



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 23-Mar-2020 | Report No: PIDA28997



BASIC INFORMATION

A. Basic Project Data

Country Kenya	Project ID P173820	Project Name KENYA COVID-19 EMERGENCY RESPONSE PROJECT	Parent Project ID (if any)
Region AFRICA	Estimated Appraisal Date 23-Mar-2020	Estimated Board Date 31-Mar-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) The National Treasury	Implementing Agency Ministry of Health	

Proposed Development Objective(s)

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Kenya

Components

- Medical supplies and equipment
- Response, capacity building and training
- Quarantine, isolation and treatment centres
- Medical waste disposal
- Community discussion and information outreach
- Ensuring availability of safe blood and blood products
- Project implementation and monitoring

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	50.00
Total Financing	50.00
of which IBRD/IDA	50.00
Financing Gap	0.00

DETAILS



World Bank Group Financing

International Development Association (IDA)	50.00
IDA Credit	50.00

Non-World Bank Group Financing

Other Sources	3.20
DENMARK: Danish Intl. Dev. Assistance (DANIDA)	3.20

Environmental and Social Risk Classification

High

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

B. Introduction and Context

Country Context

- The economic impacts of COVID-19 are expected to be massive.** COVID-19 threatens livelihoods, food security, nutrition, and schooling, particularly in low-and-middle income countries like Kenya, where majority of the population work in the informal sector. While estimates of the expected impacts on the Kenyan economy are not available, a reduction in growth and investment is expected, resulting from diminishing tax revenue and lack of confidence in the markets.
- Poverty rates in Kenya remain high and are likely to influence health seeking behavior and social distancing related to COVID-19.** The share of the population living below the national poverty line fell from 46.8 percent in financial year (FY) 2005/06 to 36.1 percent in FY 2015/16. Despite the poverty decline, many Kenyans are at a risk of falling into poverty in the short term. Over a third of Kenyans are classified as vulnerable; many households rely on agriculture and have low levels of education attainment. Additionally, the poorest population are less likely to seek treatment when they experience health challenges and are unlikely to maintain social distance due to their living and work environment.
- Demographic characteristics, low levels of human capital, and limited access to basic services constrain poor households.** Kenya has a Human Capital Index of 0.52¹ and is ranked 94th globally. The heads of poor households are on average older and more likely to have no education, compared to the heads of wealthier

¹ A child born in Kenya today will be 52 percent as productive when she grows up as she could be if she enjoyed complete education and full health.



households. Poor households also tend to be larger and have higher dependency ratios than wealthier households, and these demographic factors are known to hinder poverty reduction. Compared to wealthier households, poor households are less likely to have access to safe drinking water (65.6 percent compared to 80.4 percent) and improved sanitation (47.8 percent compared to 72.2 percent) as well as other basic services.

4. **Development outcomes indicators have more than doubled in the last two decades.** Since 2003, per capita gross domestic product (GDP) in Kenya has increased to over US\$1200 compared to an increase of only US\$300 in the first four decades. Similarly, other indicators related to human capital including access to education, nutrition, maternal and child health have significantly improved.

5. **The Government of Kenya (GoK) Third Medium Term Plan (MTP3) outlines the main policies, legal and institutional reforms which will be implemented during the period 2018-2022.** The MTP3 prioritizes implementation of the “Big Four” agenda², of which achieving Universal Health Coverage (UHC) is one. Pandemic preparedness is an integral part of UHC. The ongoing COVID-19 global pandemic, and the recent Ebola crisis in Africa, have demonstrated the urgent need for resilient health systems that are adequately prepared and dynamic to respond to public health emergencies.

Sectoral and Institutional Context

6. **Despite the GoK’s commitment to strengthen pandemic preparedness and response, capacity is limited.** A 2017 Joint External Evaluation (JEE) of the core capacities in the International Health Regulations (IHR) assessed the strengths and weaknesses in Kenya. It also identified priority interventions to improve the preparedness of the health system as a whole³. These included *inter alia*: legislation or policies to enable IHR implementation and coordination structures; strengthen quality management system for point of care testing; improve capacity and sustainability of the Public Health Emergency Operations Center (PHEOC) and, develop a multisectoral pandemic preparedness plan. Following these recommendations, the Ministry of Health (MoH) developed the National Action Plan for Health Security (NAPHS), which aims to strengthen the IHR core capacities, by identifying priorities, adopting strategies and implementing high impact interventions to strengthen the country’s health security in all core capacities. The NAPHS also emphasizes the need to establish and operationalize a strong National Public Health Institute (NPHI), to reduce fragmentation in public health activities, and consolidate public health functions bringing together data and expertise across sectors.

7. **The COVID-19 situation is quickly evolving due to Kenya’s strategic location as a key regional and commercial hub.** Kenya was identified by WHO Africa Regional Office as one of thirteen most vulnerable countries that have either direct links or high volume of travel. On March 13, 2020, Kenya reported the first case of COVID-19 due to importation, and since then, neighboring countries have also reported confirmed cases linked to importation⁴. As of March 23, 2020, Kenya has reported sixteen confirmed cases and continues to be vulnerable to a more widespread outbreak. To mitigate importation and the related risk of community spread, the GoK took decisive action on March 15, 2020 by (i) suspending arrivals from all affected countries with only citizens or foreigners with permits allowed to enter the country; (ii) ordering those who enter the country to self-quarantine for 14 days; and (iii) closing all educational institutions; and on March 22, 2020 by restricting international arrivals and movement on the borders. The GoK also urged organizations to adopt home based

² The other pillars of the Big Four include: affordable housing; enhanced manufacturing; and food security and nutrition

³ Joint External Evaluation of IHR Core Capacities of the Republic of Kenya. Geneva: World Health Organization; 2017. License: CC BY-NC-SA 3.0 IGO.

⁴ Confirmed cases as of March 21, 2020: Ethiopia (9); Somalia (1); Tanzania (6)



work and use of mobile money to avoid cash transactions.

8. **A preliminary assessment conducted by the GoK highlighted key risk factors for the importation of COVID-19 into Kenya and identified a number of high-risk counties.** As a regional hub, Kenya is at high risk, with intense trade between Kenya and other countries experiencing outbreaks involving movement of people and goods. Mombasa has one of the largest seaports in East Africa where goods and humans pass through daily. . Challenges such as poor health seeking behavior, weaknesses in disease surveillance and chronic underinvestment may affect health system responsiveness. Some socio-cultural practices such as hand shaking and tendency towards large gatherings for social events may put Kenyans at risk.

9. **Kenya's National COVID-19 Contingency Plan (CP):** The Government is (i) working closely with technical partners including relevant UN agencies and (ii) has prepared a costed CP (US\$82 M) to guide preparedness, early detection and response for COVID-19 in Kenya. The National Emergency and Response Committee (NERC) chaired by the Cabinet Secretary, MoH oversees implementation of the CP led by the National COVID-19 Task Force. The CP is aligned to the key actions prioritized in the WHO draft Operational Planning Guidelines to Support Country Preparedness and Response.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Kenya

Key Results

- Number of suspected cases of COVID-19 reported and tested within the recommended turnaround time;
- Percentage of persons fitting COVID-19 case definition assigned to rapid response teams that are responded to within 12 hours;
- Number of diagnosed cases treated per approved protocol;
- Number of health staff trained in infection prevention and control per MOH-approved protocols; and
- Percentage of designated health facilities with isolation capacity

D. Project Description

10. **Component 1. Medical Supplies and Equipment [US\$ 8,472,519]:** This component aims to improve the availability of supplies and equipment needed to respond to COVID-19, other public health emergencies and, strengthen the capacity of the MoH to provide timely medical diagnosis for COVID-19 patients. Support under this component will include but not limited to the following areas:

- a) strengthening capacity of key laboratories (including zoonotic laboratories) to manage large scale testing for COVID-19 cases and other infectious diseases. Support will include procurement of specialized equipment to allow screening of multiple pathogens and purchase of test kits.



- b) providing sample collection and packaging supplies, reagents and transport media, including shipment of samples to the National Public Health Laboratories (NPHL) and other referral laboratories
- c) procurement of Personal Protective Equipment (PPE), pharmaceuticals and non-pharmaceutical commodities and supplies required for case management and infection prevention control
- d) strengthening clinical care capacity in selected hospitals to provide critical care for patients with severe illnesses and, increase the capacity of the MoH and County Governments to manage severe cases through the procurement of ICU sets and dialysis beds

11. **Component 2. Response, Capacity Building and Training [US\$ 8,759,720]:** This component aims to strengthen response and build capacity of key stakeholders including health workers and communities. Support under this component will include but not limited to the following areas:

- a) coordination of activities at national and county level, including support towards the National COVID-19 Steering Committee and the National COVID-19 Task force
- b) training health workers at all levels of the health system on relevant guidelines and protocols
- c) adaptation and roll out of the 3rd Edition of Integrated Disease Surveillance and Response technical guidelines
- d) strengthening surveillance and screening at all POEs; and at the community level, including development and adaptation of an electronic community-based reporting system, training of community health workers and equipping them with the right tools to conduct surveillance, and equipping all POE with the necessities to function effectively
- e) strengthening operational capacity of the PHEOC, Rapid Response and Contact Tracing Teams,
- f) strengthening communication expertise across selected hospitals to enable clinicians share their knowledge and experiences in management of diseases
- g) establishment and operationalization of the NPHI
- h) increasing the number of health workers required to meet the additional demands for surveillance, rapid response and case management

12. **Component 3. Quarantine, Isolation and Treatment Centers [US\$ 15,876,400].** This component will strengthen the health systems capacity to effectively provide IPC and case management of COVID-19 cases. Key areas of support include construction/renovations and equipping the following facilities:

- a) isolation rooms in PoEs' high risk counties, level 5 hospitals and high-volume level 4 hospitals; and
- b) strengthening capacity of key national teaching and referral hospitals to manage infectious diseases – including structural changes to improve negative pressure airflow, floor and air quality among others.

13. **Component 4. Medical waste disposal [US\$ 3,387,600]:** This component will ensure the safe disposal of waste generated by laboratory and medical activities. It will include:

- a) procurement of specialized incinerators for key national-level referral hospitals and other referral laboratories, where these are not available; and
- b) cost of construction of incinerator areas, licenses and training on incinerator use, and cost of medical waste packaging such as bags and safety boxes.



14. **Component 5. Community discussions and information outreach [US\$ 4,960,059]:** Advocacy, communication and social mobilization is an integral component of strengthening surveillance and response to health emergencies. GoK has developed a risk communication and community engagement strategy to keep the public informed on expected behaviors, how best to avoid infection and advise how to mitigate social and economic impacts due to the COVID-19. This component will ensure there is a two-way communication between the government and the population. Regular communication is essential in building trust and increasing community support and engagement on the response to enable compliance with public health recommendations. Supported activities include:

- a) rapid community behavior assessment to gather information about different groups knowledge, attitudes, beliefs, and challenges related COVID-19 response;
- b) sensitize communities through public health address system to promote community and individual health and hygiene practices in line with national public health containment recommendations;
- c) continuous behavior assessment and community sensitization through mobile feedback and dedicated radio call-in shows both mainstream and indigenous language to ensure preventative community and individual health and hygiene practices in line with national public health containment recommendations;
- d) design, production and distribution of Information Education and Communication (IEC) materials;
- e) publishing electronic IEC materials through all media outlets, including translation of messages into various indigenous languages; and
- f) communication in support of grievance redress mechanisms.

15. **Component 6: Ensuring availability of safe blood and blood products [US\$ 10,000,000]:** This support will go towards strengthening the capacity of the Kenya National Blood Transfusion Service (KNBTS) to provide safe blood and blood products. It will include:

- a) enhancing blood collection and supply services through strengthening the coordination of national, Regional Blood Transfusion Centers (RBTCs)⁵ and satellite centers; procurement of consumables and supplies for blood collection; procurement of supplementary auxiliary equipment for the blood collection centers such as blood mixers, blood bank refrigerators and blood donor coaches; and strengthening systems for blood mobilization, collection and retention;
- b) automating blood transfusion service systems to enhance efficiency and traceability of blood and blood products between collection sites, RBTCs, and transfusing health facilities. This will involve assessing the existing blood establishment equipment computer software (BECS) and the extent to which it meets the country's needs. Based on the outcome of the assessment, support will include expanding the BECs information and communications technology (ICT) system to satellite centers and facilities, or purchase and installation of a new software, procurement of ICT equipment and capacity building staff;
- c) enhancing screening for transfusion transmissible infections (TTIs). In order to ensure that blood for transfusion is safe and free from TTIs, the project will expand the KNBTS testing capacity. This will include procurement of auxiliary and multiplex laboratory equipment, and purchase of reagents for screening of TTI and pathogen inactivation;

⁵ The KNBTS has six RBTCs in Nairobi, Embu, Nakuru, Mombasa, Eldoret and Kisumu and 25 satellite centers.



- d) enhancing efficiency and quality of blood and blood products. Support will include automation of blood component processing systems, maintaining cold rooms for blood storage, procurement and maintenance of generators to ensure limited loss of the blood and blood products, and establishing a preventive maintenance plan for all the laboratory equipment in collaboration with the National Public Health Laboratory (NPHL) equipment maintenance Centre of Excellence; and
- e) strengthening quality assurance systems in line with international standards and best practices on blood safety. The KNBTs will pursue blood bank accreditation from the African Society for Blood Transfusion standards and further accredit two remaining testing centers to ISO 15189 standards. Support will also include trainings and mentorship of technical staff, enrolling the testing centers into proficiency testing schemes and contracting integrated courier services for blood transfusion.

16. **Component 7. Project Implementation and Monitoring [US\$ 1,743,702]:** This support will finance activities for program implementation and monitoring by providing resources to strengthen coordination and management capacity of the project. Key areas of support include:

- a) operational costs and logistical services for day-to-day management of the project;
- b) monitoring and evaluation activities, including process evaluation to monitor implementation progress and address implementation challenges;
- c) environmental and safeguards related activities, including establishment of a call center to handle complaints and feedback to the public, linked to the PHEOC;
- d) stakeholder engagement; and
- e) contracting of staff on short term basis for any specialized skills like engineering and public works.

Legal Operational Policies	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

Summary of Assessment of Environmental and Social Risks and Impacts

As this project will finance procurement of drugs, supplies and medical equipment, the environmental risks will mainly be associated with the operation of the labs, the quarantine and isolation centers, and screening posts at land crossings, as well as with the appropriateness of the medical waste management system to be put in place by the client. Given that Kenya has limited experience in managing highly infectious medical wastes such as COVID-19, the project can be judged to have a high environmental risk and will require that appropriate precautionary measures are planned and implemented. WHO has reported that 20% of total healthcare waste would be infectious waste, and improper handling of health care waste can cause serious health problem for workers, community and the environment. Medical wastes have a high potential of carrying micro-organisms that can infect people who are exposed to it,



and the community at large if it is not properly disposed of. Wastes that may be generated from labs, quarantine facilities, and screening posts, to be supported by the COVID-19 readiness and response, could include liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid), infected materials (water used; lab solutions and reagents), syringes, sharps, bed sheets, majority of waste from labs and quarantine and isolation centers, etc.) which requires special handling and awareness.

There is a possibility for infectious microorganisms to be introduced into the environment if they are not contained within the laboratory or the quarantine facilities. This could be due to accidents/ emergencies e.g. a fire response or natural phenomena event (e.g., flood, land slide). The expected healthcare infectious/hazardous waste also includes wastes generated from COVID-19 patients. Medical wastes can also include chemicals and other hazardous materials used in diagnosis and treatment. The contamination of the laboratory and quarantine facilities, and equipment may result from laboratory procedures: performing and handling of culture, specimens and chemicals. If the contamination is due to a highly infectious agents, it may cause severe human disease, present a serious hazard to workers, and may present a risk of spreading to the community. In sum, the medical wastes from COVID-19 could cause a high environmental and social risk, if they are not properly handled, treated or disposed.

The key social risks related to the operation are public and occupational health risks deriving from engagement with people and samples contaminated with COVID19. Accordingly, provisions need thus to be in place for proper safety systems, with a focus on quarantine and isolation centers, screening posts, and laboratories to be funded by the project; encompassing above all OHS and waste management procedures. There is also concern that contracted workers are kept safe and do not pose a risk to others, either from COVID but also in terms of their appropriate behavior – treating people with dignity and the prevention of sexual exploitation and abuse, thus a labor management plan will be prepared and code of conducts signed and training given on appropriate and safe behavior. Beyond this immediate concern, project implementation needs also to ensure appropriate stakeholder engagement to (i) avoid conflicts resulting from false rumors, (ii) vulnerable groups not accessing services, or (iii) issues resulting from people being kept in quarantine. The project can thereby rely on standards set out by WHO as well as the Africa CDC to (1) facilitate appropriate stakeholder engagement and outreach towards differentiated audiences (concerned public at large, suspected cases and patients, relatives, health workers, etc.) to ensure widespread sharing of project benefits (COVID19 prevention and treatment) as well as avoidance of potential rumors and social conflicts; as well as (2) appropriate handling of quarantining interventions (including dignified treatment of patients; appropriate handling of specific concerns by vulnerable groups including cultural needs and Prevention

E. Implementation

17. **The Project will be implemented by the Ministry of Health.** The MoH will be the main implementing agency for the project and will lead the execution of project activities. The Kenya Medical Supplies Agency (KEMSA) will be responsible for procurement and distribution of medical supplies and equipment. The institutional and implementation arrangements are summarized in Figure 1.

18. **The National Emergency Response Committee (NERC) on COVID-19, chaired by the Cabinet Secretary**



for Health, will provide stewardship and oversight of the project. The NERC was established by the President through an executive order to address various aspects related to COVID-19 preparedness and response including: (i) coordinate Kenya’s preparedness and response to COVID-19; (ii) coordinate capacity building of medical personnel and other professionals; (iii) enhance surveillance at all points of entry; (iv) coordinate the preparation of national, county and private isolation and treatment facilities; (v) coordinate the supply of testing kits, critical medical supplies and equipment; (vi) conduct economic impact assessments and develop mitigation strategies; (vii) coordinate both local and international technical, financial and human resources support efforts with development partners and key stakeholders; and (viii) formulate, enforce and review of processes and requirements which require entry into Kenya of people travelling from COVID-19 affected countries, among others.

19. **The National COVID-19 Task Force will provide technical guidance throughout implementation.** The taskforce draws membership from the MoH, other relevant Government agencies, development partners, non-governmental and civil society organizations. The mandate of the taskforce is to review the evolving threat from the COVID-19 outbreak and regularly offer technical advice to the MoH and other line ministries on appropriate measures. The taskforce has 6 sub-committees responsible for: resource mobilization; public health emergency operations center; media, communications and call center; case management and capacity building for health workers; laboratories of samples handling and testing; and facility preparedness.

20. **Project management will be the responsibility of a project management team (PMT) established specifically for this project.** The PMT of the ongoing THS-UCP will require additional capacity to coordinated both the ongoing and the new project. Thus, the MoH will be required to (a) set up a dedicated PMT, designate staff with appropriate skill sets and recruit on exceptional basis to fill skills gaps; (c) build staff capacity; and (d) make resources available to conduct day-to-day functions. Already the MoH have designated key people with technical expertise in health security to be part of the PMT. Staff for cross-cutting functions (for example, procurement officers⁶, project accountants, safeguards officers, M&E) will be shared between the THS-UCP and the Project, with additional staff with the appropriate skills set being designated as necessary. The MoH plans to release those staff assigned to the PMT of any other duties and responsibilities so that they can fully dedicate themselves to project management. The PMT will be responsible for coordinating and managing the timely and effective implementation of the Project. It will have a dedicated project manager with overall responsibility for the effective functioning of the Project. The PMT will prepare quarterly financial and technical reports and submit these to the Bank within the stipulated timelines. They will work closely with the PMT for the THS-UCP.

CONTACT POINT

World Bank

⁶ Additional staff with expertise in accounting, procurement, environment, public works and social safeguards will be required.



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