INTEGRATED SAFEGUARDS DATA SHEET
APPRAISAL STAGE

Report No.: ISDSA17885

Date ISDS Prepared/Updated: 13-Apr-2016

Date ISDS Approved/Disclosed: 12-Apr-2016

I. BASIC INFORMATION

1. Basic Project Data

Country:	Kenya	**Project ID:**	P152394
Project Name:	Transforming Health Systems for Universal Care (P152394)		
Task Team Leader(s):	Yi-Kyoung Lee		
Estimated Appraisal Date:	11-Apr-2016	**Estimated Board Date:**	15-Jun-2016
Managing Unit:	GHN01	**Lending Instrument:**	Investment Project Financing
Sector(s):	Health (100%)		
Theme(s):	Child health (30%), Health system performance (30%), Population and reproductive health (30%), Nutrition and food security (10%)		
Is this project processed under OP 8.50 (Emergency Recovery) or OP 8.00 (Rapid Response to Crises and Emergencies)?	No		
Financing (In USD Million)			
Total Project Cost:	191.10	Total Bank Financing:	150.00
Financing Gap:	0.00		

Financing Source	Amount
BORROWER/RECIPIENT	0.00
International Development Association (IDA)	150.00
Global Financing Facility	40.00
Japan Policy and Human Resources Development Fund	1.10
Total	191.10

Environmental Category:	B - Partial Assessment
Is this a Repeater project?	No

2. Project Development Objective(s)

The project development objective is to improve utilization and quality of primary health care services with a focus on reproductive, maternal, newborn, child, and adolescent health services.

3. Project Description

The Project will achieve this objective by: (i) improving access to and demand for quality PHC services; and (ii) strengthening institutional capacity in selected key areas to improve utilization and quality of PHC services. Implementing a set of evidence-based - high impact and cost-effective - interventions is expected to contribute to universal health coverage (UHC) with improved equity and enhanced efficiency. The outcomes will be achieved through the three components below.

Component 1: Improving PHC Results

Component 1 aims to improve the delivery, utilization, and quality of PHC services at the county level with a focus on RMNCAH. It will support counties to scale up evidence-based, county appropriate supply- and demand- side key priority interventions along the continuum of care. This component will focus on: (i) making existing facilities functional to deliver quality essential PHC services; and (ii) increasing demand for services at the community and facility levels. The former includes expanding the availability of quality basic and comprehensive emergency obstetric and neonatal care, and ensuring an effective referral system. The latter includes strengthening community units to (i) deliver preventive and promotive health care including access to safe water and sanitation, improved hygiene practices and nutrition, and (ii) engage the community to shape the delivery of PHC services (e.g., community dialogue days).

Component 2: Strengthening Institutional Capacity

Component 2 aims to strengthen institutional capacity to better deliver quality PHC services under Component 1. This component will focus on four key areas:

2.1. Improving Quality of Care: The Project will support (i) the Department of Health Standards, Quality Assurance and Regulation as well as the health regulatory boards to: (a) strengthen inspection for private and public health facilities, and (b) institutionalize quality assurance towards certification; (ii) the Division of Family Health to: (a) develop and/or disseminate RMNCAH related strategies and guidelines including improving adolescent sexual and reproductive health and nutrition to address high teenage pregnancy and stunting, and (b) conduct operations research; and (iii) the Kenya Medical Training College to strengthen midwifery training.

2.2. Strengthening Monitoring and Evaluation (M&E) and Civil Registration and Vital Statistics. The Project will support the Division of Health Information, Monitoring & Evaluation and Research to: (i) operationalize the M&E framework; (ii) strengthen the health information system; and (iii) working closely with the Civil Registration Department, pilot innovative approaches to improving coverage of vital events registration within the health sector.

2.3. Supporting Health Financing Reforms towards UHC. The Project will support the Division of Health Care Financing to: (i) conduct analytical work to inform the implementation of health financing strategy (HFS) and health-financing reforms towards UHC; (ii) disseminate the HFS to get buy-in from various stakeholders drawing from the recently completed stakeholder analysis; and (iii) build capacity for UHC leadership at the national and county level.

Component 3: Project Management

Component 3 aims to facilitate and coordinate project implementation and enhance cross-county and

intergovernmental collaboration. This will include two areas:

3.1. Project Management (including M&E and fiduciary activities): The Project will finance project management staff at both levels of government, office equipment and operating costs for day to day management of the Project including M&E and fiduciary activities (e.g., independent integrated fiduciary review agent). This includes annual cross-county verification, periodic surveys and process evaluation to monitor implementation progress and address any implementation challenges. The Project will also finance technical assistance to support the Project sub-technical working group under the Intergovernmental Forum for Health in carrying out their responsibilities.

3.2. Cross-county and Inter-governmental Collaboration: The Project will finance activities that promote cross-county initiatives and inter-governmental collaboration to address common demand- and supply-side bar riers. Examples include cross-county study tours to share knowledge and capacity building in areas that affect several counties such as drafting county health bills and improving supply chain management of strategic commodities.

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

The project is expected to be rolled out in all 47 counties. The intent is targeting areas that are currently underserved in each county; these areas may include vulnerable and marginalized groups.

5. Environmental and Social Safeguards Specialists

Benjamin Kithome Kilaka (GSURR)

Edward Felix Dwumfour (GEN01)

Gibwa A. Kajubi (GSU07)

Maina Ephantus Githinji (GENDR)

Susanne Ndunge Ndivo (GSURR)

6. Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	Providing essential health care under the Project such as family planning, antenatal care, skilled delivery, and postnatal care; and enforcing quality of care standards for improved client experience, patient safety and effectiveness of care are likely to lead to the generation of health care wastes which are likely to present potential adverse impacts to the environment. The Project will not support civil works other than maintenance and very minor renovation of existing health facilities.
Natural Habitats OP/BP 4.04	No	
Forests OP/BP 4.36	No	
Pest Management OP 4.09	No	
Physical Cultural Resources OP/BP 4.11	No	

Indigenous Peoples OP/ BP 4.10	Yes	Some of the 47 counties including Trans-Nzoia, Kwale, Kilifi, Baringo, Nakuru, Lamu have known populations of Indigenous People. A vulnerable and marginalized groups' framework (VMGF) has been prepared by the Ministry of Health (MOH) in consultation with the vulnerable and marginalized groups (VMGs). The VMGF will: (i) provide guidelines which will enable the project to avert any potentially adverse effects on the VMGs' communities: and (ii) ensure that the VMGs receive social and economic benefits that are culturally appropriate, and inclusive in both gender and intergeneration terms.
Involuntary Resettlement OP/BP 4.12	No	No new construction would be financed under the Project and therefore there will be no land acquisition leading to involuntary resettlement and/or restrictions of access to resources and livelihoods.
Safety of Dams OP/BP 4.37	No	
Projects on International Waterways OP/BP 7.50	No	
Projects in Disputed Areas OP/BP 7.60	No	

II. 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:

There are no significant and/or irreversible adverse environmental and social issues anticipated from the investments to be financed under the Project. The Project will not support civil works other than maintenance and minor renovation of existing health facilities. The main environmental safeguard policy relates to health care waste management, in view of the risks associated with the Project. Providing PHC services under the Project such as family planning, antenatal care, skilled delivery, and postnatal care; and enforcing quality of care standards for improved client experience, patient safety and effectiveness of care are likely to generate health care wastes which present potential adverse impacts to the environment. The envisaged environmental risks at project implementation include healthcare waste which may be solid or liquid, including but not limited to infectious waste and other medical supplies that may have been in contact with blood and body fluids, highly infectious wastes (especially from the laboratories), and non-infectious waste from normal operations.

It is anticipated that the Project will have positive social impacts at the individual, community, county and national level.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:

Most of the impacts anticipated will be positive for all communities including for VMGs and minimal, if any, negative social impacts are anticipated from the Project. Positive impacts anticipated include: (i) increased demand for and utilization of PHC services by improving

knowledge, attitudes, and behaviors of communities towards the continuum of essential care services such as family planning antenatal care, skilled delivery, postnatal care, and adolescent reproductive health services; (ii) improved access to PHC services by strengthening county's capacity (for example, financing, workforce, products, information and governance) to deliver effective and efficient integrated interventions at the communities and facilities; and (iii) improved quality of PHC services by ensuring constant availability of essential inputs (for example, human resources, equipment, commodities, water, and so on) and enforcing quality of care standards for improved client experience, patient safety and effectiveness of care.

Social risks envisioned in the implementation process include: (i) possibility of elite capture at the community and county levels thus excluding target groups; (ii) political capture as the project is being launched in the lead up to the national elections in 2017; and (iii) leakages of inputs and resources as funds for facilities are to be channeled to county health facilities in remote villages with limited supervision. These risks will be mitigated through the following: (i) capacity development of key project implementers; and (ii) awareness creation and building capacity of VMG's community health structure (e.g., community health volunteers/workers) on PHC at the community level, advocacy skills to understand and influence the PHC services, use of appropriate participatory approaches for improving health services uptake, and application of social accountability tools at community and county health services levels for enhanced accountability and transparency.

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.

Medical waste is inevitable in health care. There were therefore no alternatives considered.

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.

The government of Kenya has updated Health Care Waste Management Plan (HCWMP) 2012 which focuses on waste generation, as well as segregation, storage, collection, transport, and final disposal practices; technologies for waste disposal; public awareness programs; and relevant national legislation. The MOH has also prepared a Health Care Waste Management Strategic Plan 2015-2020, which focuses on strategic and professional management of health care waste generated from the health care industry in Kenya. The HCWMP 2016-2021 is disclosed at the MOH website and in the InfoShop.

A VMGF has been prepared and outlines the processes and principles of: (i) screening to determine if the project activities will be undertaken in the vicinity of vulnerable and marginalized communities; and (ii) preparing a vulnerable and marginalized groups plan (VMGP), including the social assessment process, consultation and stakeholder engagement, disclosure procedures and communication. The VMGF also spells out: (i) an appropriate gender and inter-generational inclusive framework; and (ii) appropriate grievance handling procedures, from community level, county and national level. The VMGs and other stakeholders (for example, civil society organization, local leaders) will be actively engaged in (i) free and prior informed consultation of VMGs; and (ii) monitoring project implementation at the various levels through, participation in health management structures. The VMGF is disclosed on the MOH website and the InfoShop.

The World Bank has supported a number of projects in the health sector and these projects have addressed the concern of health care wastes and the VMGs. There is therefore a good understanding among the MOH counterpart on environmental and social risks related to health care wastes. Most of CDOHs are understaffed and have limited capacity in the management of

environment and social issues since the health sector was recently devolved. The Project Management Team will: (i) work with counties to develop and guide implementation of VMGPs, when required; (ii) build capacity of county staff on the required policies and use of the social and environmental screening tools and checklists; (iii) help them monitor implementation of VMGPs and HCWMP; and (iv) report any safeguards related risks and mitigation measures undertaken as part of the quarterly progress report to the Bank. In order to mitigate risks, the Project will also disclose the Project information including detailed activities planned in culturally appropriate and accessible manner.
5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.
The key stakeholders include MOH, county governments, NGOs, private and mission health facilities, municipal councils and health facilities, health workers, patients, and people living near health facilities and dump sites. Consultation for the Health Care Waste Management Strategic Plan and VMGF was through public hearings, stakeholder workshops and meeting of the heads of the implementing agencies. For disclosure, the HCWMP, VMGF, and related documents were discussed by stakeholders including VMGs, civil society organization, counties, and the MOH. The final documents are posted on the websites of the MOH. In addition, the documents are disclosed at the World Bank Information Center in Nairobi and the InfoShop in Washington DC.

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other	
Date of receipt by the Bank	31-Mar-2016
Date of submission to InfoShop	13-Apr-2016
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	
"In country" Disclosure	
Kenya	13-Apr-2016
Comments:	
Indigenous Peoples Development Plan/Framework	
Date of receipt by the Bank	24-Mar-2016
Date of submission to InfoShop	13-Apr-2016
"In country" Disclosure	
Kenya	13-Apr-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 [×] 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 [×] No [ ] NA [ ]
If yes, then did the Regional unit responsible for safeguards or Practice Manager review the plan?	Yes [×] 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 [ ] No [ ] NA [×]
The World Bank Policy on Disclosure of Information	
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes [×] 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 [×] 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 [×] No [ ] NA [ ]
Have costs related to safeguard policy measures been included in the project cost?	Yes [×] No [ ] NA [ ]
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes [×] No [ ] NA [ ]
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	Yes [×] No [ ] NA [ ]

III. APPROVALS

Task Team Leader(s):	Name: Yi-Kyoung Lee	
Approved By		
Safeguards Advisor:	Name: Johanna van Tilburg (SA)	Date: 13-Apr-2016
Practice Manager/ Manager:	Name: Magnus Lindelow (PMGR)	Date: 13-Apr-2016