COMBINED PROJECT INFORMATION DOCUMENTS / INTEGRATED SAFEGUARDS DATA SHEET (PID/ISDS)

Additional Financing

Report No.: PIDISDSA22122

Date Prepared/Updated: 12-Jul-2017

I. BASIC INFORMATION

A. Basic Project Data

Country:	Uganda	**Project ID:**	P163691
		Parent Project ID (if any):	P155186
Project Name:	Additional Financing Uganda Reproductive Maternal and Child Health Services Improvement Project (P163691)		
Parent Project Name:	Uganda Reproductive, Maternal and Child Health Services Improvement Project (P155186)		
Region:	AFRICA		
Estimated Appraisal Date:	12-Jun-2017	**Estimated Board Date:**	29-Sep-2017
Practice Area (Lead):	Health, Nutrition & Population	**Financing Instrument:**	Investment Project Financing
Borrower(s)	Ministry of Finance Planning and Economic Development		
Implementing Agency	Ministry of Health		

Financing (in USD Million)

Financing Source	Amount
Free-standing TFs AFR COUNTRY DEPARTMENT, CENTER 2	25.00
Financing Gap	0.00
Total Project Cost	25.00

Environmental Category:	
Appraisal Review Decision (from Decision Note):	The review did authorize the team to appraise and negotiate
Other Decision:	
Is this a Repeater project?	No

B. Introduction and Context

Country Context

Uganda has made significant progress in reducing poverty over the past two decades. Households

living on under one USD per day declined from 56.4 percent in 1993 to 19.5 percent in 2013 and consumption growth of the bottom 40 percent increased over the same period, but at a slower pace than the consumption growth of the top 60 percent. Despite the growth, a large proportion of the population (75 percent) rely on low paying jobs in the agriculture sector for employment, and a large share of the population (43.3 percent) remains highly vulnerable to external shocks and to fall back into poverty. Poverty is more prevalent in rural (22.8 percent) than in urban (9.3 percent) areas. Uganda's population growth rate of 3.2 percent and dependency ratio of 1.12 are among the highest in the world. The population growth rate is driven by the high total fertility rate (six children per women) and puts pressure on the capacity of government and households to finance social services including health services. The decentralization arrangement in Uganda mandates districts to deliver services. The number of districts more than doubled since 2000 bring the total to 111 districts. With the proliferation, district capacity to deliver services has seriously eroded as there has been no commensurate increase in the required complementary resources.

Sectoral and Institutional Context

According to the Demographic and Health Survey (2016), Uganda has made steady progress in improving health outcomes of the population. Malnutrition, infant mortality and under-five mortality rates have steadily dropped since 1995. Even maternal mortality ratio and total fertility rate, which had previously stalled registered improvements from 438 deaths per 100,000 live births to 336 deaths per 100,000 live births and from 6.2 births per woman to 5.4 births per woman between 2011 and 2016, respectively. In spite of the steady progress, the disease burden remains unacceptably high in Uganda and is further complicated by disparities in coverage of key services and health outcomes across regions. Even with concerted control efforts, malaria is still the top cause of under-five morbidity and mortality, and in 2016, 30 percent of children under-five tested positive for malaria. Neonatal mortality has remained unchanged at 27 deaths per 1,000 live births mostly due to inadequate neonatal care services. Progress with tackling pneumonia has been limited, and its share of deaths is increasing. Micro-nutrient deficiency is a major problem with 53 percent of children and 32 percent of women reported anemic in 2016, respectively. Similarly, vitamin A deficiency is high among children and women in Uganda. In addition, high rates of teenage pregnancy (25 percent) together with unmet need for family planning (28 percent) coupled with early marriages persist and are major risk factors to pregnancy and pregnancy-related morbidity and mortality.

The AF is consistent with the objectives of the National Development Plan (NDP II) 2015/16 to 2019/20, and is aligned with the National Health Policy (2010/11–2019/20) and the Health Sector Development Plan (2015/16–2019/2020). The AF is consistent with the Country Partnership Framework (CPF, 2016–21) and the World Bank's twin goals of ending extreme poverty and boosting shared prosperity. As in the case of the original project, the AF focuses on improving health services delivery and prioritizes improving governance and accountability.

As part of the AF, the project will undergo restructuring to give Uganda timely access to PEF funding in the event of major public health threats/emergencies. Uganda has suffered several major disease outbreaks in the last several years, including Ebola and such threats remain. Integrating a CERC into the project will provide a conduit for the flow of PEF grant funds into the project. It will strengthen the level of country preparedness and eliminate the need for time-consuming restructuring in the immediate aftermath of a crisis, when the government is in urgent need of quick liquidity. The availability of such immediate financing is critically important in: (a) supporting the client in the initial response; (b) helping to coordinate the early recovery phase; and (c) bridging the gap to longer term recovery and reconstruction phases. CERCs can be used for immediate and emerging risks, such as natural and man-made disasters, conflicts, epidemics and economic shocks. A National Multi-Hazard Preparedness and Response Plan for Public Health Threats and Emergencies, 2016-2020 has been

prepared by the Ministry of Health to handle public health emergencies.

C. Proposed Development Objective(s)

Original Project Development Objective(s) - Parent

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

Proposed Project Development Objective(s) - Additional Financing

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Key Results

The AF will maintain the key results of the parent project:

(a) Births (deliveries) attended by skilled health personnel, (Percentage) - (Core)
(b) Pregnant women who received intermittent preventive therapy - second dose (IPT2) (Percentage)
(c) Couple years of protection (CYP) (Number)
(d) Children under one year immunized with third dose of pneumococcal conjugate vaccine (PCV3) (Percentage)
(e) Children under five years with birth registration (Percentage)
(f) Total number of deaths registered (Percentage)

D. Project Description

The AF will provide additional resources to scale-up development impact of the project. The AF will scale-up and deepen implementation of the package of RMNCAH services under Components 1 and 2, and thereby enhance project impact and contribute towards achievement of the project development objectives. The original project was approved by the World Bank's Board on August 4, 2016 and became effective as of May 26, 2017. The AF retains the original project objectives, components and implementation arrangements.

Component Name:
Component 1. Results-based financing for primary health care services
Comments (optional)
The AF under Component 1 will scale-up RBF from 60 to 71 districts. The scale-up will increase national RBF coverage and promote institutionalization of RBF in the health sector in line with the Health Financing Strategy and the National RBF Framework. Implementation and expansion of the RBF scheme is expected to contribute to improvements in efficiency and accountability in the health sector through strategic purchasing of results. At the broader government level, the Ministry of Finance, Planning and Economic Development considers the RBF scheme as the precursor to strengthen the results-focus of non-wage conditional grants for health facilities.

Component Name:
Component 2. Strengthen health systems to deliver RMNCAH services
Comments (optional)
The AF under Component 2 will augment interventions to improve quality of care in the delivery of RMNCAH services. These include: (a) procuring additional critical RMNCAH commodities; (b)

expanding the mentoring program for frontline health workers on critical RMNCAH clinical skills, including the handling of gender based violence and adolescent health; (c) scaling up the Health Facility Quality of Care Assessment Program; and (d) enhancing citizen engagement as well as the roll-out of client charters.

Component Name:
Component 3. Strengthen capacity to scale-up delivery of births and deaths registration services
Comments (optional)

Component Name:
Component 4: Enhance institutional capacity to manage project supported activities.
Comments (optional)

Component Name:
Component 5. Contingency Emergency Response Component
Comments (optional)
A Contingent Emergency Response Component (CERC) will be included under the project in accordance with Operational Policy (OP) 10, paragraphs 12 and 13, for situations in urgent need of assistance. The CERC Annex to the Operational Manual (CERC-OM) prepared in advance by the Client and approved by the Bank together with the national multi-hazard preparedness and response plan for public health threats and emergencies will provide the basis to declare a crisis or an emergency to trigger mechanisms to release funding through the CERC. The CERC will enable rapid reallocation of funds between project components following an emergency. For this, the government will ensure that appropriate operational, fiduciary, procurement, disbursement and financial management arrangements are in place.

E. Project location and Salient physical characteristics relevant to the safeguard analysis (if known)

The AF activities shall be up scaled from 60 to 71 project districts. The AF activities like the parent project's activities which might involve construction of maternity wards and other minor civil works (repairs and minor renovation works) will be implemented on existing health facilities in the 11 districts located mainly Eastern in Uganda not inhabited by indigenous peoples, and include: Manafwa, Sembabule, Sironko, Kumi, Soroti, Butaleja, Alebtong, Serere, Budaka, Lamwo, Pallisa.

F. Environmental and Social Safeguards Specialists

Boyenge Isasi Dieng, Social Safeguards Specialist

Herbert Oule, Social Safeguards Specialist

II. IMPLEMENTATION

The AF will use the existing implementation arrangements for the parent project and not establish new implementation arrangements.

Under these arrangements, the project is to be implemented by the Ministry of Health and the National Identification Registration Authority. The Ministry of Health as the main recipient will be responsible for overall project coordination. The National Identification Registration Authority will be the sub-recipient under the Ministry of Health. Each agency will execute specified activities in line with their respective mandates. The Permanent Secretary (PS) of the Ministry of Health, as the "Accounting Officer" of the Project, is responsible for overseeing implementation. The PS will delegate the day-to-day management of the Project to a full-time

Project Coordinator (PC). Senior officers at the rank of Commissioner or Head of Department (and above) will be assigned as Component Coordinators to coordinate implementation of project activities under the respective components. The Component Coordinators will be supported by Focal Persons assigned to lead specific tasks within the components. The Government will establish a Project Steering Committee to oversee overall Project implementation. In addition, the government will establish a Project Implementation Committee to coordinate day-to-day Project implementation.

Project implementation will be mainstreamed in the operations of the two agencies. This is to ensure that Project implementation is aligned with national processes and systems, thus enhancing its coordination and sustainability. Where necessary, consultants will be recruited to support Project implementation. A dedicated RBF Unit in the MoH will be responsible for overseeing and coordinating RBF activities in the sector. This unit under the Health Planning Department will (i) provide technical support and coordinate the implementation of all RBF activities in the country, not just those supported by the Project and (ii) serve as the secretariat to the RBF Interagency Coordination Committee. The District Health Officer (DHO) will oversee the implementation of Project activities at the district level.

As agreed in the Parent Project, MoH will hire an Environmental Health Specialist (or assign an officer) as part of project coordination team, to closely work and coordinate with District Environment Officers and Community Development Officers and related partners on a day-to-day basis, handling environmental, health, safety and social aspects.

III. SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	The interventions under Components 1 and 2 of the proposed project involve handling of medical products and thus contribute to increased generation of medical waste in the health facilities, may involve minor civil works and construction of maternity wards (repairs and minor renovation works) and related impacts, therefore triggers OP 4.01 on Environmental Assessment. Because of the overall limited likely environmental and social impacts, the project is rated as EA category B and since the participating health facilities are not yet determined or known, an Environmental and Social Management Framework (ESMF) was prepared in a consultative manner to guide management of environmental and social aspects (It was disclosed both in-country by the client and on the World Bank's Webpage prior to project's appraisal in June 2016). Once the specific sites and respective activities have been identified, Environmental and Social Impact

		Assessments (ESIAs) and Environmental and Social Management Plans (ESMPs) will be developed before the start of any works. In addition to the National Health Care Waste Management Plan (2009/2010 – 2011/2012) prepared and disclosed under the previous IDA projects, the MoH has the following documents on health care waste management and infection control: Approaches to Health Care Waste Management (HCWM), Health Workers Guide, Second Edition (2013); Uganda National Infection Prevention and Control Guidelines (December 2013); and the National Policy on Injection Safety and Health Care Waste Management (2014). These documents shall guide management of HCW and shall form part of the project ESMF. The listed guidelines shall be harmonized into one basic practical guide in the Project Implementation Manual used at both HC-IIIs and HC-IVs to manage HCW. HCWM shall be part of the assessment criteria for participating health facilities including development of a site specific HCWM-Plan.
Natural Habitats OP/BP 4.04	No	The project will not support any activities that may affect natural habitats.
Forests OP/BP 4.36	No	The project is not anticipated to affect any segment of forest/s and/or support activities associated with forests.
Pest Management OP 4.09	No	The project will not support procurement or use of pesticides.
Physical Cultural Resources OP/BP 4.11	Yes	Though the project will be undertaken in existing facilities and with no known PCRs, the civil works may affect unknown PCRs and a chance finds procedure has been developed as part of the ESMF.
Indigenous Peoples OP/BP 4.10	Yes	This policy has been triggered because some beneficiary Districts under the parent project host indigenous people - The Ik people in Kaabong District for which an Indigenous Peoples Plan (IPP) has been developed. The parent project is anticipated to extend to Kisoro and Kanungu districts, that host the Batwa. For these, an Indigenous Peoples Planning Framework (IPPF) has been prepared for the Batwa.
Involuntary Resettlement OP/BP 4.12	Yes	The project interventions under Component 1 and 2 are expected to be undertaken within

		existing health facilities' footprints with limited likelihood of land-take/acquisition or loss of livelihoods. However, since the specific facilities (HC IIIs and HC IVs) and scope of activities are yet unknown and additional land may be required for expansion of some health facilities might be required, a Resettlement Policy Framework (RPF) was prepared in a consultative manner to guide management of potential resettlement activities (It was disclosed both in-country by the client and on the World Bank's Webpage prior to project's appraisal in June 2016). Once the specific sites and respective activities have been identified, Resettlement Action Plans (RAPs) will be developed and implemented before the start of any works, when deemed necessary.
Safety of Dams OP/BP 4.37	No	The project will not finance any dams or abstract water from existing dams.
Projects on International Waterways OP/BP 7.50	No	The project will not support any activities on international waterways.
Projects in Disputed Areas OP/BP 7.60	No	There are no known disputed areas in the likely project sites of the country.

IV. Key Safeguard Policy Issues and Their Management

A. Summary of Key Safeguard Issues

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:
The AF does not trigger additional safeguards policies. Project implementation is just starting as the project attained effectiveness on May 26, 2017. The likely project environmental impacts have been listed above under OP 4.01. However, the original project triggered the social safeguards policy OP/BP 4.12 as well as the following Environmental Safeguards Policies: Environmental Assessment OP/BP 4.01, and Physical Cultural Resources OP/BP 4.11. It was noted that the potential environmental impacts could be adequately managed by integrating environmental due diligence into the project cycle. Due to the anticipated environmental and social impacts, the project was rated as Environmental Assessment Category B.
2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:
No long-term impacts anticipated.
3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.
Described in the ISDS for the parent project.

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4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.

To mitigate potential adverse social impacts of the project on communities, a Resettlement Policy Framework (RPF) was prepared to guide resettlement and compensation of project affected persons in a sustainable manner. In addition, since the Project's geographical coverage includes districts occupied by indigenous people (IPs): The Ik in Kaabong District and the Batwa in some districts in western Uganda, the original project triggered safeguards policy OP/BP 4.10. To address this, an Indigenous People's Plan (IPP) and an Indigenous People's Policy Framework (IPPF) were prepared for the Ik and Batwa, respectively. The RPF, IPP (Ik) and IPPF (Batwa) were approved by the Regional Safeguards Advisor on May 28, 2016 for the first two safeguards documents, and May 29, 2016 for the third, and disclosed on June 1, 2016. These documents remain relevant and will be used during the AF period. Finally, poverty is a key social concern in Uganda. By prioritizing equity in the selection of RBF health facilities and the RBF payment framework, the project ensures that poorer segments of the society benefit from the RMNCAH services.

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With respect to environmental safeguards, and because the project-supported health facilities had not yet been identified, an Environmental and Social Management Framework (ESMF) was prepared through a consultative process to guide the handling of project environmental and social aspects during implementation for the parent project. It was also agreed that upon identification of the participating health facilities, site specific environmental assessments and respective Environmental and Social Management Plans (ESMPs) would be prepared during project implementation. The Environmental and Social Management Framework was approved by the Regional Safeguards Advisor on June 3, 2016 and disclosed on June 6, 2016. In addition to the National Health Care Waste Management Plan (2007/8 – 2011/12) prepared and disclosed under the previous IDA projects, the MoH has the following documents on health care waste management and infection control: Approaches to Health Care Waste Management, Health Workers Guide, Second Edition (2013); Uganda National Infection Prevention and Control Guidelines (December 2013); and the National Policy on Injection Safety and Health Care Waste Management (2014). These documents remain relevant and shall guide the management of health care waste and form part of the Project ESMF during the AF period. Despite the expanded geographical scope of the project, the safeguards

instruments are still adequate for this AF. The capacity of MoH to handle environmental and social safeguards requirements was assessed during preparation of the ESMF and appropriate remedial measures were suggested, and this includes MoH to hire an Environmental Health Specialist (or assign an officer) as part of project coordination team, to closely work and coordinate with District Environment Officers and Community Development Officers and related partners on a day-to-day basis.
5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.
Described in ISDS for the parent project.

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other	
Date of receipt by the Bank	29-Apr-2016
Date of submission to InfoShop	09-Jun-2016
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	
"In country" Disclosure	
Uganda	08-Jun-2016
Comments:	
Resettlement Action Plan/Framework/Policy Process	
Date of receipt by the Bank	29-Apr-2016
Date of submission to InfoShop	09-Jun-2016
"In country" Disclosure	
Uganda	01-Jun-2016
Comments:	
Indigenous Peoples Development Plan/Framework	
Date of receipt by the Bank	29-Apr-2016
Date of submission to InfoShop	09-Jun-2016
"In country" Disclosure	
Uganda	01-Jun-2016
Comments:	
If the project triggers the Pest Management and/or Physical Cultural Resources policies, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.	
If in-country disclosure of any of the above documents is not expected, please explain why::	

C. Compliance Monitoring Indicators at the Corporate Level

OP/BP/GP 4.01 - Environment Assessment						
Does the project require a stand-alone EA (including EMP) report?	Yes	[]	No	[X]	NA	[]
If yes, then did the Regional Environment Unit or Practice Manager (PM) review and approve the EA report?	Yes	[X]	No	[]	NA	[]
Are the cost and the accountabilities for the EMP incorporated in the credit/loan?	Yes	[X]	No	[]	NA	[]
OP/BP 4.11 - Physical Cultural Resources						
Does the EA include adequate measures related to cultural property?	Yes	[X]	No	[]	NA	[]
Does the credit/loan incorporate mechanisms to mitigate the potential adverse impacts on cultural property?	Yes	[X]	No	[]	NA	[]
OP/BP 4.10 - Indigenous Peoples						
Has a separate Indigenous Peoples Plan/Planning Framework (as appropriate) been prepared in consultation with affected Indigenous Peoples?	Yes	[X]	No	[]	NA	[]
If yes, then did the Regional unit responsible for safeguards or Practice Manager review the plan?	Yes	[X]	No	[]	NA	[]
If the whole project is designed to benefit IP, has the design been reviewed and approved by the Regional Social Development Unit or Practice Manager?	Yes	[X]	No	[]	NA	[]
OP/BP 4.12 - Involuntary Resettlement						
Has a resettlement plan/abbreviated plan/policy framework/process framework (as appropriate) been prepared?	Yes	[X]	No	[]	NA	[]
If yes, then did the Regional unit responsible for safeguards or Practice Manager review the plan?	Yes	[X]	No	[]	NA	[]
Is physical displacement/relocation expected?	Yes	[]	No	[X]	TBD	[]
Is economic displacement expected? (loss of assets or access to assets that leads to loss of income sources or other means of livelihoods)	Yes	[]	No	[X]	TBD	[]

The World Bank Policy on Disclosure of Information						
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes	[X]	No	[]	NA	[]
Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?	Yes	[X]	No	[]	NA	[]
All Safeguard Policies						
Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	Yes	[X]	No	[]	NA	[]
Have costs related to safeguard policy measures been included in the project cost?	Yes	[X]	No	[]	NA	[]
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes	[X]	No	[]	NA	[]
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	Yes	[X]	No	[]	NA	[]

V. Contact point

World Bank

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Borrower/Client/Recipient

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Implementing Agencies

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VI. For more information contact:

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VII. Approval

Task Team Leader(s):	Name:Peter Okwero	
Approved By:		
Safeguards Advisor:	Name: Nathalie S. Munzberg (SA)	Date: 13-Jul-2017
Practice Manager/Manager:	Name: Magnus Lindelow (PMGR)	Date: 17-Jul-2017
Country Director:	Name:Diarietou Gaye (CD)	Date:11-Aug-2017

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