and other hazardous materials used in diagnosis and treatment. The contamination of the laboratory and quarantine facilities, and equipment may result from laboratory procedures: performing and handling of culture, specimens and chemicals. If the contamination is due to highly infectious agents, it may cause severe human disease, present a serious hazard to workers, and may present a risk of spreading to the community. In sum, the medical wastes from COVID-19 could cause a high environmental and social risk, if they are not properly handled, treated or disposed.

63. **Other potential environmental risks are moderate and related to the construction phase of the quarantine and isolation centers, screening posts at land crossings and any other project construction and rehabilitation activities.** Risks as a result of Component 4 involves generation of various categories of medical waste which ranges from general infectious waste, pathological waste, chemical waste (laboratory reagents) and sharps. The project should ensure proper management and disposal of the medical waste generated in the blood transfusion centers.

64. **The key social risks related to the operation are public and occupational health risks deriving from engagement with people and samples contaminated with COVID-19.** Accordingly, provisions need to be in place for proper safety systems, 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. There is also concern that contracted workers are kept safe and do not pose a risk to others, either from COVID-19 but also in terms of their appropriate behavior – treating people with dignity and the prevention of sexual exploitation and abuse, thus a labor management plan will be prepared and code of conducts signed and training given on appropriate and safe behavior. Beyond this immediate concern, project implementation needs also to ensure appropriate stakeholder engagement 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: (i) 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) as well as avoidance of potential rumors and social conflicts; and (ii) appropriate handling of quarantining interventions (including dignified treatment of patients; appropriate handling of specific concerns by vulnerable groups

including cultural needs and Prevention of Sexual Exploitation and Abuse; as well as minimum accommodation and servicing requirements). Stakeholder engagement will also be critical in Component 6: Availability of safe blood and blood products for transfusion services to ensure trust in services by health professionals, patients and their relatives.

65. **The comprehensive Environmental and Social Risk Classification is considered high.** The Project environmental and social risks will be managed during project implementation by the development and implementation of an Environmental and Social Management Framework (ESMF), a Labor Management Plan and an updated Stakeholder Engagement Plan. The ESMF, to be prepared and disclosed within one month after the effectiveness date, will include a template for Infection Control and Waste Management Plan (ICWMP) based on the existing ICWMP prepared for the Africa CDC Regional Project (P167916), as well as a template for Environmental and Social Management Plan (ESMP) as necessary for isolation centers construction.

66. **As required, subproject specific Environmental and Social Management Plans or Environmental Assessments will be prepared by the Client, as required in the ESMF and the project Environmental and Commitment Plan (ESCP) which has been prepared and disclosed on March 24, 2020.** All construction and isolation tents will be undertaken within existing facilities and thus at this point ESS5 is not considered relevant. In case land acquisition would be necessary, plans will be developed in accordance with ESS5 to the satisfaction of the World Bank prior to commencement of any land acquisition and displacement.

67. **Environment and Social Implementation Arrangement and Capacity.** The MoH will be the main implementing agency of the project. The MoH has experience in managing environmental and social risks associated with World Bank Projects along with the World Bank's Operational Policies. Currently, MoH is implementing the THS-UCP and has prior experience in preparation and implementation of safeguard issues. The MoH will designate Environment and Social risk management specialists as part of the team to oversee the implementation of the ESF requirements.

V. GRIEVANCE REDRESS SERVICES

68. **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 CERC triggered under the THS-UCP and also through county grievance systems, that will be strengthened as part of this project. The hotline will receive complaints from the general public, workers and contract workers including confidential complaints including gender-based violence (GBV). A COVID-19 complaints protocol will be developed on which all staff and complaints handlers will be trained. For Component 6 support to the Kenya National Blood Transfusion Service, complaints will be dealt with by the health facility and MoH grievance mechanisms and the legal complaints mechanism including the Ombudsman/Commission of Administrative Justice (CAJ). A draft Stakeholder Engagement Plan outlining the Grievance Redress Mechanisms has been developed and disclosed on March 24, 2020.

69. **Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (GRS).** The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

VI. KEY RISKS

70. **The overall project risk rating is high.** Risks in four of the eight indicators are rated High and risks in one of eight indicators is rated Substantial.

- **Political and governance**: The risk is high. The health sector is devolved with 47 county governments at the subnational level. As implementation will be at both national and county levels, coordination will be critical to effectively and efficiently implement Project activities. The PMT will facilitate engagement between the two levels of government and work closely with the THS-UCP PMT assistant coordinators based within the Council of Governors which is the coordination entity for county governments.
- **Macroeconomic**: The risk is high. COVID-19 is expected to negatively affect economic growth. The Government is putting in place mechanisms to cushion the macroeconomic impacts.
- **Institutional capacity for implementation and sustainability**: The risk is Substantial. The Government has limited experience implementing an emergency response at this scale. The Project will strengthen operational capacity of the PHEOC to rapidly respond to COVID-19. Additionally, the World Bank will provide hands on support during implementation.
- **Fiduciary**: The risk is high. Tables 1 and 2 describe the risks and mitigation measures.
- **Environmental and social**: The risk is high. Kenya has limited experience in managing highly infectious medical wastes such as COVID-19. The Project will support training in health care waste management and strengthen waste management infrastructure ensuring that highly contagious wastes are properly disposed of. The social risks are related to public and occupational health risks deriving from engagement with people and samples contaminated with COVID-19. The Project will put in place proper safety systems, with a focus on quarantine and isolation centers, screening posts, and laboratories and waste management systems. A labor management plan will be prepared, and code of conducts signed, and training given on appropriate and safe behavior.

VII. RESULTS FRAMEWORK AND MONITORING

Results Framework

COUNTRY: Kenya

KENYA COVID-19 EMERGENCY RESPONSE PROJECT

Project Development Objective(s)

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

Project Development Objective Indicators

Indicator Name	DLI	Baseline	End Target
To prevent, detect and respond to the threat posed by COVID-19			
Percentage of suspected cases of COVID-19 cases reported and investigated based on national guidelines (Percentage)		0.00	80.00
Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents (Number)		2.00	7.00
To strengthen national systems for public health preparedness			
Percentage of designated acute healthcare facilities with isolation capacity (Percentage)		0.00	80.00
Percentage of requests for blood and blood products fulfilled within the recommended turnaround time (Percentage)		0.00	80.00

Intermediate Results Indicators by Components

Indicator Name	DLI	Baseline	End Target
Medical Supplies and Equipment			
Number of PoEs received PPE supplies (Number)		0.00	15.00
Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents (Number)		2.00	6.00
Percentage of designated facilities that have functional handheld infrared thermometers to screen COVID-19 as per MOH guidelines (Percentage)		0.00	80.00
Response, Capacity Building and Training			
Number of ambulance staff trained on IPC (Number)		0.00	500.00
Number of lab staff trained on sample collection and packaging (Number)		0.00	500.00
Platform for event based and community based surveillance developed (Yes/No)		No	Yes
Number of surge capacity health workers contracted and deployed for case management (Number)		0.00	300.00
Quarantine, isolation and treatment centers			
Percentage of national referral facilities renovated (Percentage)		0.00	80.00
Percentage of Level 5 hospitals with isolation units established and equipped (Percentage)		0.00	80.00
Percentage of quarantine units in POEs renovated (Percentage)		0.00	80.00
Medical waste disposal			
Percentage of specialized incinerators in referral hospitals installed and functional (Percentage)		0.00	80.00
Percentage of incinerator operators trained (Percentage)		0.00	80.00
Community discussions and information outreach			
Number of dedicated radio shows held (Number)		0.00	52.00

Indicator Name	DLI	Baseline	End Target
Assessment conducted to identify behavioral and socio-cultural risk factors for COVID-19 (Yes/No)		No	Yes
Percentage of vulnerable and marginalized communities reached in their indigenous language (Percentage)		0.00	80.00
Project Implementation and Monitoring			
Number of quarterly assessments (using check list) of PoEs, isolation & quarantine centers, and designated treatment units (Number)		0.00	16.00
Process evaluation conducted (lessons learned) (Yes/No)		No	Yes
Percentage of complaints to the GRM satisfactorily addressed within 4 weeks of initial complaint being recorded. (Percentage)		0.00	80.00
Ensuring availability of safe blood and blood products			
Percentage of designated blood transfusion centers (regional and satellite centers) with TTI diagnostic equipment and reagents (Percentage)		0.00	80.00
Percentage of KNBTS satellite centers linked to and using blood service information system (Percentage)		0.00	80.00

Monitoring & Evaluation Plan: PDO Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Percentage of suspected cases of COVID-19 cases reported and investigated based on national guidelines	Numerator: Numerator: Number of suspected cases of COVID-19 reported and investigated based on	Quarterly	Project report	Project monitoring	MoH

	national guidelines Denominator: Denominator: Number of suspected cases of COVID-19 reported and investigated				
Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents	Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents	Quarterly	Project report	Project monitoring	MoH
Percentage of designated acute healthcare facilities with isolation capacity	Numerator: Number of national referral hospitals with isolation capacity that meet MoH standards Denominator: Number of 4 national referral hospitals	Quarterly	Project report	Project monitoring	MoH
Percentage of requests for blood and blood products fulfilled within the recommended turnaround time	Numerator: Number of requests for blood or blood products that were fulfilled within recommended turnaround time Denominator: Number of requests for blood or blood products	Quarterly	Project report	Project monitoring	MoH

Monitoring & Evaluation Plan: Intermediate Results Indicators					
Indicator Name	**Definition/Description**	**Frequency**	**Datasource**	**Methodology for Data Collection**	**Responsibility for Data Collection**
Number of PoEs received PPE supplies	Number of PoEs received PPE supplies	Quarterly	Project report	Project monitoring	MoH
Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents	Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents	Quarterly	Project report	Project monitoring	MoH
Percentage of designated facilities that have functional handheld infrared thermometers to screen COVID-19 as per MOH guidelines	Numerator: Number of designated facilities Denominator: Number of designated facilities that have functional handheld infrared thermometers to screen COVID-19 as per MOH guidelines	Quarterly	Project report	Project monitoring	MoH
Number of ambulance staff trained on IPC	Number of ambulance staff trained on IPC	Quarterly	Project report	Project monitoring	MoH
Number of lab staff trained on sample collection and packaging	Number of lab staff trained on sample collection and packaging	Quarterly	Project report	Project monitoring	MoH
Platform for event based and community based surveillance developed	Platform for event based and community based surveillance developed	Annually	Project report	Project monitoring	MoH

Number of surge capacity health workers contracted and deployed for case management	Number of surge capacity health workers contracted and deployed for case management	Quarterly	Project report	Project monitoring	MoH
Percentage of national referral facilities renovated	Numerator: Number of national referral facilities Denominator: Number of national referral facilities renovated	Quarterly	Project report	Project monitoring	MoH
Percentage of Level 5 hospitals with isolation units established and equipped	Numerator: Number of Level 5 hospitals Denominator: Number of Level 5 hospitals with isolation units established and equipped	Quarterly	Project report	Project monitoring	MoH
Percentage of quarantine units in POEs renovated	Numerator: Number of POEs with quarantine units Denominator: Number of quarantine units in POEs renovated	Quarterly	Project report	Project monitoring	MoH
Percentage of specialized incinerators in referral hospitals installed and functional	Numerator: Number of referral hospitals installed and functional Denominator: Number specialized incinerators in referral hospitals installed and functional	Quarterly	Project report	Project monitoring	MoH

Percentage of incinerator operators trained	Numerator: Number of incinerator operators Denominator: Number of incinerator operators trained	Quarterly	Project report	Project monitoring	MoH
Number of dedicated radio shows held	Number of dedicated radio shows held	Quarterly	Project report	Project monitoring	MoH
Assessment conducted to identify behavioral and socio-cultural risk factors for COVID-19	Assessment conducted to identity behavioral and socio-cultural risk factors for COVID-19	Annually	Project report	Project monitoring	MoH
Percentage of vulnerable and marginalized communities reached in their indigenous language	Numerator: Number of vulnerable and marginalized communities Denominator: Number of vulnerable and marginalized communities reached in their indigenous language	Quarterly	Project report	Project monitoring	MoH
Number of quarterly assessments (using check list) of PoEs, isolation & quarantine centers, and designated treatment units	Number of quarterly assessments (using check list) of PoEs, isolation & quarantine centers, and designated treatment units	Quarterly	Project report	Project monitoring	MoH
Process evaluation conducted (lessons learned)	Process evaluation conducted (lessons learned)	Annually	Project report	Project monitoring	MoH

Percentage of complaints to the GRM satisfactorily addressed within 4 weeks of initial complaint being recorded.	Numerator: Number of complaints to the GRM satisfactorily addressed Denominator: Percentage of complaints to the GRM satisfactorily addressed within 4 weeks of initial complaint being recorded	Quarterly	Project report	Project monitoring	MoH
Percentage of designated blood transfusion centers (regional and satellite centers) with TTI diagnostic equipment and reagents	Numerator: Number of desginated blood transfusion centers (regional and satellite) with TTI diagnostic equipment and reagents Denominator: Number of designated blood transfusion centers (regional and satellite)	Quarterly	Project report	Project monitoring	MoH
Percentage of KNBTS satellite centers linked to and using blood service information system	Numerator: Total number of designated blood transfusion service satellite centers linked to and utilizing blood service information system Denominator: Total number of designated blood transfusion service satellite centers	Quarterly	Project report	Program monitoring	MoH

ANNEX 1: Implementation Arrangements and Support Plan

1. Implementation support will focus on ensuring timely implementation of agreed project action plans and activities; providing the necessary guidance in the implementation of proposed assessments; and documenting lessons learnt. The World Bank will be working with other key stakeholders including partners supporting these initiatives. The focus areas will be:

- **Monitoring and Evaluation:** Providing technical support during implementation support; building capacities for designing and implementation of behavioral and sociocultural risk factors assessments; building the capacity for PMT on documenting lesson learned. Semi-annual reviews will be conducted by the respective stakeholders and verify the findings of the self-assessments.
- **Procurement:** (i) support MoH in finalization of procurement manual and Standard Bidding documents; (ii) provide inputs to capacity building of PMT and MoH Procurement Units; and (iii) monitor implementation of agreed risk mitigation measures.
- **Financial Management:** Support and follow-up the implementation of the FM action plans based on the FM assessment results. In addition to the regular FM related support, FM supervision mission will be conducted semi-annually to review the FM arrangements and obtain reasonable assurance that project resources are being used for the intended purposes. This exercise will also help to build the capacity of the finance units and Internal Audit department of implementing entities in ensuring robust FM and effective oversight.
- **Environmental and Social:** Monitor the implementation of the agreed safeguard tools and measures including: The ESMF, the SEP, and an LMP. The draft SEP has been prepared and disclosed on March 24, 2020 and will be updated with the inclusion of a risk communication and community engagement (RCCE) strategy to be finalized under the Project in line with WHO guidance on “Risk communication and community engagement readiness and response to the 2019 novel coronavirus (2019-nCOV)” (January 26, 2020). The ESMF containing templates for ICWMP and ESMPs will be developed as well as an LMP. The activities will need a strong and diverse support group, including expertise on health/COVID 19, local sociopolitical context and social dynamics, and communication/media expertise, all in addition to World Bank standards expertise. The way the World Bank will support the Government will depend on how the Government will procure the same expertise on their side. Given the sensitivity as well as time pressure on this aspect, the World Bank will mobilize additional expertise through short-term consultancies. Implementation support will also include creation of coordination structures within the World Bank as well as between the World Bank and the Government.