

**INTEGRATED SAFEGUARDS DATA SHEET
ADDITIONAL FINANCING**

Report No.: ISDSA7192

Date ISDS Prepared/Updated: 05-Jan-2014

Date ISDS Approved/Disclosed: 06-Jan-2014

I. BASIC INFORMATION

1. Basic Project Data

Country:	Uganda	Project ID:	P145280
		Parent Project ID:	P115563
Project Name:	Uganda Health Systems Strengthening Project (P145280)		
Parent Project Name:	Uganda Health Systems Strengthening Project (P115563)		
Task Team Leader:	Peter Okwero		
Estimated Appraisal Date:	16-Dec-2013	Estimated Board Date:	28-Feb-2014
Managing Unit:	AFTHE	Lending Instrument:	Investment Project Financing
Sector(s):	Health (80%), Other social services (20%)		
Theme(s):	Health system performance (70%), Population and reproductive health (30%)		
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:	90.00	Total Bank Financing:	90.00
Financing Gap:	0.00		
Financing Source			Amount
BORROWER/RECIPIENT			0.00
International Development Association (IDA)			90.00
Total			90.00
Environmental Category:	B - Partial Assessment		
Is this a Repeater project?	No		

2. Project Development Objective(s)

A. Original Project Development Objectives – Parent

The project development objective (PDO) is to deliver the Uganda National Minimum Health Care Package (UNMHCP) to Ugandans, with a focus on maternal health, newborn care and family planning. This will be through improving human resources for health, physical health infrastructure, and management, leadership and accountability for health service delivery.

B. Current Project Development Objectives – Parent

C. Proposed Project Development Objectives – Additional Financing (AF)

The revised project development objective is to increase utilization of the Uganda National Minimum Health Care Package, with a focus on maternal health and family planning.

3. Project Description

The project comprises four components: (a) improved health workforce development and management; (b) improved infrastructure of existing health facilities; (c) improved Leadership, Management, and Accountability for health service delivery; and (d) improved maternal, newborn and family planning services.

Component One: Improved health workforce development and management (US\$5 million, AF US\$0). The component supports: (a) consolidation of central level human resources for health (HRH) functions at the Ministry of Health (MoH); (b) strengthening human resource management functions in the sector; (c) improving staff retention in remote and hard to reach areas; and (d) improvement in pre-service and in-service training.

Component Two: Improved infrastructure of existing health facilities (US\$85 million, AF US\$65 million). The component supports (a) renovation of existing health facilities; (b) provision of medical equipment; (c) improving capacity for operations and maintenance; and (d) strengthening the referral system. The civil works component also involves construction of two incinerators in Buwenge and Bukwo Hospitals. 15 other incinerators shall be constructed under the Dutch Government funding. One incinerator has been constructed in Entebbe Grade B hospital under GoU funding.

Component Three: Improved Leadership, Management, and Accountability for health service delivery (US\$10 million, AF US\$0). The objectives of the component are to (a) implement performance based management approaches; (b) professionalize and strengthen the management of hospitals; (c) develop and roll out implementation of the hospital policy framework; and (d) support procurement, logistics, and supply chain management.

Component Four: Improved maternal, newborn and family planning services (US\$30 million, AF US\$0). This component will: a) expand and improve quality of reproductive health and newborn care; b) increase the availability and demand for family planning services through financing key Emergency Obstetric and Neonatal Care (EmONC) equipment, contraceptives, and training and capacity building activities to expand coverage of maternal health, newborn care, and family planning services; and (c) support scale up of reproductive health output based aid (OBA) activities in the health sector.

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

While some interventions are national in scope, a number of key civil works interventions with

environmental and social implications in components 1-3 are centered around 22 general hospitals (2 of which mentioned above will be upgraded to Regional Referral Hospitals), 27 health center IV's (type IV) and two incinerators to be built in Buwenge and Bukwo Hospitals. Management and operation of the other 16 incinerators constructed under the Dutch and GoU funding will potentially be of interest in terms of safeguards analysis. The main environmental issues include construction practices and related safety issues both for the workers and the public/patients, management of construction waste rubble, noise and dust pollution, general sanitation and management and operation of the incinerators, including their situation/location and subsequent emissions and disposal of the residual ash. It is useful to mention that the AF is meant to cover funding shortfalls caused by cost overruns. As a result, no additional safeguard policies have been triggered. Before project start, ESIA was undertaken and EMPs developed. Since this was undertaken in 2010, the ESMPs have been updated as of Nov. 15, 2013. It is important to note that all works will take place within the existing campuses of currently operating health facilities. It is also worth noting that there will be no displacement of any land uses with the exception of portable kiosks that shall be relocated within the hospital premises for continued provision of catering services to patients and health workers.

5. Environmental and Social Safeguards Specialists

Herbert Oule (AFTN3)

Constance Nekessa-Ouma (AFTCS)

6. Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/ BP 4.01	Yes	<p>The rehabilitation/expansion of basic health infrastructure and construction of staff houses under first component triggers O.P 4.01 Environmental Assessment. Given the project will support major civil works at 2 regional referral hospital as well as minor civil works at 16 general hospitals and 29 health centers (HC Type IV) which may have potential adverse environmental impacts, the project needs to comply with environmental assessment requirements under the Uganda National Environment Act (1995), National Environmental Impact Assessment Regulations 13/1998, other Ugandan environmental regulations, and the World Bank safeguard policy OP 4.01 on Environmental Assessment. Environmental due diligence for the major civil works will be carried out through preparation of an Environmental Assessment including an Environmental Management Plan. Environmental due diligence for the minor civil works will be carried out through preparation of site specific Environmental Management Plans. Environmental due diligence for medical waste management will be carried out through implementation of the National Health Care Waste Management Plan.</p>

Natural Habitats OP/BP 4.04	No	
Forests OP/BP 4.36	No	
Pest Management OP 4.09	No	There is no plan to use pesticides under the project.
Physical Cultural Resources OP/ BP 4.11	No	
Indigenous Peoples OP/BP 4.10	No	
Involuntary Resettlement OP/BP 4.12	No	The project activities include the rehabilitation and expansion of existing 2 regional, 16 general hospitals and 29 Health Center Level 4, including construction of staff houses which may have implications on both acquisition of land or converting land uses, hence triggering OP 4.12, Involuntary Resettlement. Depending on the assessment, a Resettlement Plan (RAP) will be prepared for each individual site.
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

<p>1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:</p> <p>Based on the Environmental and Social Impact Assessment Report, the project will not have large scale or irreversible adverse environmental or social impacts. The main environmental safeguard issues relate to civil works on existing grounds of hospitals and health centers. These include refurbishment or addition of specialized wards, construction of incinerators and staff houses, and connections to water, sewerage and power facilities for the functionality of the health facilities. Key environmental impacts are those associated with construction phase activities (e.g. noise, construction traffic, construction waste, visual impacts, and safety of both workers and patients). Some potentially adverse impacts are associated with operation of hospitals and health centers (e.g. medical waste generation and disposal through incineration, waste water disposal, general waste disposal).</p>
<p>2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:</p> <p>Based on the project environmental due diligence studies, none are expected.</p>
<p>3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.</p>

Various incineration technologies were considered. The final selection of waste incineration technology was determined with environmental (air pollution) as well as operating (cost and sophistication) considerations in mind. The Ministry is in process of installing the incinerators.

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 ensure compliance with the relevant safeguard policies, an Environmental and Social Impact Assessment (ESIA) was commissioned under the original project. The findings of the field reconnaissance at each of the project site did not indicate environmental or social safeguard issues beyond those associated with local civil works. To manage the risks, Environmental Management Plans (EMPs) were prepared and disclosed (April 16, 2010) together with the National Health Care Waste Management Plan (HCWMP, 2009/2010 – 2011/2012) under the original project. Project implementation would be in compliance with environmental assessment requirements under the Uganda National Environment Act (1995), National Environmental Impact Assessment Regulations 13/1998 and the World Bank safeguard policy OP 4.01 on Environmental Assessment.

The civil/construction works for the phase 1 nine hospitals were due to commence in November 2013 and the EMPs have since been updated but with no substantial change of identified impacts and mitigation measures, mainly because the sites remain the same. The only change has been occasioned by inadequate funds to cover all the planned civil structures, resulting in reduced project scope in terms of number of structures to be constructed. The EMPs were used to inform the detailed designs for the renovation works. The civil works Supervising Consultants have Environmental and Social Management Specialists on their teams and will be charged with supervision and reporting on implementation of environmental and social aspects such as HIV/AIDS, Gender, complaints, etc. The borrower has substantial experience in hospital renovation and construction in compliance with Uganda's National Environment Management Authority guidelines, and some experience with World Bank safeguards.

The approved HCWMP (April 13, 2010) will apply to the project throughout the duration of the project, unless agreement is reached to adopt an updated or revised version of the HCWMP. The HCWMP was again disclosed July 12, 2013 under the Reproductive Voucher Project (P144102). The Ministry of Health and the decentralized health service delivery points have some experience with the formulation and implementation of the Health Care Waste Management Plan. In addition the sector has a Safe Injection Policy. The challenge continues to be the weak health care waste management system due to insufficient and inadequate equipment for handling of waste material, and the poor enforcement by the relevant authorities. The MoH is involved in several initiatives to manage health care waste in the sector, including: involvement of the private sector, infection control and the pilot scheme on the disposal of hazardous medical waste in Eastern Uganda. In order to monitor the National Health Care Waste Management Plan, the MoH will prepare quarterly progress updates as part of the quarterly progress reports.

According to the Environment and Social Impact Assessment (ESIA), OP 4.12 is not triggered by the project. The MoH and the relevant facilities provided acceptable proof of land ownership and there are no disputes over the land. Land taking for construction of health and ancillary facilities has not been a common occurrence.

Environmental compliance is the responsibility of the Environmental Health Division of the Ministry of Health which is charged with executing the environmental health plans under the

<p>overall policy guidance of the National Environment Management Authority. Under the project, the division will work together with NEMA to strengthen efforts in handling all environment related issues, including those under civil works. The safeguards instruments (ESIA/EMP, HCWMP) include capacity building activities with the aim of improving compliance and building capacity to monitor environmental and social mitigation measures. Cost of mitigation measures, including costs associated with civil works and medical waste management are included in the project and financed by IDA.</p> <p>However, in order to strengthen close supervision and follow up of UHSSP safeguards implementation, MoH has agreed to hire an Environmental Health expert with immediate effect.</p>
<p>5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.</p>
<p>Local consultations were done as part of the ESIA preparation at each of the project sites. The consultations included the full spectrum of directly affected local stakeholders, were recorded and factored into preparation of the ESIA and EMPs. The ESIA was disclosed under the original project (April 16, 2010). The Key stakeholders included selected District Local Governments, Hospitals Medical Superintendents, NEMA, Ministry of Water and Environment, National Medical Stores, National Drug Authority, Development Partners including WHO, JICA, USAID, and GiZ.</p>

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other	
Date of receipt by the Bank	14-Apr-2010
Date of submission to InfoShop	16-Apr-2010
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	
"In country" Disclosure	
<i>Comments:</i>	
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 [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
If yes, then did the Regional Environment Unit or Sector Manager (SM) review and approve the EA report?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
Are the cost and the accountabilities for the EMP incorporated in the credit/loan?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	NA [<input type="checkbox"/>]
The World Bank Policy on Disclosure of Information			

Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
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 [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
All Safeguard Policies	
Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Have costs related to safeguard policy measures been included in the project cost?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]

III. APPROVALS

Task Team Leader:	Name: Peter Okwero	
Approved By		
Regional Safeguards Advisor:	Name: Alexandra C. Bezeredi (RSA)	Date: 05-Jan-2014
Sector Manager:	Name: Olusoji O. Adeyi (SM)	Date: 06-Jan-2014