



The World Bank

Additional Financing for Uganda Reproductive, Maternal and Child Health Services Improvement Project
(P174163)

Combined Project Information Documents / Integrated Safeguards Datasheet (PID/ISDS)

Appraisal Stage | Date Prepared/Updated: 04-Sep-2020 | Report No: PIDISDSA29616

BASIC INFORMATION

A. Basic Project Data

Country Uganda	Project ID P174163	Project Name Additional Financing for Uganda Reproductive, Maternal and Child Health Services Improvement Project	Parent Project ID (if any) P155186
Parent Project Name Uganda Reproductive, Maternal and Child Health Services Improvement Project	Region AFRICA EAST	Estimated Appraisal Date 10-Aug-2020	Estimated Board Date 09-Oct-2020
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

Proposed 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 Development Objective(s) Additional Financing

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; (b) scale up birth and death registration services; and (c) strengthen disease outbreak preparedness and response.

Components

- Component 1: Results-Based Financing for Primary Health Care Services
- Component 2: Strengthen Health Systems to Deliver RMNCAH Services
- Component 3: Strengthen Capacity to Scale-up Delivery of Births and Deaths Registration Services
- Component 4: Enhance Institutional Capacity to Manage Project Supported Activities
- Component 5: Contingent Emergency Response Component

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	15.00
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Total Financing	15.00
of which IBRD/IDA	15.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	15.00
IDA Credit	15.00

Environmental Assessment Category

B-Partial Assessment

Decision

The review did authorize the team to appraise and negotiate

A. Introduction and Context

1. The proposed Project is a request for Additional Financing in the amount of US\$15 million equivalent, financed by the Fast Track COVID-19 Facility (FTCF), to be implemented by the Ministry of Health, Government of Uganda, in support of the Uganda Reproductive, Maternal and Child Health Services Improvement Project (URMCHIP, P155186), the parent Project. The proposed additional credit will help sustain the implementation of planned activities under Components 1 and 2 of the URMCHIP by replenishing US\$15 million of Project funding previously mobilized for the country’s COVID-19 response, with the activation of the Contingent Emergency Response Component (CERC) on March 30, 2020. As the proposed Additional Financing (AF) aims to fill the financing gap created by the activation of the COVID-19 CERC, the AF will use the same implementation arrangements for the parent Project without any additional or new activities to those planned under the parent Project, which was approved by the Board. In addition to the AF, the project will also be restructured to (i) accommodate changes to the Project as a result of two CERC activations – one for COVID-19 response as discussed above and one for Ebola response on Dec 20, 2019 and; (ii) address key recommendations from the Mid Term Review (MTR) that was undertaken in September/October 2019.

C. Proposed Development Objective(s)

Original PDO

2. 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 PDO: (a) to improve utilization of essential health services with a focus on RMNCAH services in target districts; (b) to scale up birth and death registration services; and (c) to strengthen disease outbreak preparedness and response.

Key Results:

The proposed (modified) PDO-level indicators are as follows:

1. Births (deliveries) attended by skilled health personnel (percentage)
2. Pregnant women who received IPT2 (percentage)
3. Couple years of Protection (number)
4. Children under one year immunized with third dose of pneumococcal conjugate vaccine (PCV3) (percentage)
5. Number of people who have received essential health, nutrition, and population (HNP) services (core)
6. Percentage of births registered among children under 1 year
7. Percentage of all deaths registered
8. Proportion of suspected COVID-19 cases that have undergone laboratory diagnosis and results provided within 72 hours of reporting
9. Proportion of suspected EVD cases that have undergone laboratory diagnosis and results provided within 48 hours of reporting

D. Project Description

3. **The URMCHIP (P155186) was approved by the Board on August 4, 2016, became effective on May 26, 2017, and is expected to close on June 30, 2021.** This US\$165 million Project is financed by: (i) an IDA credit of SDR 78.5 million (US\$110 million equivalent); (ii) a grant of US\$30 million from the Multi-Donor Trust Fund for The Global Financing Facility for Women, Children and Adolescents (GFF)and; (iii) a grant of US\$25 million from the Swedish International Development Cooperation Agency (Sida). The 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. The Project has five components namely:

- **Component 1: Results-based Financing for Primary Health Care Services**
- **Component 2: Strengthen Health Systems to Deliver RMNCAH Services**
- **Component 3: Strengthen capacity to scale-up delivery of births and deaths registration services**
- **Component 4: Enhance Institutional Capacity to Manage Project Supported Activities**
- **Component 5: Contingent Emergency Response Component**

4. **At inception, the Project faced some delays in effectiveness owing to lengthy parliamentary approvals, over which the Ministry of Health had no control.** As a result, project implementation only began 9 months after Board approval. Moreover, the pace of project implementation remained slow for the first two years after effectiveness, with a disbursement ratio of 10.2 percent by April 2019. The initial delays in implementation could be attributed to: (i) change of leadership at the Ministry of Health; (ii) delays in the recruitment of project staff, (iii) stalled procurements, and (iv) delayed roll-out of the RBF scheme and construction of maternity units at 81 health centers. These issues negatively affected the execution of project activities and disbursement of funds, and subsequently, the overall rating on implementation progress was downgraded to Moderately Unsatisfactory in December 2018.

5. **To accelerate project implementation, the World Bank and the Ministry of Health executed a number of**

measures. They included: (i) enhancing Project stewardship by the top management of the Ministry of Health; (ii) strengthening ownership and participation of the different line departments at the Ministry of Health; (iii) enhancing Bank support with frequent technical support missions; (iv) recruiting more staff for the Project Implementation Unit, particularly in procurement, internal auditor, and safeguards; (v) reconstituting the Delegated Contracts Committee to accelerate the procurement of goods and services under the project; (vi) prioritizing the implementation of high-impact and labor-intensive interventions (e.g. RBF); and (vii) expediting the approval and disbursement of payments. A MTR mission that was undertaken from September 23 to October 9, 2019 further operationalized these interventions with development of a comprehensive work plan and budget to guide the implementation of project activities till the end of the project.

6. As a result of the above measures, Project performance has improved remarkably. Achievement of the PDO has been ranked as Moderately Satisfactory over the past 12 months. Two of the six PDO indicators have met their annual targets and are on track to meet or surpass end line targets, namely (i) births attended by skilled health personnel; and (ii) children under one year immunized with third dose of pneumococcal conjugate vaccine. These achievements could be attributed to the expansion of the RBF scheme from 79 districts in October 2019 to 131 districts by the end of May 2020. Two PDO indicators have partially achieved their annual targets and are likely to meet end line targets with the planned scale up of investments in the supply of essential RMNCAH commodities, and the further scale up of the RBF scheme, namely (i) pregnant women who received the second dose of Intermittent preventive treatment of malaria in pregnancy (IPT2); and (ii) couple years of protection. The remaining two PDO indicators related to birth and death registrations have been problematic to measure given the lack of consistency in their definitions. These indicators will be revised as agreed in the MTR and are part of the proposed AF/restructuring.

7. Overall implementation progress has been rated Moderately Satisfactory over the past 12 months. Following the series of remedial actions discussed above, there has been a fivefold increase in the disbursement ratio from 10 percent in January 2019 to 57.84 percent by September 1, 2020. In addition to improvements in disbursement, the pace of project implementation has also increased especially the roll-out of the RBF scheme, vital registration of births, and procurement of goods and services. Environmental assessments and advertisements for bids for the civil works have also been undertaken. The Project Implementation Unit is working effectively and all the positions which had been vacant since the start of the project (e.g. internal auditor, safeguards, and additional RBF officers) have now been filled. Consequently, the project is rated as Moderately Satisfactory in monitoring and evaluation, project management, financial management, and procurement. The project is compliant with key loan covenants, including audit and financial management reporting requirements. The latest independent audit report on the project for the financial year ending June 30, 2019 was unqualified (clean).

8. The objective of the proposed Additional Financing is to partially fill a project financing gap due to the two activations of the CERC. The AF will specifically fill the gap of US\$ 15 million created through the activation of the CERC on March 30, 2020 in response to the COVID-19 pandemic. Without the financing, the achievement of the project's development objectives would be jeopardized. Specifically, the financing gap would undermine efforts to implement the planned RMNCAH interventions through the RBF scheme, clinical mentorship programs, and construction of 81 maternity units countrywide. The proposed AF of US\$15million will be provided through the Fast Track COVID-19 Facility (FTCF). However, a US\$5 million financing gap remains on components one and two due to the CERC activation for Ebola response.

9. In addition to the AF, the Project will be restructured to accommodate the changes to the Project as a

result of the two CERC activations, and to address key recommendations from the MTR. The restructuring is intended to (i) revise the PDO to reflect the two CERC activation to respond to disease outbreaks; (ii) re-allocate funds to across components ; (iii) re-prioritize implementation of some of the interventions under the project, focusing on areas where the project has recorded early successes (such as RBF) to improve implementation efficiency and value for money, (iv) extend the project end date to enable the Government to fully utilize the project funding; and (v) to improve monitoring and evaluation of the project's performance by updating the indicators and targets in the Results Framework.

E. Implementation

10. **The implementation arrangements for the proposed Additional Financing will remain the same as in the Parent Project, Uganda Reproductive Maternal and Child Health Services Improvement Project (URMCHIP, PI155186).** The AF will also use the existing Environmental and Social Safeguards Policies of the parent project and not the Environmental and Social Framework (ESF) since no new activities are anticipated. Therefore, the EA category of the AF will not change nor will there be any new Safeguards Policies triggered. Though the RBF scheme under Component 1 of the Project will be scaled-up to additional districts and health facilities, the environmental and social risks associated with this expansion will be guided in the March 2020 ESMF.

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

Under Component 1, the RBF Program will be up scaled-up to additional districts and health facilities. The objective of Component 1 (RBF) is to accelerate the provision of key maternal and child health services by incentivizing service provision at the District Health Offices (DHOs), Hospitals, and Health Centres (IIIs and IVs). The districts and health facilities that will be selected to participate in the RBF program are those with poor indicators on maternal and child health, areas with a large number of poor and vulnerable people, and those with adequate capacity to implement a RBF Program. A rigorous assessment will be carried out to select the eligible districts and health facilities. The selected health facilities will sign Performance Agreements with the DHOs, and the DHOs will sign Performance Agreements with the Ministry of Health. One of the key conditions for signing the Performance Agreements is developing a Performance Improvement Plan which outlines priority areas of focus to improve delivery of key maternal and child health services, sound financial management, and compliance to safeguards guidelines. The DHOs and health facilities will be provided with funds in line with their level of performance. The RBF grants to the health facilities will be a function of quantity and quality of services provided. For rural and remote areas, an equity coefficient which takes into account district remoteness and level of development will be used. All the health facilities will be required to use a minimum of 40% of the RBF grants on staff incentives and a maximum of 60% to improve service delivery. These includes: procurement of additional medicines and office supplies, execution of minor civil works (i.e. repair of broken doors, windows, small-scale painting of walls), and for demand creation activities through the mothers and Village Health Teams. All potential risks will be addressed in the existing ESMF that was revised in March 2020. Therefore, the RBF activities will have limited impact on environmental and social issues. The major likely environmental and social impacts that could arise from the Project could be through the proposed construction of 81 maternity units in

selected districts countrywide. Environmental and Social Impact Assessments and Project Briefs for the 81 sites have already been developed and disclosed.

G. Environmental and Social Safeguards Specialists on the Team

Herbert Oule, Environmental Specialist
 Boyenge Isasi Dieng, Social Specialist
 Maliam Acio Aalangdong, Social Specialist

SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	
Performance Standards for Private Sector Activities OP/BP 4.03	No	
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	Yes	
Indigenous Peoples OP/BP 4.10	Yes	
Involuntary Resettlement OP/BP 4.12	Yes	
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	

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:

Applicable Environmental and Social Policies: Processing of the AF is under the Environmental and Social Safeguards Policies and not the Environmental and Social Framework (ESF). The parent Project (URMCHIP P155186) had its CERC

activated twice, firstly for Ebola in December 2019 and in March 2020 for COVID-19. In both cases, the Environmental and Social Management Framework (ESMF) prepared under the Environmental and Social Safeguards Policies was updated to cater for the CERC activities and disclosed. This AF request is meant to cover the financing gap of US\$15 million that was occasioned by activation of the COVID-19 CERC, and will not introduce or change any project activities. This AF will also not necessitate a change in the risk classification nor trigger any new Safeguards Policy. Replenishment of the US\$15 million is eligible under the Fast-Track COVID-19 Facility. Therefore, this AF-operation will continue using the most recent ESMF prepared and disclosed in March 2020. Though the RBF scheme under Component 1 of the Project will be scaled up to additional districts and health facilities, there will be no new environmental and social risks associated with this expansion. In a typical RBF scheme, minor repairs of civil structures, such as repair of broken doors, windows, and small-scale painting of walls are undertaken, and these are guided in the existing parent project ESMF. Further, the AF will use the same implementation arrangements for the parent project. Accordingly, the Environmental Assessment (EA) category of the AF will not change.

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.
The project will use a combination of approaches to handle medical waste as per the guidelines issued by the Ministry of Health, including through the use of eligibility criteria for participating health facilities.

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 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 Peoples Plan (IPP) and an Indigenous Peoples 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 mothers and children; and equity in the selection of RBF health facilities and the RBF payment framework, the project takes into consideration social inclusion by ensuring that poorer segments of the society benefit from the RMNCAH services.

The Environmental and Social Management Framework of the parent project has been updated twice in December 2019 and in March 2020 to incorporate two CERCs for the Ebola Virus Disease and COVID-19, respectively. Since the AF operation replenishes the funds used in the said CERCs, the instruments of the existing operation shall be used, the latest being the ESMF updated and disclosed in March 2020. In addition to the National Health Care Waste Management Plan (2009/2010 and 2011/2012) prepared and disclosed under a previous IDA project, 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 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 through the RBF, the safeguards instruments are still adequate for this AF. This is because the activities under the RBF include minor civil works which can be adequately addressed through the current ESMF.

Main project works with safeguards implications are the construction of 81 maternity units, expected to commence in October 2020. To mitigate environmental and social issues during the construction of the 81 Maternity Units, MoH has prepared ESMPs which were reviewed and cleared by the Bank, and submitted to the National Environment Management Authority for statutory approval.

Environmental compliance is the responsibility of the Environmental Health Division (EHD) of the MoH which is charged with coordination of health care waste management activities under the overall policy guidance of the National Environment Management Authority. At the health facilities, committees to handle infection control have been established. In addition, the project will incentivize implementation of HCWM activities at the health facilities. The capacity of MoH to handle environmental and social safeguards requirements was assessed during preparation of the project; and MoH was required to hire an Environmental Health Specialist and a Social Safeguards Specialist as part of project coordination team. These officers have been hired and deployed and are expected 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.

When the ESMF was first developed, there were a lot of consultations. The consultations included the full spectrum of directly affected local stakeholders, the Indigenous Peoples of Ik and Batwa, selected District Local Governments, Health facility In-Charges, Hospitals Medical Superintendents, National Environment Management Authority, National Medical Stores, National Drug Authority, and MoH staff. Following the advent of the Ebola and COVID-19, the parent project (URMCHIP, P155186) had its CERC activated in December 2019 and March 2020 for Ebola and COVID-19, respectively. In both cases, the ESMF was updated and disclosed. For the March 2020 ESMF update, it was developed within the context of the COVID-19 emergency response which required swift action. Key stakeholders were consulted within the MoH at national and subnational levels to align with sectoral priorities. Importantly, the COVID-19 activities were derived from respective national response plans which were informed by extensive national stakeholder consultations from civil society, development partners, and implementers nationwide. The revised (March 2020 version), was cleared by the WBG Regional Safeguards Advisor on March 27, 2020. The MoH disclosed the ESMF on March 30, 2020 on its website. The link is : <https://www.health.go.ug/cause/environmental-and-social-management-plan-for-urmchip/>. The ESMF was also disclosed by the Bank on September 4, 2020.

B. Disclosure Requirements (N.B. The sections below appear only if corresponding safeguard policy is triggered)

Environmental Assessment/Audit/Management Plan/Other

Date of receipt by the Bank	Date of submission for disclosure	For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors
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"In country" Disclosure



Resettlement Action Plan/Framework/Policy Process

Date of receipt by the Bank

Date of submission for disclosure

"In country" Disclosure

Indigenous Peoples Development Plan/Framework

Date of receipt by the Bank

Date of submission for disclosure

"In country" Disclosure

C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting) (N.B. The sections below appear only if corresponding safeguard policy is triggered)



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APPROVAL

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