INTEGRATED SAFEGUARDS DATA SHEET
CONCEPT STAGE

Report No.: ISDSC13336

Date ISDS Prepared/Updated: 01-May-2015

Date ISDS Approved/Disclosed: 29-Apr-2015, 15-May-2015

I. BASIC INFORMATION

A. 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:	14-Dec-2015	**Estimated Board Date:**	18-Feb-2016
Managing Unit:	GHNDR	**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%)		

Financing (In USD Million)			
Total Project Cost:	150.00	Total Bank Financing:	150.00
Financing Gap:	0.00		

Financing Source	**Amount**
BORROWER/RECIPIENT	0.00
International Development Association (IDA)	150.00
Total	150.00

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

B. Project Objectives

The project development objective (PDO) is to improve the delivery and use of quality essential health care services in the targeted counties with a focus on reproductive, maternal, newborn, child and adolescent health (RMNCAH) services.

C. Project Description

The proposed Project would comprise two components that focus on key areas under the Kenya

Health Policy 2014-2030, and Kenya Health Sector Strategic and Investment Plan (KHSSP) 2014-2018: (i) to improve maternal and child health outcomes given that neonatal and maternal mortality as well as undernutrition among children under five years old have been stagnant since 1993; and (ii) to build appropriate institutional capacity in order to make progress towards universal health coverage (UHC) in the recently devolved Kenyan health system. The latter includes strengthening institutional capacity at the national level to foster development of equitable, efficient, and sustainable national health financing strategies (e.g., reduce out-of-pocket payments, especially by the underserved populations) to achieve the national health goals, and increasing capacity at the county level to plan, budget, implement, and monitor the effective delivery of essential package of health services. The Project will primarily target chronically underserved areas/counties for RMNCAH service delivery and the poorest for health insurance, taking other partners' presence and implementability of the proposed operation into account.

Component 1: Improving access to and utilization of quality RMNCAH services among the underserved populations (initial estimation: US$ 100 million)

The GoK is in the process of developing an integrated multi-year RMNCAH Investment Framework to address persistently high maternal, neonatal and child morbidity and mortality. A National Steering Committee chaired by the Director of Medical Services and supported by an integrated Technical Working Group has been appointed to lead the development of the national RMNCAH Investment Framework. The RMNCAH Investment Framework specially aims to: (i) increase demand for and utilization of RMNCAH services by improving knowledge, attitudes, and behaviors of communities towards the continuum of essential care services such as family planning, antenatal care (ANC), skilled delivery, postnatal care (PNC), and adolescent reproductive health services; (ii) increase access to RMNCAH services by strengthening county's capacity (e.g., financing, workforce, products, information and governance) to deliver effective and efficient integrated interventions at the communities and facilities; and (iii) improving quality of RMNCAH services by ensuring constant availability of essential inputs (e.g., human resources, equipment, commodities, water, etc.) and enforcing quality of care standards for improved client experience, patient safety and effectiveness of care.

Component 1 will support the roll out of an integrated RMNCAH Implementation Plan in a few targeted counties with high burden of maternal and neonatal mortality. Inequity in terms of access, utilization, and health outcomes is considerable by location with the top ten counties accounting for 55 percent of maternal deaths. In consultation with the Ministry of Health (MoH), counties and development partners (DPs) supporting the roll out, the targeted counties under this operation will be selected. Each selected county will develop an evidence-based Implementation Plan under the National Health Policy, RMNCAH Investment Framework, and County Integrated Development Plan to address county specific supply and demand barriers to achieve the results agreed. The MoH along with implementing partners at the county level will provide technical support. Given the crucial roles the private sector (for profit, not for profit and faith based) plays in delivering health services in Kenya, the proposed operation will support the targeted counties to leverage the priv ate sector more effectively. Also special attention will be paid to the financial accessibility among the poor in the selected counties by providing free/subsidized health insurance.

Component 2: Strengthening institutional capacity to make progress towards UHC (initial estimation: US$ 50 million)

The Government and stakeholders in Kenya are committed to providing UHC, and have a shared

view that every Kenyan should have access to a comprehensive health cover. It is therefore important to develop and test UHC models that can work in the Kenyan context. The National Hospital Insurance Fund (NHIF) has been identified as the preferred institution for delivering UHC in Kenya. While the NHIF is by far the largest health insurance provider in Kenya, it is fraught with several governance and efficiency challenges. It has recently been implementing reforms to improve its efficiency and accountability and in so doing gain the trust of Kenyans. Although some progress has been made especially in reducing the administrative costs during the last few years, a recent institutional assessment shows that NHIF has potential for further improving efficiency to enable more Kenyans especially those working in the informal sector access a comprehensive health cover.

Component 2 will thus support the development/implementation of: (i) MoH's health financing strategy; (ii) NHIF's strategic plan promoting the reform agenda; and (iii) counties' capacity development plan to enable them to improve the delivery of essential health services especially for the targeted counties. The emphasis will be on strengthening capacity of the MoH to effectively guide the development and implementation of the National Health Financing Strategy, and that of NHIF to be a more efficient and transparent institution to fulfill its mandate. The proposed operation will also support improvements in coverage and quality of essential services in targeted counties by supporting counties identified through a transparent selection process to develop, implement, and monitor service improvement plans for UHC with focus on RMNCAH results. Special attention will be given to targeting the underserved populations, building on lessons learned from the ongoing results based financing and health insurance subsidy for the poor pilot program.

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

The project is expected to be rolled out in a number of counties that will be selected in a transparent process consultation with the MoH, counties and DPs. The intent is targeting areas that are currently underserved; these areas may include vulnerable and marginalized groups.

E. Borrowers Institutional Capacity for Safeguard Policies

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 vulnerable and marginalized groups (VMGs). There is therefore a fairly good understanding among the MoH counterpart on environmental and social risks related to health care wastes and this project intends to build on this existing knowledge. Activities to be supported under the operation are expected to have environmental effects as a result of the generation of health care wastes emanating from health care services including immunization, provision of contraceptives, deliveries, ANC/PNC services, all of which are associated with health care waste generation. However, they are not expected to have long-term detrimental or cumulative effects. The MoH has built the capacity of national government to prepare Health Care Waste Management Plans and bolster capacity of relevant staff to ensure adequate mitigation measures are in place. The MoH has also prepared the vulnerable and marginalized people's plans (VMPPs) under the ongoing health project, even though implementation has been slow mainly due to devolution. In addition, the MoH recently conducted a study that mapped out the VMGs in country as well as provided additional qualitative information on the VMGs to enrich their plans.

F. Environmental and Social Safeguards Specialists on the Team

Edward Felix Dwumfour (GENDR)

Gibwa A. Kajubi (GSURR)

Susanne Ndunge Ndivo (GSURR)

Tito Joel Kodiaga (GENDR)

II. SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	Providing essential healthcare 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.
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	The underserved areas are most likely to have pockets of the VMGs. The VMPPs prepared for the ongoing health project (P074091) will be reviewed and updated, consulted on and redisclosed, to make them comprehensive once the project target areas are confirmed.
Involuntary Resettlement OP/ BP 4.12	No	The Project may support: (i) minor rehabilitation of health facilities; and (ii) construction/rehabilitation of maternity homes (i.e., waiting shelters) in the health facility compound owned by the Government. No new construction would be financed under the Project and therefore there will be no land acquisition.
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	

III. SAFEGUARD PREPARATION PLAN

A. Tentative target date for preparing the PAD Stage ISDS: 25-Nov-2015

B. Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing[1] should be specified in the PAD-stage ISDS:

[1] Reminder: The Bank's Disclosure Policy requires that safeguard-related documents be disclosed before appraisal (i) at the InfoShop and (ii) in country, at publicly accessible locations and in a form and language that are accessible to potentially affected persons.

An Environmental and Social Management Framework (ESMF) that includes an Environmental and Social Management Plan (ESMP) will be prepared for the Project before appraisal to ensure proper assessment and mitigation of potential adverse environmental and social impacts. The ESMF will (i) outline the steps to be followed by the borrower in mitigating potential adverse environmental impacts associated with the Project and (ii) include the refinement of the existing Health Care Waste Management Plan and generic Environmental and Social Impact Assessment (ESIA) terms of reference to be applied in the event that the screening results indicate the need for a separate site specific ESIA and/or ESMP for a sub project investment. The ESMF will be prepared, consulted upon, and disclosed locally and in the info shop before appraisal. The VMPPs existing for the ongoing health project (P074091) will be reviewed and updated, as needed, to reflect the full scope of the target population.

IV. APPROVALS

Task Team Leader(s):	Name: Yi-Kyoung Lee	
Approved By:		
Safeguards Advisor:	Name: Johanna van Tilburg (SA)	Date: 13-May-2015
Practice Manager/ Manager:	Name: Abdo S. Yazbeck (PMGR)	Date: 15-May-2015

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