MINISTRY OF HEALTH

Building Resilient and Responsive Health Systems (BREHS) (P179698)

Environmental and Social Management Framework (ESMF)

November 2023

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ABBREVIATIONS/ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante Natal Care
AWPs	Annual Work Plans
BAT	Best Available Technologies
CDE	County Director of Environment
COG	Council of Governors
CoK	Constitution of Kenya
COVID19	Coronavirus Disease 2019
CPHO	County Public Health Officer
CPR	Comprehensive Project Report
CRPD	United Nations Convention on the Rights of Persons with Disabilities
CRVA	Climate Risk and Vulnerability Assessment
CS	Cabinet Secretary
DHA	Digital Health Act
DOSHS	Directorate of Occupational Safety and Health Services
DRS	Department of Refugee Services
E&S	Environmental and Social
ECCIF	Emergency, Chronic and Critical Illness Fund
EHS	Environmental, Health and Safety
EHSGs	Environmental, Health and Safety Guidelines
ELC	Environment and Land Court
EMCA	Environmental Management and coordination Act
ERP	Emergency Response Plan
ESC	Economic, Social, and Cultural
ESF	Environmental and Social Framework
ESHS	Environmental, Social, Health and Safety
ESIA	Environmental and Social Impact Assessment
ESIRT	Environment and Social Incident Response Toolkit
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESSs	Environmental and Social Standards
FBOs	Faith Based Organizations

FIFA	Facility Improvement Financing Act
FPIC	Free, Prior and Informed Consent
GBV	Gender Based Violence
GIIP	Good International Industry Practice
GoK	Government of Kenya
GRM	Grievance Redress Mechanism
HCF	Health Care Facility
HCW	Healthcare Waste
HIV	Human Immunodeficiency Virus
HPT	Health Products and Technologies
HUTLCS	Historically underserved traditional local communities
HWMS	Healthcare Waste Management System
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICT	Information and Communication Technology
IHR	International Health Regulations
ILO	International Labour Organization
KEMSA	Kenya Medical Supplies Authority
L&FS	Life and Fire Safety
LMP	Labour Management Procedures
MOC	Management of Change
MoH	Ministry of Health
MPDSR	Maternal and Perinatal Death Surveillance and Response
MWMP	Medical Waste Management Plan
NACOSH	National Council for Occupational Safety and Health
NCA	National Construction Authority
NCDs	Non-Communicable Diseases
NCDs	non-communicable diseases
NEMA	National Environment Management Authority
NEP	National Environment Policy
NGAOs	National Government Administration Officers
NGEC	National Gender Equality Commission
NGOs	Non-Governmental Organizations
NHIF	National Hospital Insurance Fund

OAU	Organization of African Unity
OESRC	Operations Environmental and Social Review Committee
OSH	Occupational Safety and Health
PDO	Project Development Objective
PHF	Primary Healthcare Fund
PMT	Project Management Team
POPs	Persistent Organic Pollutants
PPE	Personal Protective Equipment
PSC	Project Steering Committee
PSSR	Conduct a Pre-safety Startup Review
PWDs	People with Disabilities
QMS	Quality Management System
RoD	Records of Decision
SEA/SH	Sexual Exploitation and Abuse/Sexual Harassment
SEP	Stakeholder Engagement Plan
SESA	Environmental and Social Analysis
SHIA	Social Health Insurance Authority
SHIF	Social Health Insurance Fund
SPR	Summary Project Reports
STDs	Sexually Transmitted Diseases
TA	Technical Assistance
THS UC	Transforming Health Systems for Universal Care
UHC	Universal Health Coverage
UNHCR	United Nations High Commissioner for Refugees
VMGs	Vulnerable and Marginalized Groups
VOC	Volatile organic Compounds
WBG	World Bank Group
WHO	World Health Organization

EXECUTIVE SUMMARY

The Government of Kenya (GOK) through the Ministry of Health (MOH) is preparing to implement Building Resilient and Responsive Health Systems (BREHS) (P179698) [herein the Project]. BREHS Project aims to improve: (i) utilization of quality primary health care services; and (ii) effectiveness of planning, financing and procurement of health products and technologies (HPTs).

BREHS Project includes the following components and sub-components:

i. Component 1: Strengthening institutional capacity to enhance efficiency in service delivery for universal health coverage (UHC);
    - Sub-component 1.1: Institutional and operational reforms to enhance efficiency and transparency of KEMSA;
    - Sub-component 1.2: Health financing and quality of care reforms; and
    - Sub-component 1.3: Improve availability of quality data for decision making;

ii. Component 2: Improving utilization of quality health services at primary care level
    - Sub-component 2.1: Improving availability of essential HPTs and delivery of key Reproductive maternal, newborn, child and adolescent health (RMNCAH) and non-communicable diseases (NCDs) interventions at the primary care level;
    - Sub-component 2.2: Improve delivery of quality health services in selected counties;
    - Sub-component 2.3: Improving access to and utilization of quality health services in refugee and host communities.

iii. Component 3: Project management and evaluation.

The BREHS Project's environmental and social risk is rated Moderate based on the World Bank Environmental and Social Framework (ESF). Projects and programs prepared and managed by World Bank's Investment Project Financing (IPF) support need to comply with the Environmental and Social Standards (ESSs) of the World Bank's ESF. Therefore, this Project is required to satisfy the World Bank's ESF in addition to conformity with environmental and social legislation of the Government of Kenya (Gok).

Since BREHS Project consists of a series of subprojects, and the risks and impacts cannot be determined until the subproject details have been identified, this Environmental and Social Management Framework (ESMF) has been developed and sets out the principles, rules, guidelines, and procedures to assess the environmental and social (E&S) risks and impacts. Specifically, the ESMF provides: (i) details on the institutional roles and responsibilities for environmental and social management; (ii) detailed procedures for environmental and social assessment of subprojects; (iii) strategy and plan for capacity building of key stakeholders; (iv) plan for monitoring the implementation of environmental and social safeguards; and (v) strategy for public consultation.

The E&S risks and impacts related to the Project and their rating are summarized in Table *0-1***Error! Reference source not found.** below.

The E&S risks and impacts rating, however, is preliminary since final subproject designs and locations are currently unknown, and final environmental and social impact and risk identification will be determined as part of the subproject E&S assessment process as defined in this ESMF.

Table 0-1 Anticipated E&S Risks and Impacts and their Rating

Component	Activity	Potential Risks and Impacts	Risk Rating (red = major; orange = moderate; yellow = minor; no color = negligible)
Component 1: Strengthening institutional capacity to enhance efficiency in service delivery for UHC. ***Sub-component 1.1: Institutional and operational reforms to enhance efficiency and transparency of KEMSA.***	Procurement and distribution of HPTs for primary care services (levels 1-3) in all 47 counties during the life of the project.	**Environmental Risk:** Generation of HCW related to procurement and distribution of HPTs (ESS3)	
		Social Risks: SEA/SH for project workers during operational phase due power dynamics between higher cadre staff and those at the lower cadres. (ESS2)	
		Occupational health and safety from operating and machinery and equipment, working in confined spaces, poorly lit warehouses, traffic accidents, etc. (ESS2)	
	Automate the procurement processes, through rolling out a new ERP system with extended supply chain modules to ensure end-to-end visibility.	**Social Risk:** Cybersecurity risks from potential hacking of KEMSA's ERP system.	
		SEA/SH for project workers during training (ESS2).	
		Exclusion of vulnerable groups e.g., women, youth, PWDs, lowly educated, etc. in project activities. (ESS2).	
	Development and implementation of an accountability dashboard to strengthen governance and accountability.	**Social Risks:** SEA/SH for project workers during operational phase due power dynamics between higher cadre staff and those at the lower cadres (ESS2).	
		Occupational health and safety due to workplace safety (ESS2).	
Sub-component 1.2: Health financing and	Development of regulations, design of business processes and claims processing among others, to	***Social Risks:*** Lack of understanding of risks and impacts of subprojects (ESS1). E&S risks and impacts of	

Component	Activity	Potential Risks and Impacts	Risk Rating (red = major; orange = moderate; yellow = minor; no color = negligible)
quality of care reforms	Transition from the NHIF to the SHA.	policies may not be considered during development.	
		Exclusion of vulnerable groups in project activities and consultations due to poor communication and inaccessible meetings (ESS10)	
		Inadequate stakeholder engagement due to bias towards some counties and stakeholder groups (ESS10)	
		Downstream social risks emanating from TA (ESS1) e.g., exclusion of VMGs, etc.	
	Establishment/strengthening of regulatory bodies and support counties towards operationalization of the Kenya Quality Model for Health (KQMH).	***Social Risks:*** Exclusion of vulnerable groups in project activities and consultations due to poor communication and inaccessible meetings (ESS10)	
		Inadequate stakeholder engagement due to bias towards some counties (ESS10)	
Sub-component 1.3: Improve availability of quality data for decision making	Conducting relevant cross-sectional surveys including, but not limited to, the WHO STEP-wise approach to NCD risk factor surveillance (STEPS) survey, and the Household Health Expenditure and Utilization Survey.	**Social Risks:** SEA/SH for project workers and project-affected persons during surveys due to power dynamics between project staff and community members (ESS2 and ESS4)	
		Occupational health and safety e.g., enumerators may be exposed to the vagaries of weather, and no health breaks, etc. (ESS2)	
		Exclusion of vulnerable groups e.g., women, youth, PWDs, etc. in surveys. (ESS4)	
		SEA/SH for project workers during operational phase due to power dynamics between	

Component	Activity	Potential Risks and Impacts	Risk Rating (red = major; orange = moderate; yellow = minor; no color = negligible)
		project staff and community members (ESS2 and ESS4)	
Component 2: Improving utilization of quality health services at primary care level ***Sub-component 2.1: Improving availability of essential HPTs and delivery of key quality services at the primary care level***	Procurement and distribution of selected HPTs to primary care facilities.	**Environmental Risks:** Generation of HCW due to procurement and distribution of HPTs (ESS3)	
		Air emissions during transportation of HPTs to different counties (ESS3 and ESS4)	
		Noise and vibration from warehouse machinery and equipment, and HPTs transporting trucks (ESS2)	
		Social Risks: Occupational safety and health from operating and machinery and equipment, working in confined spaces, poorly lit warehouses, traffic accidents, etc. (ESS2)	
		SEA/SH for project workers and project affected persons due power dynamics between higher cadre staff and those at the lower cadres and community members (ESS2 and ESS4)	
		Unequal distribution of HPTs due to bias towards some counties and facilities (ESS4)	
		Traffic safety impacts during transportation of HPTs. (ESS4)	
		Resource inefficiency due procurement of substandard HPTs (ESS4).	
		Poor logistic management due to transporters operational failures (ESS4)	
		Lack of access to grievance redress mechanism (ESS10)	

Component	Activity	Potential Risks and Impacts	Risk Rating (red = major; orange = moderate; yellow = minor; no color = negligible)
	Implement key quality of care related interventions delivered at the primary care level.	***Social Risks:*** Exclusion of vulnerable groups e.g., women, youth, PWDs, etc. in surveys. (ESS4)	
Sub-component 2.2: Improve delivery of quality health services in selected counties	• Revision, where needed, and roll out of standardized patient-level data collection tools at facility level. • Reporting of Quality of Care (QoC) by county monitoring and evaluation (M&E) units. • Development and implementation of facility level QoC improvement plans. • Development and implementation of sub-county and county-level QoC improvement plans. • Peer-to-peer learning across the selected counties and with other high-performing counties.	***Social Risk:*** Poor stakeholder engagement and grievance redress mechanism processes (ESS10).	
		Exclusion of vulnerable groups e.g., women, youth, PWDs, etc. in surveys. (ESS4)	
Sub-component 2.3: Improving access to and utilization of quality health services in refugee and host communities	Improving availability of essential HPTs for services at levels 1- 4 (level 4 is the sub-county hospital) and diagnostic and medical equipment.	**Environmental Risks:** Generation of HCW due to utilization of HPTs (ESS3)	
		Air emissions from transportation of HPTs (ESS3 and ESS4)	
		Noise and vibration during transportation of HPTs (ESS2)	
		Social Risks: Occupational safety and health due to poor working conditions of truck drivers and warehouse staff (ESS2).	
		SEA/SH for project workers and project affected persons from interactions during project implementation (ESS2 and ESS4)	
		Traffic safety impacts during transportation of HPTs (ESS4)	

Component	Activity	Potential Risks and Impacts	Risk Rating (red = major; orange = moderate; yellow = minor; no color = negligible)
		Poor logistic management due to transporters operational failures (ESS4)	
		Lack of access to grievance redress mechanism due to poor communication and stakeholder engagement (ESS10)	
	Training of community enrolled health nurses.	***Social Risks:*** SEA/SH for project workers and project affected persons (ESS2 and ESS4)	
		Exclusion of vulnerable groups e.g., women, youth, PWDs, etc. in surveys. (ESS4)	
	Recruitment of health workers.	***Social Risks:*** SEA/SH for project workers and project affected persons (ESS2 and ESS4)	
		Exclusion of vulnerable groups e.g., women, youth, PWDs, etc. in surveys. (ESS4)	
	climate resilient and energy-efficient rehabilitation of health facilities; and support towards management of the transition process of health facilities and health workers to County Governments.	***Environmental Risks:*** Soil, water and air pollution (ESS3), OHS risks (ESS2) from health care facility rehabilitation works.	
		Generation of hazardous and non-hazardous waste including e-waste from health care facility rehabilitation civil works and operations. (ESS3 and ESS6)	
		Social Risks: Labor and working conditions including occupational, health and safety from health care facility rehabilitation civil works. (ESS2)	

In addition to this ESMF and to assist in the mitigation of E&S risks and impacts and to comply with the World Bank's Environmental and Social Framework (ESF) and GOK legal requirements, the MOH has also prepared an Environmental and Social Commitment Plan (ESCP),Labour Management Procedures (LMP), a Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) Action Plan (A*nnex H*), a Vulnerable Groups Planning Framework (VGPF), and a Stakeholder Engagement Plan (SEP). Moreover, E&S risks and impacts will be managed through the mitigation hierarchy approaches (avoid, minimize, mitigate and compensate) included in this ESMF and subsequently in all sites-specific E&S management plans (ESMPs), during the implementation stage once the detailed characteristics of subproject sites are confirmed. No irreversible adverse E&S risks and impacts are foreseen since most of them are small in scale, localized, mostly site specific and easily manageable through these proposed mitigation measures.

This ESMF sets forth the basic principles and prerogatives the Project will be complying with during implementation once the physical footprints are known, including site-specific E&S screening, the preparation of site-specific instruments. All E&S instruments will be the subject of consultation with the beneficiaries and institutional stakeholders. All E&S instruments will be publicly disclosed both in-country and on the Project websites prior to the physical start of project or activity implementation.

The BREHS Project will be implemented through the MOH, Kenya Medical Supplies Authority (KEMSA), National Hospital Insurance Fund (NHIF) and all 47 county governments. MOH will establish and maintain a PMT to oversee day-to-day operations of the Project.

A fully functional Grievance Redress Mechanism (GRM) will be established to resolve concerns effectively and timely. The GRM will have five levels viz: (i) Health care facility level; (ii) County and other Implementing entity (NHIF, KEMSA, UNHCR) level; (iii) PMT level; (iv) Mediation level [where the Council of Governors (COG), Project Steering Committee (PSC), Cabinet Secretary (CS) may be called on ad hoc basis to mediate]; and (v) legal redress system (courts) level. The GRM system will be publicized including uptake channels for access to aggrieved persons seeking redressal.

The total estimated costs for mainstreaming E&S into BREHS Project's Component 1, 2 & 3 for the span of five years is US$ 640,000.00. The budget covers ESMF training, implementation, monitoring, carrying out due diligence and annual external E&S performance audits, procurement of consultants to provide ESMP preparation services, etc. The budget will be funded from BREHS Project. Costs related to the required mitigation measures for Component 1, 2 & 3 subprojects are not set out in the budgets presented here. These will be assessed and internalized by beneficiary institutions as part of the overall subproject cost.

1 INTRODUCTION

1.1 Background

1.1.1 Economic Performance Amid COVID-19 Pandemic

The Kenya economy has continued to recover from the impacts of the COVID-19 pandemic, but the growth has slowed down in the last year. Real gross domestic product (GDP) increased by 4.8 percent in 2022, a decrease from 7.5 percent annual growth in 2021, largely due to the weather shocks experienced in the last two years, domestic macroeconomic policies and challenging global conditions.[1] The economy is expected to grow by 5.0 percent in 2023 and 5.2 percent on average in 2024-2025, rates higher than the pre-pandemic average of 5.0 percent in 2010-2019. While growth prospects remain optimistic, the economy remains vulnerable to shocks such as drought, rising inflation and food insecurity.

1.1.2 Gender Inequalities

Gender inequalities persist across multiple domains of life, with lower women's participation in higher and technical education, access to finance, and engagement in professional, decision-making positions compared to men.[2] Similarly, despite improvements in gender equity in health and access to maternal and child health services, challenges remain for women in areas such as HIV prevalence, teenage fertility and gender-based violence.[3,4] Men face different health risks with higher levels of tobacco use and have higher age-standardized mortality than women for non-communicable diseases (NCDs) and injuries.

1.1.3 Current Health Status

The health status of Kenyans has improved in the last five years, but significant geographic and socioeconomic inequities remain. The life expectancy of Kenyans has improved from 63 years in 2013 to 67 years in 2020[5]. Under-five and infant mortalities dropped from 52 and 39 deaths per 1,000 live births in 2014 to 41 and 32 in 2022, respectively partly due to improved coverage of primary healthcare services and significant progress in the HIV/AIDS response[6]. However, challenges remain around neonatal mortality, which is high at 21 deaths per 1,000 live births in 2022: a marginal decline from 22 per 1,000 live births in 2014. Similarly maternal mortality remains high at 342 maternal deaths per 100,000 live births[7], and teenage pregnancy declined only slightly from 18.0 percent in 2014 to 15.0 percent in 2022. While the country has recorded improvements in childhood nutrition, 18.0 percent of children aged below 5 years are stunted, a decline from 26.0 percent in 2014. While coverage and utilization of health care services, especially for maternal and child health have improved significantly, geographic, and socioeconomic inequities remain. Although 89.3 percent of pregnant women deliver under the care of a skilled health worker, five counties reported skilled delivery below 66.0 percent (Turkana-53.0 percent; Mandera-55.0 percent; Wajir-57.0 percent; Samburu-57.0 percent; Tana River-59.0 percent). Wider gaps are reported for utilization of antenatal care, with only 32.1 percent of women in Garissa County attending at least 4 antenatal care visits, compared to 82.2 percent in Nyeri County. Only 53.9 percent of women from the lowest wealth

[1] Kenya Economic Update, June 2023

[2] Kenya Bureau of Statistics. Women and Men in Kenya: Facts and Figures 2022. https://www.knbs.or.ke/download/2022

[3] Kenya Demographic Health Survey, 2022. Key Indicators Report

[4] https://evaw-global-database.unwomen.org/en/countries/africa/kenya#1

[5] World Bank Estimates: *https://data.worldbank.org/indicator/SP.DYN.LE00.IN?locations=KE*

[6] Kenya Demographic Health Survey, 2022. Key Indicators Report

[7] Ministry of Health Kenya (2020) Kenya Progress Report on Health and Health-Related SDGs. https://www.health.go.ke/wp-content/uploads/2022/05/6.SDG-Progress-Report_Optimised-1.pdf

quintile attended at least 4 antenatal care visits compared to 82.0 percent of women from the highest wealth quintile.

1.1.3.1 Kenya's Health Care System

Kenya has created an extensive network of health care facilities ranging from the National hospitals to community levels providing integrated curative care, preventive and promotive health care, rehabilitative care, and supportive activities to almost 90% of the population. At the National and County Referral Hospitals, where specialized health services are rendered, production of highly infectious and special wastes is usually at higher level. Other health services ranging from Sub County hospitals, Faith Based Organizations (FBOs), Non-Governmental Organizations (NGOs) and Private Institutions also play a major role in the sustainability of the Kenya health sector. All these produce huge quantities of waste.

i. **Primary care services –** This is the first physical level of the health care system. Primary care provides the bulk of health care services and forms the **first level** contact with the community. Primary care service units are either health centres, or dispensaries (mobile clinics in areas where population density is very low, and/or mobile). The health sector aspires to upgrade all dispensaries into full primary care units ensuring every facility can at least carry out a normal skilled delivery.
    - **A level 2 facility** should exist for every 10,000 persons on average, translating to an average of 30 dispensary OPD visits per day for any services, if everyone in the catchment area is to visit a health facility at least once a year for any form of services (curative, preventive, or health promotion services). Such dispensary units are physical facilities, but in areas where populations are mobile and sparse – such as in arid or semi-arid areas, mobile facilities would replace dispensaries as much as is rationally possible.
    - **A level 3 facility** should exist for every 30,000 persons, allowing for at least 4 skilled deliveries per day – a workload that is fair on the system and staff.

ii. **Primary referral services –** The primary referral hospitals (**level 4 health facilities**), services complement the primary care level facilities to allow for a more comprehensive package close to the communities at the county level. These facilities provide both referral and outpatient services in addition to the requisite technical support and responsibility to the health care facilities at the periphery.

iii. **Secondary referral services** – Secondary / second level hospitals (**level 5 health facilities**) provide a more comprehensive set of services, together with internship services for medical staff, research and serve as training centers for paramedical staff.

iv. **Tertiary referral services** – The tertiary level hospitals (**level 6 health facilities**) are facilities whose services are highly specialized and complete the set of care available to persons in Kenya. Services available at this level include training for specialists, biomedical research, and serve as internship / apprenticeship center's for specialists.

v. **Private health facilities** – Kenya's strategy of pluralism in health care provision has facilitated the growth of diverse non-governmental health sector which is well developed. An elaborate network of non-governmental or private health providers (for and not for profit) supplements the public health systems. The private sector health services are mainly concentrated in the urban areas essentially providing curative services.

vi. **Faith based and community-based organizations** – FBOs are coordinated by religious groups which run health services. In particular, the experiences of FBOs and NGOs in working with

communities are an asset for the implementation of health programmes at the household level.

The Project will benefit level 1 to 3 health care facilities in 45 counties[8] and level 1 to 4 in Garissa and Turkana counties.

1.1.4 Refugees and Host Communities Health Challenges

For more than three decades, Kenya has been home to a significant population of refugees and asylum seekers. There are 636,024 refugees and asylum seekers in the country, including in cities such as Nairobi, Mombasa, Nakuru, and Eldoret, but the majority live in two designated refugee camps – with 269,545 in Dadaab Camp in Garissa County and 270,273 in Kakuma Camp and Kalobeyei Settlement in Turkana County.[9] The two camps are under the management of the Government of Kenya's (GoK) Department of Refugee Services (DRS), with support from the United Nations High Commissioner for Refugees (UNHCR) and humanitarian partners who provide operational support and humanitarian assistance, including primary and secondary health and nutrition services. The GoK has demonstrated its commitment to the Global Compact on Refugees by enacting the Refugees Act of 2021, which grants refugees more rights and protections, and by supporting the Socioeconomic Hubs for Integrated Refugee Inclusion in Kenya (Shirika) Plan, which seeks to create integrated settlements where refugees can live, access social services, and work alongside Kenyans.

In Garissa and Turkana counties, refugees and their host communities face barriers to healthcare services. Garissa and Turkana counties record the lowest percentages of women receiving at least 4 antenatal care visits (31.2 percent) in 2022 and deliveries by a skilled provider (52.6 percent) respectively[10]. In the refugee camps, most health services are provided through a parallel system supported by UNHCR and non-governmental organizations. The overcrowded conditions, water supply limitations and hygiene challenges present heightened risks of communicable disease outbreaks such as cholera. Other recent outbreaks in the refugee camps include polio, dengue fever, and chikungunya. Refugees and host communities have also been affected by prolonged drought in the region and the food security of refugees has been further affected by cuts in the general food assistance. From 2020 to July 2022, there has been a steady and significant increase in malnutrition cases across all refugee camps, with children under 5 years being particularly affected by malnutrition and micronutrient deficiencies.[11]

1.1.5 Devolution of Health Service Delivery

The devolution of health service delivery in 2013 has presented mixed results. Decentralization of responsibility for public sector health service delivery to the 47 county governments has been accompanied by a 34.0 percent increase in the number of facilities, a 46.0 percent improvement in public health worker density between 2014 and 2020, and many counties have equipped their health facilities to respond to the evolving health needs. County governments are also exploring approaches to strengthen primary care service delivery through governance and financial management reforms, such as the Facility Improvement Fund. However, county governments have faced significant

[8] Baringo, Bomet, Bungoma, Busia, Elgeyo Marakwet, Embu, Homa Bay, Isiolo, Kajiado, Kakamega, Kericho, Kiambu, Kilifi, Kirinyaga, Kisii, Kisumu, Kitui, Kwale, Laikipia, Lamu, Machakos, Makueni, Mandera,Meru, Migori, Marsabit, Mombasa, Murang'a, Nairobi, Nakuru, Nandi, Narok, Nyamira, Nyandarua, Nyeri, Samburu, Siaya, Taita Taveta, Tana River, Tharaka Nithi, Trans Nzoia, Uasin Gishu, Vihiga, Wajir, West Pokot.

[9] UNHCR (July 2023) https://www.unhcr.org/ke/wp-content/uploads/sites/2/2023/08/Kenya-Statistics-Package-31-July-2023-DIMA.pdf.

[10] Kenya Demographic Health Survey, 2022

[11] UNHCR & WFP, Joint Assessment Mission Kenya-Refugee Operations (2022)

challenges in management of human resources for health, ensuring availability of Health Products and Technologies (HPT), improving quality of care, and facilitating effective governance of health facilities to deliver comprehensive networked primary care [12,13,14,15]. Stockouts of essential medicines persist and access to essential diagnostics remains low with only 17.0 percent of facilities assessed in 2018 as having a full set of basic diagnostic items.[16]

1.1.6 National Hospital Insurance Fund (NHIF) and the Kenya Medical Supplies Authority (KEMSA) Reforms

The Government of Kenya (GOK) initiated various reforms aimed at strengthening capacity of the National Health Insurance Fund (NHIF) and the Kenya Medical Supplies Authority (KEMSA). Both institutions play a critical role in Kenya's universal health coverage (UHC) agenda. NHIF reforms include changes to governance arrangements, re-engineering business processes, modernization, and realignment of the information and communications technology, and re-engineering business processes, modification of provider payment mechanisms and payment systems among others. To fast-track progress towards UHC and transform the health financing architecture, the GoK has recently enacted: the Public Health Care Act (PHCA), 2023; the Digital Health Act (DHA), 2023; the Facility Improvement Financing Act (FIFA), 2023; and the Social Health Insurance Act (SHIA), 2023.

Key challenges in KEMSA relate to: (a) inadequate funding to stock commodities/capital, leading to long turnaround time; (b) suboptimal use of information systems in procurement processes; (c) weak business processes; (d) weak governance; (e) weak human resource realignment; (f) outdated enterprise resource planning (ERP) system; and (g) weak credit control systems among others. Significant progress has been made in implementing reforms to address these challenges, however major gaps remain. The World Bank continues to provide technical support, but operational support is required for KEMSA to function efficiently.

1.1.6.1 Health Insurance

The Kenya healthcare insurance market is projected to grow from $1.42 billion in 2022 to $2.77 billion by 2030, registering a CAGR of 8.7% during the forecast period of 2022 - 2030. As a proportion of its GDP, Kenya's national spending in 2019 was 4.59% or $83 per person. While being low by global standards, healthcare spending Kenya is higher than in some of its neighbours, like Ethiopia and Sudan.[17]

The Kenya healthcare insurance market is a developing industry which is quickly growing to meet the demands of the diverse population of the nation. Over time, the nation has made major improvements to its healthcare system, which has increased the demand for health insurance. Public and private health insurance are both main segments of the Kenyan healthcare insurance market. The National Hospital Insurance Fund (NHIF) is a government-funded agency that provides health insurance to all

[12] Waithaka, D., Kagwanja, N., Nzinga, J. et al. Prolonged health worker strikes in Kenya- perspectives and experiences of frontline health managers and local communities in Kilifi County. Int J Equity Health 19, 23 (2020). https://doi.org/10.1186/s12939-020-1131-y

[13] Nyawira, L., Tsofa, B., Musiega, A. et al. Management of human resources for health: implications for health systems efficiency in Kenya. BMC Health Serv Res 22, 1046 (2022). https://doi.org/10.1186/s12913-022-08432-1

[14] McCollum R, Limato R, Otiso L, et al Health system governance following devolution: comparing experiences of decentralisation in Kenya and IndonesiaBMJ Global Health 2018;3:e000939

[15] Kairu, A., Orangi, S., Mbuthia, B. et al. Examining health facility financing in Kenya in the context of devolution. BMC Health Serv Res 21, 1086 (2021). https://doi.org/10.1186/s12913-021-07123-7

[16] Ministry of Health Kenya Harmonized Health Facility Assessment 2018-19. The diagnostic tests were: HIV, malaria, and syphilis rapid test; urine test for pregnancy; blood glucose; urine dipstick for glucose and protein; and hemoglobin levels

[17] *https://www.insights10.com/report/kenya-healthcare-insurance-market-analysis/*

Kenyan citizens and residents. Some private businesses offer private health insurance, which is typically targeted towards middle-class and upper-class consumers.

NHIF is Kenya's largest health insurance provider which serves over 8 million people. It offers a full range of advantages, such as hospital and outpatient treatment, maternity care, emergency services, and specialty care. The group charges its member's monthly premiums that are dependent on their income and uses the money to subsidize the purchase of services. In Kenya, the number of private health insurance companies has significantly grown in recent years. These businesses provide a wide variety of health insurance plans to meet various requirements and price ranges.

1.2 Project Description

1.2.1 Project Development Objective (PDO)

To improve: (i) utilization of quality primary health care services; and (ii) effectiveness of planning, financing and procurement of health products and technologies (HPTs).

1.2.2 PDO Level Indicators

(a) Percentage of women receiving postnatal care within 48 hours; (b) Percentage of pregnant women attending 4 or more Ante Natal Care (ANC) visits in selected counties; (c) Proportion of maternal deaths at the health facility audited and reported in Kenya Health Information System (KHIS) in selected counties; (d) Percentage stock availability for priority HPTs.

1.2.3 Project Components

The project will comprise three components focusing on both the national and county level, with clear linkages between the two levels of government.

1.2.3.1 Component 1: Strengthening Institutional Capacity for Health Service Delivery towards Achieving UHC (US$50 Million):

Component 1 will focus on (a) strengthening the institutional capacity of KEMSA and availability of HPTs; (b) supporting health financing reforms; and (c) improving availability and use of quality data for decision making.

i. **Sub-component 1.1: Institutional and operational reforms to enhance efficiency and transparency of KEMSA (US$30 million):** This sub-component will support the measures/initiatives to: (a) build up buffer stock in KEMSA to ensure timely availability of HPTs at primary care level, thus increasing the order-fill rate, reducing the order turn-around time, and promoting efficiency. Funds will be earmarked for the procurement and distribution of HPTs for primary care services (levels 1-3) in all 47 counties during the life of the project. Counties will draw down HPTs from a pre-selected list, based on their resource allocation as described in sub-component 2.1. To ensure transparency and accountability in the procurement process, a HPT governance committee incorporating key stakeholders will be established; (b) automate the procurement processes, through rolling out a new ERP system with extended supply chain modules to ensure end-to-end visibility; (c) strengthen governance and accountability, including development and implementation of an accountability dashboard that provides visibility of procurement process and distribution of HPTs to various stakeholders.
ii. **Sub-component 1.2: Health financing and quality of care reforms (US$12 million):** This sub-component will support the recently introduced GoK UHC reforms, more specifically the transition from the NHIF to the social health authority (SHA). Potential areas of support include development of regulations, design of business processes and claims processing among others. Additionally, the project will support the MoH to establish/strengthen

regulatory bodies and support counties towards operationalization of the Kenya Quality Model for Health (KQMH).

iii. **Sub-component 1.3: Improve availability and use of quality data for decision making (US$8 million):** This sub-component will support the MoH to improve generation and use of strategic information for decision making, specifically through conducting relevant cross-sectional surveys including, but not limited to, the WHO STEP-wise approach to NCD risk factor surveillance (STEPS) survey, and the Household Health Expenditure and Utilization Survey.

1.2.3.2 Component 2: Improving Utilization of Quality Health Services at Primary Care Level (US$115 Million)

This component will support delivery of quality services at the primary care level (levels 1-3: community, dispensary, health center) in all 47 counties, with a focus on ensuring availability of selected HPTs. Additional support will include implementation of (a) key primary care level interventions, including NCDs, in all 47 counties; and (b) a selected package of interventions for a subset of 10 counties lagging on key RMNCAH indicators.

i. **Sub-component 2.1: Improving availability of essential HPTs and delivery of key quality services at the primary care level (US$90 million):** This sub-component will support (a) procurement and distribution of selected HPTs to primary care facilities; and (b) implementation of key quality of care related interventions delivered at the primary care level. Counties will receive an annual allocation that is based on the GoK's Equitable Share ratio. The allocation will consist of two parts: (a) drawing rights for selected HPTs; and (b) funds to support implementation of key interventions in their annual work plans (AWPs). All counties will be required to meet eligibility criteria agreed upon with county governments.
    - **Availability of essential HPTs at the primary care level.** Counties will be issued with drawing rights earmarked for levels 1-3. A reliable and steady supply of HPTs will be established through the recapitalization of KEMSA as well as other supply chain reforms described under sub-component 1.1. Support will focus on selected HPTs which have been identified jointly with county governments. HPTs to support NCD screening and treatment will also be included to address the changing burden of disease in Kenya.
    - **Implementation of selected interventions in county AWPs.** Funds will be disbursed to each county to implement key interventions, from a menu of activities, agreed upon with county governments and prioritized into four thematic areas: (a) strengthening community health services; (b) supporting level 2 and 3 facility operations and maintenance and functionality of health facility management committees; (c) supporting drivers of quality improvement described in the menu of options; and (d) strengthening intercounty coordination and learning. Each year, counties will select and implement interventions from the menu of activities as part of their AWPs. This approach gives flexibility to counties to choose relevant activities to implement based on their specific needs.

ii. **Sub-component 2.2: Improve delivery of quality health services in selected counties (US$25 million).** This sub-component will use an equity lens to provide additional targeted support to 10 poor performing counties to implement key evidence-based interventions. The sub-component will close the performance gap by strengthening clinical quality of care (QoC) in these counties with a focus on improving processes of care. Specifically, the sub-component will strengthen the capacity for clinical audits as means to ensuring adherence to standards of care related to RMNCAH and NCD services. More specifically, the sub-component will support: (a) revision, where needed, and roll out of standardized patient-level data collection

tools[18] at facility level. The revision will ensure inclusion of QoC indicators[19]; (b) reporting of QoC by county monitoring and evaluation (M&E) units; (c) support for development and implementation of facility level QoC improvement plans. Anticipated activities include group and one-on-one reflective mentorship, practice simulated teaching, liaison meetings between departments, feedback for referring facilities, and institutionalization of relevant clinical QoC committees such as the Maternal and Perinatal Death Surveillance and Response (MPDSR) committee, (d) support for development and implementation of sub-county and county-level QoC improvement plans. Anticipated activities include peer-to-peer learning across facilities and sub-counties, reflective meetings for management and institutionalization of MPDSR reporting; and (e) peer-to-peer learning across the selected counties and with other high-performing counties. Recent research has highlighted innovative approaches with potential to rapidly improve maternal and child health outcomes. These include (a) devices and approaches to enhance active management of post-partum hemorrhage[20]; (b) the use of multiple micronutrient supplements during pregnancy[21]; and (c) the use of group antenatal care approaches[22]. The MoH is currently reviewing these findings with a view to scaling up implementation of these approaches nationwide. The sub-component will therefore also invest in: (a) updating of relevant clinical guidelines; (b) dissemination of guidelines through printing and distribution of relevant documents and job aides; (c) support for hands on skills development through purchase of relevant training materials and training of sub-county- and facility-level focal points. Any essential medicines or commodities required for the scale up will be funded through sub-component 2.1.

iii. **Sub-component 2.3: Improving access to and utilization of quality health services in refugee and host communities (US$40 million).** The sub-component aims to address the barriers to accessing and utilizing quality services in refugee camps and their host communities in Garissa and Turkana counties. More specifically, the sub-component will support: (a) strengthening community health services; (b) improving availability of essential HPTs for services at levels 1-4 (level 4 is the sub-county hospital); (c) improving the availability of diagnostic and medical equipment; (d) training of community enrolled health nurses; (e) recruitment of health workers; (f) strengthening referral systems; (f) climate resilient and energy-efficient rehabilitation of health facilities and support towards management of the transition process of health facilities and health workers to County Governments. Both counties will develop AWPs focusing on the identified areas of support.

1.2.3.3 Component 3: Project management and evaluation (M&E) (US$10 million)

This component will support project management activities at national and county level. Key areas of support will include (a) operational costs and logistical services for day-to-day management of the project; (b) project monitoring and evaluation activities; (c) environmental and social safeguards related activities; (d) stakeholder engagement; (e) fiduciary management; (f) contracting of staff on a need basis; and (g) technical assistance and county peer-to-peer learning among others.

[18] Examples are the MoH Pediatric Admission Record and the Neonatal Unit Admission Record

[19] Examples for pediatric health are prescribing/providing children diagnosed with pneumonia with amoxicillin dispersible tablets as first line treatment; ensuring all women receive routine urine, hemoglobin, and blood sugar tests as part of antenatal care; and counselling on family planning as part of immediate post-partum care.

[20] Gallos I et al. Randomized Trial of Early Detection and Treatment of Postpartum Hemorrhage. N Engl J Med. 2023 Jul 6;389(1):11-21. doi: 10.1056/NEJMoa2303966. Epub 2023 May 9. PMID: 37158447.

[21] WHO antenatal care recommendations for a positive pregnancy experience. Nutritional interventions update: Multiple micronutrient supplements during pregnancy. Geneva: World Health Organization; 2020. License: CC BY-NC-SA 3.0 IGO.

[22] Grenier L, et al. (2019) Impact of group antenatal care (G-ANC) versus individual antenatal care (ANC) on quality of care, ANC attendance and facility-based delivery: A pragmatic cluster-randomized controlled trial in Kenya and Nigeria. PLOS ONE 14(10): e0222177. https://doi.org/10.1371/journal.pone.0222177

1.2.4 Project Beneficiaries

The project will benefit all Kenyans and refugees in Garissa and Turkana counties; however, the main beneficiaries are women and children from the poorest population who tend to utilize primary care services more. The project will provide support to all 47 counties to address key priority areas that impact on PHC and focus on addressing inequities in counties that have poor RMNCAH service coverage and outcomes.

1.3 Environmental and Social Management Framework (ESMF) Purpose & Justification

Projects and programs prepared and managed by World Bank's Investment Project Financing (IPF) support need to comply with the Environmental and Social Standards (ESSs) of the World Bank's Environmental and Social Framework (ESF). Therefore, BREHS (P179698) is required to satisfy the World Bank's ESF in addition to conformity with environmental and social legislation of the Government of Kenya (GOK).

Since BREHS project consists of a series of subprojects, and the risks and impacts cannot be determined until the subproject details have been identified. This ESMF sets out the principles, rules, guidelines and procedures to assess the environmental and social (E&S) risks and impacts. Specifically, the ESMF provides: (i) details on the institutional roles and responsibilities for environmental and social management; (ii) detailed procedures for environmental and social assessment of subprojects; (iii) strategy and plan for capacity building of key stakeholders; (iv) plan for monitoring the implementation of environmental and social safeguards; and (v) strategy for public consultation.

1.4 ESMF Approach and Methodology

The methodology used to develop this ESMF was based on literature review and stakeholder consultations.

1.4.1 Desk/Literature Review

The relevant literature reviewed included the following:

i. ESMF of similar projects in the region financed by the WB e.g., Kenya Health Emergency Preparedness, Response and Resilience Project and Transforming Health Systems for Universal Care Project (THS-UCP);
ii. GOK policies, laws, procedures, regulatory and administrative frameworks to determine the relevant legal requirements for the project;
iii. WB ESF, ESSs and EHSGs to determine their applicability to the project; and
iv. Existing documents related to the project such as the Concept Stage ESRS and the Project Appraisal Document (PAD).

1.4.2 Consultations with Key Stakeholders

Initial consultations have already been held with stakeholders during preparation of the safeguard instruments. The following consultations were conducted: (i) consultation meeting with Vulnerable and Marginalized Groups (VMGs) communities' leaders on November 8 2023; (ii) meeting with social protection department (ministry of Labour on October 30 2026; (iii) meeting with the VMGs focal points from 20 counties on October 27 2023; and (iv) consultation meeting with the environment and social focal persons from 33 county governments on October 26 2023. The objective was to create awareness on the project and its objectives among the public and gather comments, suggestions and concerns, important lessons from previous projects (THS-UCP) of the interested and affected parties for consideration in design and preparation of safeguards/risk management instruments. Nevertheless, more consultations are expected throughout the project implementation. Outcomes

from these meetings are presented briefly in *Section 5.1.3.2* while detailed minutes and list of participant is found in *Annex C*. Moreover, a stakeholder engagement plan (SEP), a separate document, has been prepared to guide the engagement process and activities throughout project implementation.

2 ENVIRONMENTAL AND SOCIAL MANAGEMENT REQUIREMENTS

This section outlines the existing national and international environmental and social legislation, policies, and institutions applicable to the Project that will guide its implementation, which is subject to this ESMF. This includes a summary of the World Bank Group's (WBG) ESF, ESSs, and Environmental, Health and Safety Guidelines (EHSGs). As Kenya is a signatory to various international conventions and laws, relevant international conventions are also presented. Moreover, this section assesses MOH's capacity to comply with environmental and social requirements, and gaps between national ESIA requirements and the ESSs and EHSGs.

2.1 Policy Framework

2.1.1 Constitution of Kenya

Kenya has undergone regulatory reforms over the past two decades, culminating in the enactment of a new constitution in 2010. The Constitution of Kenya (CoK) is the supreme law and gives a lot of emphasis on environmental conservation and sustainable development. For instance, in the Preamble, the Constitution states that "We, the people of Kenya will be respectful of the environment, which is our heritage, determined to sustain it for the benefit of future generations".

Article 2(5) of the Constitution states that the general rules of international law shall form part of the laws of Kenya. For the purposes of protection of the environment, several principles of international environmental law are incorporated, viz:

i. the polluter pays principle.
ii. principle of public participation.
iii. principle of sustainability.
iv. principle of inter & intra-generational equity.
v. principle of prevention.
vi. precautionary principle.

The principle of sustainable development is entrenched in Article 102(d) of the Constitution as one of the national values and principles of governance.

The Constitution guarantees the right to a clean and healthy environment in Article 42. Article 42 further guarantees the right to have the environment protected for the benefit of present and future generations through legislative and other measures particularly those contemplated in article 69 and the right to have obligations relating to the environment fulfilled under Article 70.

Article 43 (1) provides that every person has the right to the highest attainable standard of health, which includes the right to healthcare services, including reproductive healthcare, accessible and adequate housing, and to reasonable standards of sanitation and to clean and safe water in adequate quantities.

Article (69) (2) imposes obligations on every person, to cooperate with state organs and other persons to protect and conserve the environment and ensure ecologically sustainable development and use of natural resources.

Article 70 provides an avenue for redress for any person who alleges that the right to a clean and healthy environment has been or is likely to be denied, violated, infringed, or threatened. The Environment and Land Court (ELC) is empowered to issue preventive, cessation, or compensatory orders.

Article 70 relaxes the rule on locus standi because of which, there is no need to prove loss or injury by an applicant. Anyone may institute a claim seeking to enforce the environmental rights and obligations stipulated in the Constitution.

Enforcement contemplated by Article 70 will be done through the Environment and Land Court established under Article 162 (2) (b). The Court has the same status as the High Court. This effectively denies High Court jurisdiction over environmental matters under Article 165 (5) (b).

Article 43 guarantees all Kenyans their economic, social, and cultural (ESC) rights. It asserts the "right for every person...to social security and binds the State to provide appropriate social security to persons who are unable to support themselves and their dependents." This right is closely linked to other social protection rights, including the right to healthcare, human dignity, reasonable working conditions, and access to justice. Article 21 establishes the progressive realization of social and economic rights and obligates the State to "observe, respect, protect, promote, and fulfil the rights and fundamental freedoms in the Bill of Rights."

Chapter 4, Part III, Application of Rights (Clause 54) provides that a person with any disability is entitled; (a) to be treated with dignity and respect and to be addressed and referred to in a manner that is not demeaning; (b) to access educational institutions and facilities for persons with disabilities that are integrated into society to the extent compatible with the interests of the person; (c) to reasonable access to all places, public transport and information; (d) to use Sign language, Braille or other appropriate means of communication; and (e) to access materials and devices to overcome constraint arising from the person's disability.

Articles 10 and 232 provide for public institutions to mainstream national values and principles of governance into their business processes and other promotional Strategies, including treating everyone equally irrespective of their gender, religion, social status, tribe, or race; institutionalization of affirmative action programs to address the needs of VMGs and working towards removing barriers which impede their progress and participation in public service.

The Project shall be undertaken within the provisions of the CoK. MOH shall ensure project activities do not compromise the right to a clean and healthy environment and promote equitable sharing of accruing benefits by beneficiaries, including VMGs/IPs. The rehabilitation of facilities will ensure universal access and gender sensitive adaptations such as provision of rumps, gender inclusive and disability friendly sanitation facilities and, baby changing and feeding rooms, for access to all persons including the elderly, women, children, and persons living with disabilities (PWDs). Requisite measures shall be put in place to guarantee the sustainability of the Project. Such measures shall include but not limited to pollution prevention and control, and sustainable utilization of natural resources.

2.1.2 National Environment Policy (NEP), 2014

The overall goal of this Paper is to ensure better quality of life for present and future generations through sustainable management and use of the environment and natural resources.

Section 5.6 of this Policy focusses on infrastructure development and environment and makes explicit policy statements to ensure sustainable management and use of the environment and natural resources during the construction and operation of infrastructure developments including roads.

These policy statements require the commitment of the Government to:

- Ensure Strategic Environmental Assessment (SEA), Environmental Impact Assessment (EIA), Social Impact Assessment (SIA) and Public Participation in the planning and approval of infrastructural projects.

- Develop and implement an environmentally friendly national infrastructural development strategy and action plan.
- Ensure that periodic Environmental Audits are carried out for all infrastructural projects. Relevance to this Project.

In line with the above policy statements, this ESMF has been prepared to ensure that environmental and social issues are appropriately addressed throughout the Project lifecycle. For example, this ESMF requires all subprojects involving civil works to conduct ESIA.

2.1.3 The National Occupational Safety and Health Policy, 2012

The policy seeks to reduce the number of work-related accidents and diseases, and equitably provide compensation and rehabilitation to those injured at work or who contract occupational diseases.

Provision of Health Products and Technologies (HPTs) such as appropriate and adequate Personal Protective Equipment (PPE) is one of the main goals of the Project. PPEs largely ensure safety of workers.

2.1.4 National Policy on Patient Safety, Health Worker Safety and Quality of Care 2022-2027

This policy provides a comprehensive framework through which the healthcare system will be transformed to deliver high quality & safer patient and family centered services. The policy also provides for health workers safety, wellness, and capacity building in compassionate care, adhering to clinical and evidence-based practices promoting social medicine and community practice.

Patient safety, health workers safety and quality of care are integral components of healthcare systems. The Project shall contribute to realization of this policy's objectives.

2.1.5 Kenya Health Policy, 2012 – 2030

The Policy aim is to achieve this goal through supporting provision of equitable, affordable, and quality health and related services at the highest attainable standards and minimize exposure to health risk factors to all Kenyans. The Policy calls for the provision and distribution of healthcare services to all people that is commensurate with that of a middle-income country without segregation.

The Project shall contribute to realization of this Policy.

2.1.6 Kenya Universal Health Coverage Policy, 2020 – 2030

This policy framework aims to provide access to quality and affordable healthcare services to all Kenyan citizens by the year 2030. The policy is aligned with the country's broader development goals as outlined in the Kenya Vision 2030. The policy is being implemented through a multi-sectoral approach that involves collaboration with various stakeholders, including the private sector, civil society organizations, and development partners. The policy is expected to have a significant impact on the health and wellbeing of Kenyan citizens, by providing them with access to quality and affordable healthcare services.

Sub-component 1.2: Health financing and quality of care reforms will provide technical assistance for the transition from the National Hospital Insurance Fund (NHIF) to the Social Health Insurance Authority (SHIA).

2.1.7 National Climate Change Framework Policy

This Policy was developed to facilitate a coordinated, coherent, and effective response to the local, national, and global challenges and opportunities presented by climate change. An overarching mainstreaming approach has been adopted to ensure the integration of climate change

considerations into development planning, budgeting, and implementation in all sectors and at all levels of government. This Policy therefore aims to enhance adaptive capacity and build resilience to climate variability and change, while promoting a low carbon development pathway.

MOH shall ensure low carbon technologies are utilized during the project implementation. It is advised that the proponent require climate risk and vulnerability assessment (CRVA) as part of the subproject ESIA/ESMP preparation process.

2.1.8 National Policy on Gender and Development, 2019

The National Policy on Gender and Development seeks to create a just, fair and transformed society free from gender-based discrimination in all spheres of life practices. The National Policy highlights the fact that the patriarchal social order supported by statutory, religious, and customary laws and practices; and the administrative and procedural mechanisms for accessing rights have continued to hamper the goal of attaining gender equality and women's empowerment.

The Policy seeks to facilitate affordable, accessible, acceptable, and quality healthcare services including reproductive healthcare, emergency services, family planning, HIV and AIDS service for women, men, and girls.

2.1.9 Relevant Health Strategies

2.1.9.1 Kenya Health Sector Strategic Plan, 2018-2023

This strategy plan aims to provide a framework for investing in primary health care (PHC), following the Astana Declaration[23] on Primary Health Care.

The project contributes to realization of this Plan through provision of technical assistance for the transition from the National Hospital Insurance Fund (NHIF) to the Social Health Insurance Authority (SHIA).

2.1.9.2 Kenya Health Financing Strategy, 2020-2030

The goal of Kenya Health Financing Strategy (KHFS) to ensure adequacy, efficiency and fairness in the financing of health services in a manner that guarantees all Kenyans access to essential high-quality health services they require.

Component 2 of the Project aims to improve utilization of quality health services at primary care level.

2.1.9.3 HPTs Supply Chain Strategy, 2020 -2025

This Strategy is pivotal in creation of a functioning health care system that supports the UHC agenda through ensuring effective, safe, and affordable HPTs are available and rationally used. This is because policies, regulations, systems, and practices regarding HPTs have a direct bearing on access to, quality and safety of healthcare services delivered to citizens in need.

Sub-component 1.1 of the Project, inter alia, will build up buffer stock in KEMSA to ensure timely availability of HPTs at primary care level, thus increasing the order-fill rate, reducing the order turn-around time, and promoting efficiency.

2.2 Relevant Legal Frameworks

Table *2-1* provides a summary of all legal frameworks relevant to the Project.

[23] The declaration aims to refocus efforts on primary health care to ensure that everyone everywhere can enjoy the highest possible attainable standard of health.

Table 2-1 Relevant Legal Frameworks

Legal Framework	Description	Relevance to the Project
Environmental Management and Coordination Act, 1999 (Revised 2015)	The Environmental Management and Coordination Act (EMCA), 1999, is the framework law on environmental management and conservation in Kenya. The National Environment Management Authority (NEMA) was established as the principal instrument of government charged with the implementation of all policies relating to the environment, and to exercise general supervision and coordination over all matters relating to the environment. The Act provides for environmental protection through: • Environmental impact assessment. • Environmental audit and monitoring. • Environmental restoration orders, conservation orders, and easements. Part VI under Section 58 of the Act directs that any proponent for any project listed on the Second Schedule of the act undertake and submit to NEMA an Environment Impact Assessment (unless exempted by NEMA), who in turn may issue a license as appropriate.	An ESIA should be carried out for any subprojects that involve civil works. MOH is required to commit to implementing the Environmental and Social Management Plan (ESMP) laid out in the ESIA reports, as well as any other conditions as stipulated by NEMA, prior to being issued with an ESIA license.
The Environmental (Impact Assessment and Audit) Regulations, 2003 [2019]	These regulations outline the procedures and guidelines for carrying out environmental impact assessments and audits. The regulation requires that the EIA/EA be conducted by a registered lead or firm of experts in accordance with the terms of reference developed during the scoping exercise. These regulations have been amended by the Environmental (Impact Assessment and Audit) (Amendment) Regulations, 2019. The amendment list projects into Low, Medium, and High Risk. For the low and medium-risk projects, an environmental impact assessment Summary Project Report (SPR) must be prepared. For the high-risk projects, a Comprehensive Project Report (CPR) is prepared and submitted to NEMA.	Subproject ESIAs shall be prepared in accordance with these regulations (i.e., prepared by NEMA licensed individuals/firms with the consideration for the requisite level of environmental and social management experience dependant on the risk classification). As indicated in section 17 of the regulations, the views of persons who may be affected by the Project will be sought. The Project will also be publicized including its anticipated effects and benefits. All subprojects with ESIA licenses should undergo annual environmental and social audits. The NEMA will be engaged for technical guidance, as needed.

Legal Framework	Description	Relevance to the Project
EMCA (Air Quality) Regulations, 2014	The objective of the regulations is to provide for the prevention, control, and abatement of air pollution to ensure clean and healthy ambient air. The regulations in part 2 sections 5 to 9 prohibit compromise of the ambient air quality levels specified in the first and second schedules of the regulations (Appendix A11). Section 33 of the regulation's state that no person operating construction equipment or handling construction material shall allow emission of particulate matter that exceeds the limits set out in the first schedule. It further states that no person shall cause or allow stock piling or other storage of material in a manner likely to cause ambient air quality levels stipulated under the first schedule to be exceeded.	During the rehabilitation of facilities, contractors will abide with the set standards of the regulations and ensure there is no contribution to air pollution and emissions from internal combustion engines of machinery and/or vehicles do not exceed prescribed standards. Workers shall be provided with appropriate PPE, such as, face masks.
EMCA (Waste Management) Regulations 2006 (Legal Notice 121)	The Regulations provide details on management (handling, storage, transportation, treatment, and disposal) of various waste streams including domestic waste, industrial waste, hazardous and toxic waste, pesticides and toxic substances, biomedical wastes, and radioactive wastes. Regulation No. 4 (1) makes it an offence for any person to dispose of any waste on a public highway, street, road, recreational area or in any public place except in a designated waste receptacle. Regulation 6 requires waste generators to segregate waste by separating hazardous waste from non- hazardous waste for appropriate disposal. Regulation 15 prohibits any industry from discharging or disposing of any untreated waste in any state into the environment. Regulation 17 (1) makes it an offence for any person to engage in any activity likely to generate any hazardous waste without a valid Environmental Impact Assessment license issued by NEMA.	The Project should prepare a medical waste management plan (MWMP) to manage generated waste. This MWMP can be replicated by health care facilities in the Project.
EMCA (Noise and Excessive Vibration Pollution) (Control) Regulations, 2009	These Regulations were published as legal Notice No. 61 being a subsidiary legislation to the Environmental Management and Co-ordination Act, 1999. The Regulations provide information on the following: prohibition of excessive noise and vibration. provisions	MOH will be required to ensure compliance with these Regulations to promote a healthy and safe working environment throughout Project lifecycle. This shall include regular inspection and maintenance of equipment to reduce noise and vibration,

Legal Framework	Description	Relevance to the Project
	relating to noise from certain sources. Provisions relating to licensing procedures for certain activities with a potential of emitting excessive noise and/or vibrations; and noise and excessive vibrations mapping. According to Regulation 3 (1), no person shall make or cause to be made any loud, unreasonable, unnecessary, or unusual noise which annoys, disturbs, injures, or endangers the comfort, repose, health or safety of others and the environment. Regulation 4 prohibits any person to (a) make or cause to be made excessive vibrations which annoy, disturb, injure, or endanger the comfort, repose, health or safety of others and the environment; or (b) cause to be made excessive vibrations which exceed 0.5 centimetres per second beyond any source property boundary or 30 metres from any moving source. Regulation 5 further makes it an offence for any person to make, continue or cause to be made or continued any noise more than the noise levels set in the First Schedule to these Regulations, unless such noise is reasonably necessary to the preservation of life, health, safety, or property.	prohibition of unnecessary noise emitted from movement of construction equipment and Project heavy and light vehicles, adherence to the noise levels stipulated for day and night, etc.
The Environmental Management and Co-ordination (Water Quality) Regulations, 2006	The Regulations provide for sustainable management of water resources including prevention of water pollution and protection of water sources. It is an offence under Regulation No. 4 (2), for any person to throw or cause to flow into or near a water resource any liquid, solid or gaseous substance or deposit any such substance in or near it, as to cause pollution. Regulation No. 11 further makes it an offence for any person to discharge or apply any poison, toxic, noxious, or obstructing matter, radioactive waste or other pollutants or permit the dumping or discharge of such matter into the aquatic environment unless such discharge, poison, toxic, noxious, or obstructing matter, radioactive waste or pollutant complies with the standards for effluent discharge into the environment.	Any effluent discharged from Project activities to the municipal sewer/septic tank will also need to meet effluent discharge permit requirements.

Legal Framework	Description	Relevance to the Project
Health Act, 2017	Every person has the right to the highest attainable standard of health which shall include progressive access for provision of promotive, preventive, curative, palliative, and rehabilitative services. Part VIII on Promotion and Advancement of Public and Environmental Health – requires the state to develop the National health System that shall devise and implement measures to promote health and counter influences having an adverse effect on the health of the people (section 68).	To promote and advance public and environmental health, MOH should commission ESIA for any qualified subprojects.
Health Act, 2017 ***Guidelines on Management of Health Products and Technologies (HPTs) in Kenya, 2020***	These guidelines provide a comprehensive framework for the regulation, management, and use of health products and technologies in the country. The guidelines cover various aspects of health products and technologies, including product registration and licensing, quality control, supply chain management, pharmacovigilance, and promotion of research and innovation. They also provide guidance on the appropriate use of health products and technologies, including the rational use of medicines and medical devices.	All HPTs procured by the project should meet the requirements of these guidelines.
Primary Health Care Act, 2023	An Act of Parliament to provide a framework for the delivery of and access to and management of primary health care; and for connected purposes.	Primary health care facilities (Level 1 to 3) are the main beneficiaries of the Project.
Digital Health Act (DHA), 2023	DHA streamlines technology adoption to enhance data sharing and resource utilization.	The Project will fund the upgrading of KEMSA ERP.
Facility Improvement Financing Act (FIFA), 2023	FIFA addresses underfunding in public health facilities.	The Project will provide HPTs to Level 2 to 3 health facilities and build the capacity of health care staff.
Social Health Insurance Act (SHIA), 2023	SHIA repeals the current NHIF and establishes three new funds. They are the Primary Healthcare Fund (PHF), the Social Health Insurance Fund (SHIF), and the Emergency, Chronic and Critical Illness Fund (ECCIF). PHF will purchase services from health facilities at levels I to III while the SHIF will cover services at levels IV to VI.	The Project will provide HPTs to Level 1 to 3 health facilities and facilitate transformation of NHIF into PHF, SHIF, and ECCIF.

Legal Framework	Description	Relevance to the Project
	ECCIF will handle emergency and chronic illness costs once social health insurance is depleted. This fulfils the express wishes of Article 43 (2) of the Constitution, which provides that no Kenyan should be denied emergency medical treatment.	
Pharmacy and Poisons Act, Cap 244 ***Pharmacy and Poisons (Vaccines) Regulations, 2015***	This law provides for the regulation of the manufacture, importation, exportation, distribution, and sale of medicines, medical devices, and poisons in Kenya. The Act requires that all medicines and medical devices, including vaccines, must be registered with the Pharmacy and Poisons Board (PPB) before they can be marketed in Kenya.	All HPTs procured by the project must have been registered by PPB.
Pharmacy and Poisons (Manufacturing and Importation of Biological Products) Regulations, 2015	These regulations provide for the licensing and regulation of the manufacturing and importation of biological products, including vaccines. The regulations require that all manufacturers of vaccines must obtain a license from the PPB and comply with the GMP guidelines.	All biological products must comply with the requirements of these regulations.
Sustainable Waste Management Act, 2022	This Act of Parliament establishes the legal and institutional framework for the sustainable management of waste; ensure the realization of the constitutional provision on the right to a clean and healthy environment. Part II of the Act, Section 9. (1) County governments shall be responsible for implementing the devolved function of waste management and establishing the financial and operational conditions for the effective performance of this function. Section 19 of this Act provides guidelines on the preparation of Waste Management Plans (WMPs) by counties, private entities, and individuals.	The Project healthcare WMPs should be prepared in accordance with this Act. MOH should partner with respective county governments in the sustainable management of generated healthcare waste.
Water Act, 2016	Provides for regulation, management, conservation, use, and control of water resources, water, and sewerage services. It enables for the	Subprojects should adhere to this Act by obtaining the required water permits, including when abstraction of water is necessary.

Legal Framework	Description	Relevance to the Project
The Water Resources Management Rules, 2007 (Amendments, 2012)	monitoring, regulation and protection of water resources and sewerage services from adverse. These Rules shall apply to all policies, plans, programmes, and activities that are subject to the Water Act. They also apply to all water resources and water bodies in Kenya, including all lakes, water courses, streams, and rivers, whether perennial or seasonal, aquifers, and shall include coastal channels leading to territorial waters.	
Climate Change Act (Amendment) Act, 2023	This Act provides a legal framework for enhanced response to climate change; to provide for mechanism and measures to achieve low carbon climate development; and other matters that relate to climate change. The Act provides incentives for the promotion of climate change incentives. This is to encourage persons to put in place measures for elimination of climate change including reduction of greenhouse emission and use of renewable energy and put in place measure to mitigate against adverse effects of climate change.	MOH should prepare and implement a climate risk strategy to minimize emissions from the Project. Again, Project design should prioritize climate-proofing of infrastructure, if any.
Public Health Act, Cap 252	Part IX section 115 of the Act states that no person/institution shall cause nuisance or condition liable to be injurious or dangerous to human health. Section 116 requires Local Authorities to take all lawful, necessary, and reasonably practicable measures to maintain their jurisdiction clean and sanitary to prevent occurrence of nuisance or condition liable for injurious or dangerous to human health. Such nuisance or conditions are defined under section 118 and 28 include nuisances caused by accumulation of materials or refuse which in the opinion of the medical officer of health is likely to harbour rats or other vermin.	Implement mitigation and management measures detailed in Section 4 of this ESMF and any subproject ESMPs.
The Standards Act, Cap 496	This Act promotes the standardization of the specification of commodities and provides for the standardization of commodities and codes of practice to ensure public health and safety. It establishes the Kenya Bureau of Standards (KEBS).	All procured HPTs should meet both local and international standards.

Legal Framework	Description	Relevance to the Project
The National Construction Authority Act, 2012	This is an Act of parliament that provides for the establishment, powers, and functions of the National Construction Authority (NCA). This Authority as per this law is supposed to reign in rogue contractors and establish order within which the construction industry does its business.	MOH must ensure that all construction works are approved by NCA, and contractors are registered by NCA, and works are supervised by qualified engineers.
The Occupational Health and Safety Act (OSHA), 2007	This is an Act of Parliament to provide for the safety, health and welfare of workers and all persons lawfully present at workplaces, to provide for the establishment of the National Council for Occupational Safety and Health and for connected purposes. Part VI of this Act provides for general health provisions while Part X provides for the general welfare of the workers with respect to supply of drinking water, washing facilities and first aid among other aspects. Section 53 of this Act requires that for workers employed in a process involving exposure to any injurious or offensive substances, suitable protective clothing, and appliances (gloves, footwear, goggles, and head coverage) shall be provided.	All subproject sites should register with DOSHS as workplaces. All subproject sites should undergo annual OSH and fire safety audits. Project should implement the prepared Labour Management Procedure (LMP). The LMP will guide workers sustainable involvement in the project.
Work Injury Compensation Benefit Act (WIBA), 2007	This Act provides for compensation for employees on work related injuries and diseases contacted in the course of employment and for connected purposes. The Act includes compulsory insurance for employees. The Act defines an employee as any worker on contract of service with employer.	MoH should comply with part II of this Act regarding obligations of the employer including compensation for temporary, total, or partial disablement, treatment as well as provision of first aid services to workers and taking out of necessary insurances.
The Employment Act, 2007	The Act is enacted to consolidate the law relating to trade unions and trade disputes, to provide for the registration, regulation, management and democratization of trade unions and employers organizations and federations. Its purpose is to promote sound labour relations through freedom of association, the encouragement of effective collective bargaining and promotion of orderly and expeditious dispute the protection and promotion of settlement conducive to social justice and economic development for connected purposes. This Act is important since it provides for an employer – employee relationship that is	The Project should implement the prepared Labour Management Procedure (LMP). The LMP will guide workers sustainable involvement in the Project.

Legal Framework	Description	Relevance to the Project
	important for the activities that would promote management of the environment at a workplace.	
National Gender and Equality Commission (NGEC) Act, 2011	The objective of the Act is promoting gender equality and freedom from discrimination and contribute to the reduction of gender inequalities and the discrimination against all, women, men, persons with disabilities, the youth, children, the elderly, minorities, and marginalized communities.	The Project should provide affordable, accessible, acceptable, and quality healthcare services including reproductive healthcare, emergency services, family planning, HIV/AIDS service for women and men, girls.
The Sexual Offences Act, 2006	Relevant Sections in this Act include: 24. Sexual offences relating to position of authority and persons in position of trust. 25. Sexual relationship which pre-date position of authority or trust. 26. Deliberate transmission of HIV or any other life threatening sexually transmitted disease.	A *SEA/SH Action Plan* has been developed by the Project to manage any grievances related to SEA/SH. Again, the Project grievance redress mechanism (GRM) includes measures to report and resolve cases of SEA/SH.
County Government Act, 2012	Part II of the Act empowers the county government to oversee function described in Article 186 of the constitution, (county roads, water and sanitation, health).	The Project will be implemented in collaboration with county governments. Level 1-4 health care facilities are operated by county governments.
Physical and Land Use Planning Act, 2019	Part XI of the Act vests the responsibility of planning and development facilitation to the county government with collaboration with national government, this arrangement has been adopted for interventions in order not to conflict with provisions of the Kenyan Constitution.	MoH should seek developments approval from the respective county physical planning departments for all civil works under the project.
The Penal Code, Cap 63	Section 191 of the Penal Code makes it an offence for any person or institution that voluntarily corrupts, or foils water for public springs or reservoirs rendering it less fit for its ordinary use. Similarly, section 192 of the same act prohibits making or vitiating the atmosphere in any place to make it noxious to health of persons/institution in dwellings or business premises in the neighbourhood or those passing along a public way.	MOH should strictly adhere to any prepared ESMPs throughout the project cycle to mitigate against any possible negative impact on the environment and society.

Legal Framework	Description	Relevance to the Project
The National Council for Disability Act, 2003	An Act to provide for the establishment of a National Council for Disability, its composition, functions, and administration for the promotion of the rights of persons with disabilities set out in international conventions and legal instruments, the Constitution, and other laws, and for other connected matters.	Project should cater for people with disability interests e.g., access to facilities using ramps, ablution facilities, as well as access to employment and healthcare services.
HIV/AIDS Prevention and Control Act, 2012	Part II, Section 7 of this Act requires HIV/AIDs education in the workplace. In accordance with the requirements of this Act, the government is expected to ensure provision of basic information and instruction on HIV/AIDs prevention and control to: Employees of all Government ministries, Departments, authorities, and other agencies; and Employees of private and informal sectors. The information on HIV/AIDs is expected to be treated with confidentiality at the workplace and positive attitudes shown towards infected employees and workers.	MOH should implement awareness programmes to share information with regards to HIV/AIDS prevention and control to all Project employees as well as other measures to curb the spread of HIV/AIDS e.g., provision of condoms, etc.
The Environment and Land Court (ELC) Act, No. 20 of 2011	The principal objective of this Act is to enable the Court to facilitate the just, expeditious, proportionate, and accessible resolution of disputes governed by this Act. Section 13 (2) (b) of the Act outlines that in exercise of its jurisdiction under Article 162 (2) (b) of the Constitution, the Court shall have power to hear and determine disputes relating to environment and land, including disputes: Relating to environmental planning and protection, trade, climate issues, land use planning, title, tenure, boundaries, rates, rents, valuations, mining, minerals, and other natural resources; Relating to compulsory acquisition of land; Relating to land administration and management; Relating to public, private and community land and contracts, chooses in action or other instruments granting any enforceable interests in land; Any other dispute relating to the environment and land.	MOH should implement the Project in accordance with environmental and social requirements to negate the need for any aggrieved party seeking legal redress in the ELC.

2.3 List of Environmental and Social Licenses/Permits/Approvals Required for the Project, as per the Requirements of Kenyan Law

Table 2-2 provides a summary of the environmental and social permits and licences required for civil works subprojects in Garissa and Turkana counties for both the construction and the operations phases.

Table 2-2 License/Permits/Approvals and Issuing Institutions

Institution	Licenses/Permit/Approval	Project Phase
National Environmental Management Authority (NEMA)	ESIA license for civil works subprojects	Prior to construction
	• Annual environmental audits • Effluent discharge license (EDL) • Quarterly air quality monitoring and annual emission license • Incinerator annual license	Operation
National Construction Authority	• Civil works subprojects registration • Contractor's licensing and their key staff practicing license	Prior to construction
County governments	• Development planning approval • Change of user • Hoarding permit	Prior to construction
	Occupation certificate	Prior to operation
DOSHS	Workplace registration	Construction
	Workplace registration Annual OSH and fire safety audits	Operation
Proponent's Preferred Insurance company	WIBA policy	Construction

2.4 Institutional Framework

The following key administrative agencies regulate health and its E&S implications in Kenya and have a key role in the E&S assessment process:

2.4.1 NEMA

- The responsibility of NEMA[24] is to exercise general supervision and co-ordination over all matters relating to the environment and to be the principal instrument of Government in the implementation of all policies relating to the environment.
- NEMA is also responsible for granting ESIA approvals and for monitoring and assessing activities, in order, to ensure that the environment is not degraded by such project activities.
- NEMA requires submission of an annual environmental audit report.

[24] *https://www.nema.go.ke*

2.4.2 National Environmental Complaints Committee (NECC)

The NECC[25] investigates allegations and complaints of suspected cases of environmental degradation. The Committee also prepares and submits to the NEC periodic reports of its activities.

Members of the public can register or appeal to this committee regarding any aspects of the project that violates the law and its licenses.

2.4.3 National Environment Tribunal (NET)

NET[26] reviews administrative decisions made by NEMA relating to issuance, revocation or denial of license and conditions of license. It also provides legal opinion to NEMA on complex matters where the Authority seeks such advice. In addition, the Tribunal has powers to change or give an order and direction regarding environmental issues in dispute.

2.4.4 ELC

The ELC has jurisdiction over a wide range of cases, including disputes related to land ownership, land use, boundary disputes, conservation and management of natural resources, environmental impact assessments, and disputes related to pollution and degradation of the environment.

2.4.5 Water Resources Authority (WRA)

The WRA is responsible for the regulation of water resources such as water allocation, source protection and conservation, water quality management and pollution control and international waters.

2.4.6 MOH

The proposed Project is under the Ministry of Health, and it shall be the primary role of the Ministry to monitor and measure the progress of implementation of the social and environmental safeguards.

2.4.7 DOSHS

i. Monitor the implementation of health and safety plans for construction and operation workers and members of public encountering project activities.
ii. Annual health and safety and fire inspection audit reports are required to be submitted to DOSHS.
iii. Annual workplace registration
iv. Hygiene surveillance (noise survey, air quality monitoring, thermal environment survey)
v. Examination and testing of plants.
vi. Accident investigation and WIBA processing.

2.4.8 NCA

The NCA is responsible for issuing permits to construction sites, advising the government of Kenya on construction and training professionals (continuous professional development (CPD).

2.4.9 County Governments

County governments will:

i. Co-implement the project.
ii. Issue licenses and permits.
iii. Ensure compliance with health Acts.
iv. Authorize and assist in waste management.

[25] *https://www.necc.go.ke*
[26] *https://www.judiciary.go.ke/the-national-environment-tribunal/*

2.5 WBG Environmental and Social Standards (ESSs)

The WBG ESF sets out the Bank's commitment to sustainable development, through a Bank Policy and a set of ESSs that are designed to support Borrowers' projects, with the aim of ending extreme poverty and promoting shared prosperity. This Framework comprises:

- A Vision for Sustainable Development, which sets out the Bank's aspirations regarding environmental and social sustainability.
- The Bank Environmental and Social Policy for Investment Project Financing, which sets out the mandatory requirements that apply to the Bank.
- Ten (10) ESSs, together with their Annexes, which set out the mandatory requirements that apply to the Borrower and projects.

The ESSs set out the requirements for Borrowers relating to the identification and assessment of environmental and social risks and impacts associated with projects supported by the Bank through IPF. The Bank believes that the application of these standards, by focusing on the identification and management of environmental and social risks, will support Borrowers in their goal to reduce poverty and increase prosperity in a sustainable manner for the benefit of the environment and their citizens. The standards will:

a) support Borrowers in achieving good international practice relating to environmental and social sustainability.
b) assist Borrowers in fulfilling their national and international environmental and social obligations.
c) enhance non-discrimination, transparency, participation, accountability, and governance; and
d) enhance the sustainable development outcomes of projects through ongoing stakeholder engagement.[27]

Seven (7) of the ten (10) ESSs are relevant to the project. Table *2-3* presents a summary of some key aspects of ESSs relevant to the project. For a complete set of requirements and details, kindly refer to the *World Bank Environmental and Social Framework (ESF), 2017*.

[27] The World Bank Environmental and Social Framework (ESF), 2017

Table 2-3 ESSs Relevance to the Project

ESS No.	ESS Title	Key Requirement(s)	Relevance to the Project
ESS1	Assessment and Management of Environmental and Social Risks and Impacts	• Requires the assessment, management and monitoring of E&S risks and impacts of the project throughout the project lifecycle. • Requires the application of the Bank's EHS Guidelines, or other more stringent measures where these exist. • Requires the preparation of an ESCP as part of the legal agreement with material measures and actions required for the project to achieve compliance with the ESSs.	ESS1 is relevant to this Project. The required instruments and processes to comply with this standard are referred to in the environmental and social commitment plan (ESCP).
ESS2	Labour and Working Conditions	• Requires development and implementation of labor management procedures. • Workers to be provided with clear information and documentation on terms and conditions of employment. • Nondiscrimination of workers in employment and treatment	ESS2 is relevant to this project. MOH has developed and will implement written labor management procedures (LMP) applicable to the project. These procedures set out the way in which project workers will be managed, in accordance with the requirements of national law and this ESS as well as requirements in the EHSGs for managing occupational health and safety.
ESS3	Resource Efficiency and Pollution Prevention and Management	• Implementation of technically and financially feasible measures for improving efficient consumption of energy, water, and raw materials, as well as other resources. • Avoidance of the release of pollutants or, when avoidance is not feasible, minimization and control the concentration and mass flow of their release using the performance levels and measures specified in national law or the EHSGs, whichever is most stringent.	ESS3 is relevant. The project, consistent with ESS3, EHSGs, and GOK requirements, will support health care facilities develop and implement medical waste management plans (MWMP).
ESS4	Community, Health, Safety and Security	• Requires the assessment, management and monitoring of E&S risks and impacts of the project on the health and safety of the affected communities (vulnerable) during the project life cycle.	ESS4 is relevant. Community health and safety risks include risks related to the procurement and distribution of substandard HPTs, medical devices, the transmission and spread of disease, and other communicable diseases, and GBV/SEA/SH risks.

ESS No.	ESS Title	Key Requirement(s)	Relevance to the Project
		• Requires an assessment of how use of security by the Project to safeguard personnel and property could impact on community considering human rights.	This ESMF includes mitigation measures for anticipated risks in relation to ESS4.
ESS5	Land Acquisition, Restrictions on Land Use, and Involuntary Resettlement	Anticipate and avoid physical and economic displacement or, where avoidance is not possible, to minimize adverse social and economic impacts.	Not Relevant. The Project is expected to deliver all activities through existing public health facilities.
ESS6	Biodiversity Conservation and Sustainable Management of Living Resource	• E&S assessment as set out in ESS1 but considers direct, indirect, and cumulative project-related impacts on habitats and the biodiversity they support. This assessment should consider threats to biodiversity, for example pollution and incidental take, as well as projected climate change impacts. • E&S assessment of the systems and verification practices used by the primary suppliers.	Relevant. Any poor medical waste management by the project may lead to pollution of natural resources and biodiversity. This ESMF includes E&S screening criteria for excluding subprojects that have potential adverse impacts on ecologically sensitive areas and natural habitats.
ESS7	Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	• Full consultation and provision of opportunities for Indigenous Peoples / Sub-Saharan African Historically Underserved Traditional Local Communities in project design and in the determination of project implementation arrangements. • Obtain the Free Prior and Informed Consent (FPIC) of the affected Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities. • Culturally appropriate and accessible grievance mechanism for the project.	Relevant. MOH has conducted a social assessment and developed a Vulnerable Groups Planning framework (VGPF) to cater for participation of indigenous peoples in the project.
ESS8	Cultural Heritage	• E&S assessment as set out in ESS1 but considers direct, indirect, and cumulative project-related impacts on cultural heritage. • Stakeholder consultation during cultural heritage identification process.	Relevant. Given that rehabilitation of existing health care facilities in Garissa and Turkana counties may include some civil works, there is a likelihood that cultural heritage may be impacted. A chance finds procedure, *Annex F*, has been developed to guide the management of any cultural heritage.

ESS No.	ESS Title	Key Requirement(s)	Relevance to the Project
		• Listing of all legally protected cultural heritage areas affected by the project. • Chance finds procedures.	
ESS9	Financial Intermediaries	• Development and implementation of an environmental and social management system (ESMS). • Stakeholder engagement.	Not Relevant.
ESS10	Stakeholder Engagement and Information Disclosure	Key requirements: • Stakeholder engagement during project preparation. • Stakeholder Engagement Plan (SEP). • Stakeholder engagement during project implementation and external reporting. • Grievance redress mechanism. • Organizational capacity and commitment.	ESS10 is relevant. In consultation with the Bank, MOH has prepared a Stakeholder Engagement Plan (SEP) proportionate to the nature and scale of the project and its potential risks and impacts. Disclosure of information shall be undertaken through implementation of the SEP. The SEP also outlines the establishment of a functioning Grievance Redress Mechanism (GRM).

2.6 WBG Environmental, Health and Safety Guidelines (EHSGs)

2.6.1 Overview

The EHSGs are technical reference documents with general and industry specific examples of Good International Industry Practice (GIIP). These industry sector EHS guidelines are designed to be used together with the General EHS Guidelines document, which provides guidance to users on common EHS issues potentially applicable to all industry sectors. EHSGs are applied as required by their respective policies and standards.

The EHSGs contain the performance levels and measures that are generally considered to be achievable in new facilities by existing technology at reasonable costs. Application of the EHSGs to existing facilities may involve the establishment of site-specific targets, with an appropriate timetable for achieving them. The applicability of specific technical recommendations should be based on the professional opinion of qualified and experienced persons. When host country regulations differ from the levels and measures presented in the EHSGs, projects are expected to achieve whichever is more stringent. If less stringent levels or measures than those provided in these EHSGs are appropriate, in view of specific project circumstances, a full and detailed justification for any proposed alternatives is needed as part of the site-specific environmental assessment. This justification should demonstrate that the choice for any alternate performance levels is protective of human health and the environment.

2.6.2 World Bank Group General EHSGs

The **World Bank Group General EHS Guidelines** contain information on cross-cutting environmental, health, and safety issues potentially applicable to construction.

Table 2-4 WBG General EHS Guidelines

Environmental	**Occupational Health and Safety**
• Air Emissions and Ambient Air Quality • Energy Conservation • Wastewater and Ambient Water Quality • Water Conservation • Hazardous Materials Management • Waste Management • Noise • Contaminated Land	• General Facility Design and Operation • Communication and Training • Physical Hazards • Chemical Hazards • Biological Hazards • Radiological Hazards • Personal Protective Equipment (PPE) • Special Hazard Environments • Monitoring
Community Health and Safety	**Construction and Decommissioning**
• Water Quality and Availability • Structural Safety of Project Infrastructure • Life and Fire Safety (L&FS) • Traffic Safety • Transport of Hazardous Materials • Disease Prevention • Emergency Preparedness and Response	• Environment • Occupational Health and Safety • Community Health and Safety

2.6.3 World Bank Group EHS Guidelines for Health Care Facilities

The **World Bank Group EHS Guidelines for Health Care Facilities** is also applicable and can be used for guidance for the design and operation of HCFs. It includes information relevant to the management of EHS issues associated with healthcare facilities (HCF) which includes a diverse range of facilities and activities involving general hospitals and small inpatient primary care hospitals, as well as outpatient, assisted living, and hospice facilities.

Table 2-5 WBG EHS Guidelines for Health Care Facilities

Environmental • Waste management • Emissions to air • Wastewater discharges	**Occupational Health and Safety** • Exposure to infections and diseases • Exposure to hazardous materials / waste • Exposure to radiation • Fire safety
Community Health and Safety • Water Quality and Availability • Structural Safety of Project Infrastructure • Life and Fire Safety (L&FS) • Traffic Safety • Transport of Hazardous Materials • Disease Prevention • Emergency Preparedness and Response	**Construction and Decommissioning** • Environment • Occupational Health and Safety • Community Health and Safety

2.6.4 Parameter Specific EHS Guidelines

2.6.4.1 Air Emissions and Ambient Air Quality

The WBG recommends that the air quality guidelines as set out by the World Health Organization (WHO) be utilized in such an assessment. The WHO standards are divided into several stages, which have interim targets and a final guideline target. The WHO guidelines are recognized to be particularly conservative, as they make no consideration of the economic burden of achieving the stipulated guidelines. The WHO final guideline target is aspirational, and as such, this target should be progressively worked towards. In the case of the proposed Project, progression towards the achievement of the final guideline target may be assisted by regulatory changes to the quality of fuel used for construction and project-owned vehicles (for example, low sulphur fuels) and the regular maintenance and potential mandatory testing of those vehicle emissions. Based on the above, Table *2-6* sets out the WHO Ambient Air Quality Guidelines and Table *2-7* shows the Kenyan Air Quality Emission Standards for industrial areas. WHO guidelines are more stringent than GOK air quality standards thus should apply to this project.

Table 2-6 WHO Ambient Air Quality Guidelines

Pollutant	Averaging Period	Guideline Value in µ g/m3
Sulfur dioxide (SO2)	24-hour	125 (Interim target-1) 50 (Interim target-2)
Sulfur dioxide (SO2)	10 minutes	20 (guideline) 500 (guideline)
Nitrogen dioxide (NO2)	1-year	40 (guideline)
Nitrogen dioxide (NO2)	1-hour	200 (guideline)
Particulate Matter (PM_{10})	1-year	70 (Interim target-1) 50 (Interim target-2) 30 (Interim target-3) 20 (guideline)
Particulate Matter (PM_{10})	24-hour	150 (Interim target-1) 100 (Interim target-2) 75 (Interim target-3) 50 (guideline)
Particulate Matter ($PM_{2.5}$)	1-year	35 (Interim target-1) 25 (Interim target-2) 15 (Interim target-3) 10 (guideline)
Particulate Matter ($PM_{2.5}$)	24-hour	75 (Interim target-1) 50 (Interim target-2) 37.5 (Interim target-3) 25 (guideline)
Ozone	8-hour daily maximum	160 (Interim target-1) 100 (guideline)

Table 2-7 Kenya's Ambient Air Quality Tolerance Limits for Industrial Areas

Pollutant	Time Weighted Average	Tolerance Limit
Sox	Annual average	80 µg/m^3
Sox	24 Hours	125 µg/m^3
NOx	Annual average	80 µg/m^3
NOx	24 Hours	150 µg/m^3
NO_2	Annual Average	150 µg/m^3
NO_2	24 Hours	100 µg/m^3
Suspended Particulate Matter (SPM)	Annual average	360 µg/m^3
Suspended Particulate Matter (SPM)	24 Hours	500 µg/m^3
Respirable Particulate Matter (<10µm) (RPM)	Annual average	70 µg/m^3
Respirable Particulate Matter (<10µm) (RPM)	24 Hours	150 µg/m^3

Pollutant	Time Weighted Average	Tolerance Limit
$PM_{2.5}$	Annual average	35 µg/m^3
$PM_{2.5}$	24 Hours Maximum	75 µg/m^3
Lead	Annual average	1.0 g/Nm^3
Lead	24 Hours	1.5 g/m^3
Carbon monoxide (CO)/ Carbon dioxide (CO2)	8 Hours	5.0 mg/m^3
Carbon monoxide (CO)/ Carbon dioxide (CO2)	1 Hour	10.0 mg/m^3
Hydrogen Sulphide	24 Hours	150 µg/m^3
Non-methane hydrocarbons	Instant peak	700 ppb
Total Volatile organic Compounds (VOC)	24 Hours	600 µg/m^3
Ozone	1 Hour	200 µg/m^3
Ozone	8 hour (instant Peak)	120 µg/m^3

2.6.4.2 Wastewater and Ambient Water Quality

WBG specifies that discharges should not result in contaminant concentrations more than local ambient water quality criteria or, in the absence of local criteria, other sources of ambient water quality. Receiving water use and assimilative capacity, taking other sources of discharges to the receiving water into consideration, should also influence the acceptable pollution loadings and effluent discharge quality.

Table 2-8 Effluent Levels for Health Care Facilities

Pollutants	Units	Guideline Value
pH	S.U	6-9
Biochemical oxygen demand BOD_5	mg/L	50
Chemical oxygen demand COD	mg/L	250
Oil and grease	mg/L	10
Total sus ended solid TSS	mg/L	50
Cadmium (Cd)	mg/L	0.05
Chromium Cr	mg/L	0.5
Lead (Pb)	mg/L	0.1
Mercury	mg/L	0.01
Chlorine, total residual	mg/L	0.2
Phenols	mg/L	0.5
Total coliform bateria	MPN[a] / I00ml	400
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	Ng/L	0.1

Pollutants	Units	Guideline Value
Temperature increase	oc	<3[b]
Notes: [a] MPN = Most Probable Number [b] At the edge of a scientifically established mixing zone which takes into account ambient water quality, receiving water use, potential receptors and assimilative capacity.		

All Level 1-4 health care facilities supported by the Project must meet these effluent guidelines. They are indicative of good international industry practice (GIIP).

2.7 Gap Analysis between the World Bank ESF and the National Legislations

The comparison between the World Bank's ESF and the relevant national legislations (policies, proclamations, guidelines and regulations) revealed that there is significant coverage of most of the ESF standard provisions in the national legislation.

Table 2-9 Gap Analysis between the World Bank ESF and the National Legislations

ESS	National Law or Policy	Gap	Measures to bridge the gap
ESS1: Assessment and Management of Environmental and Social Risks and Impacts The objectives of ESS 1 are: • To identify, evaluate and manage the environmental and social risks and impacts of the project in a manner consistent with the ESSs. • To adopt a mitigation hierarchy approach to: (a) Anticipate and avoid risks and impacts; (b) Where avoidance is not possible, minimize or reduce risks and impacts to acceptable levels; (c) Once risks and impacts have been minimized or reduced, mitigated; and (d) Where significant residual impacts remain, compensate for or offset them, where technically and financially feasible • To adopt differentiated measures so that adverse impacts do not fall disproportionately on the disadvantaged or vulnerable and they are not disadvantaged in sharing development benefits and opportunities resulting from the project. • To utilize national environmental and social institutions, systems, laws, regulations and procedures in the assessment, development and implementation of projects, whenever appropriate.	EMCA 1999 and subsidiary legislations requires a project proponent to undertake an EIA. The Act classifies projects into low risk, medium risk and High risk and to facilitate the conducting of EIA proportionate to the risks and impacts of each project. The EIA proclamation and regulations seek all direct, indirect and cumulative impacts likely to occur during project life cycle are considered in the assessment. EMCA 1999 and subsequent legislations also requires also require stakeholder and community consultations to be carried as part of the EIA process. The preparation of an ESMP based on mitigation hierarchy and monitoring plan is also required by the EMCA.	Requirements of the EMCA do not explicitly seek for consideration of risks and impacts associated with primary suppliers as defined by the ESF. The NEMA has no mechanisms for approving stand-alone ESMPs.	E&S requirements for "primary suppliers" shall be addressed as part of the present ESMF process when and if it occurs. Any activity for which an environmental approval is required, must submit a report in the prescribed format. The Standalone ESMPs must therefore include the additional information required for approval of an SPR.

ESS	National Law or Policy	Gap	Measures to bridge the gap
• To promote improved environmental and social performance, in ways which recognize and enhance borrower capacity**.**			
ESS2: Labor and Working Conditions The Objectives of ESS2 are: • To promote safety and health at work. • To promote the fair treatment, non-discrimination and equal opportunity of project workers. • To protect project workers, including vulnerable workers such as women, people with disabilities, children (of working age, in accordance with this ESS) migrant workers, contracted workers, community workers and primary supply workers, as appropriate. • To prevent the use of all forms of forced labor and child labor. • To support the principles of freedom of association and collective bargaining of project workers in a manner consistent with national law. • To provide project workers with accessible means to raise workplace concerns.	GOK has an extensive labor law framework (Employment Act, Labor Relations Act, Labour Institutions Act, Occupational Safety and Health Act (OSHA), Work Injury and Benefits Act (WIBA), and The Employment and Labour Relations Court Act) that governs all aspects of employment relations based on a contract of employment that exists between a worker and an employer. The legislations cover the contract of employment defining the rules and conditions of employment, non-discrimination, equal opportunity for women workers, the right to form trade unions (workers organizations), working conditions of young labor setting the minimum age for child labor to be 18 and working conditions, and arbitration /conciliation mechanism to handle grievances and disputes of workers in relation to employment. The labor law also covers occupational safety, health and work environment aspects. The labor law largely fulfills the requirements of ESS2.	All the rules of the labor law are applicable to employment relations based on a contract of employment that exists between a worker and an employer. The labor law is not applicable to community workers as it is not based on employment relations between worker and employer. As most workers of subprojects are likely to be contracted through formal employment process, there are major gaps between ESS2 and the labor law	This ESMF adopts both the labor provisions of the GOK and ESS2. Where gaps exist, ESS2 will apply.
ESS3: Resource Efficiency and Pollution Prevention	The requirements of ESS3 are largely fulfilled by the Environmental Management and	There are various regulations on energy use (energy management	In addition to GOK resource efficiency regulations, the

ESS	National Law or Policy	Gap	Measures to bridge the gap
The Objectives of ESS3 are: • To promote the sustainable use of resources, including energy, water and raw materials. • To avoid or minimize adverse impacts on human health and the environment by avoiding or minimizing pollution from project activities. • To avoid or minimize project-related emissions of short and long-lived climate pollutants. • To avoid or minimize generation of hazardous and non-hazardous waste.	Coordination Act (EMCA) of 1999 (Amended 2015). EMCA Subsidiary legislations: Impact assessment and audit; Waste management; Air quality standards; Noise and excessive vibration pollution control; Fossil Fuel Emission Control; and Water quality. Sustainable Waste Management Act.	regulations; solar water heating regulations etc.), and regulations on water use/ water harvesting.	application of relevant sections of the General EHSGs and sector specific EHSGs will apply when appropriate. The application of measures and actions developed to assess and manage subproject specific risks and impacts are outlined in the ESMF and subsequent sub-project ESMPs.
ESS4: Community Health, Safety and Security The Objectives of ESS 4 are: • To anticipate and avoid adverse impacts on the health and safety of project-affected communities during the project life cycle from both routine and non-routine circumstances. • To avoid or minimize community exposure to project-related traffic and road safety risks, diseases and hazardous materials. • To have in place effective measures to address emergency events. • To ensure that the safeguarding of personnel and property is carried out in a manner that avoids or minimizes risks to the project-affected communities.	• Physical Planning Act • County Governments Act • Food, Drugs and Chemical Substances Act (Cap 254) • Physical planning Act • National Construction Authority Act • Standards Act In general, some aspects of the ESS4 are either fully or partially addressed across the existing sector legislations and regulations.	There are gaps in fully addressing the community health, safety and security aspects as defined in the ESF.	The application of relevant sections of the General EHSGs and sector specific EHSGs will apply. Measures and actions developed to assess and manage subproject-specific community health and safety risks and impacts as outlined in the ESMF and subsequent subproject ESMPs and C-ESMPs.

ESS	National Law or Policy	Gap	Measures to bridge the gap
ESS6: Biodiversity Conservation and Sustainable Management of Living Natural Resources The Objectives of ESS 6 are: • To protect and conserve biodiversity and habitats. • To apply the mitigation hierarchy and the precautionary approach in the design and implementation of projects that could have an impact on biodiversity. • To promote the sustainable management of living natural resources. • To support livelihoods of local communities, including Indigenous Peoples, and inclusive economic development, through the adoption of practices that integrate conservation needs and development priorities.	EMCA environment impact assessment broadly to include all forms of habitats, biodiversity, heritage and ecosystems. "Environment" means the totality of all materials whether in their natural state or modified or changed by human; their external spaces and the interactions which affect their quality or quantity and the welfare of human or other living beings, including but not restricted to, land atmosphere, whether and climate, water, living things, sound, odor, taste, social factors and aesthetics. "Impact" means any change to the environment or to its component that may affect human health or safety, flora, fauna, soil, air, water, climate, natural or cultural heritage, other physical structure, or in general, subsequently alter environmental, social, economic or cultural conditions. The impact of a project shall be assessed based on the size, location, nature, cumulative effect with other concurrent impacts or phenomena, trans regional effect, duration, reversibility or irreversibility or other related effects of the project. The EIA report is required to contain information on the characteristics and duration of all the estimated direct or indirect, positive or negative impacts, as well as measures proposed to eliminate, minimize, or mitigate negative impacts.	The requirements of ESS6 are broadly addressed through the EIA process. ESS6 categorizes habitats in three main group, namely *Natural*, *Modified*, and *Critical* habitats, and provides conditions where projects will not be implemented in these habitats. In the national policies, strategies, and legislations, ecosystems are defined considering altitudes, specific flora, and fauna presence. EA for projects implemented in these ecosystems are broadly addressed through the general EIA process rather than specific ecosystem requirements.	The application of EES6 to bridge the gap and categorize habitats and requirements for projects to be implemented in these habitats. Measures and actions developed to assess and manage subproject specific biodiversity risks and impacts as outlined in the ESMF and subsequent sub-project ESMPs.

ESS	National Law or Policy	Gap	Measures to bridge the gap
	There are also more specific sectoral laws and regulations which complement the EMCA in conserving habitats and biodiversity such as: • The Forest Conservation and Management Act, 2016 • Wildlife Conservation and Management Act, 2013 • Water Act, 2016		
ESS8: Cultural Heritage The Objectives of ESS 8 are: • To protect tangible and intangible cultural heritage from the adverse impacts of project activities and support its preservation. • To address cultural heritage as an integral aspect of sustainable development. • To promote meaningful consultation with stakeholders regarding cultural heritage. • To promote the equitable sharing of benefits from the use of cultural heritage.	As described above in ESS6 the term "Impact" is defined broadly by the EIA proclamation. The definition reflects the kind of adverse impacts a project proponent is required to assess which includes any change to the environment or to its component that may affect flora, fauna, natural or cultural heritage, or in general, subsequently alter environmental, social, economic or cultural conditions. Thus, EMCA has provisions by which it considers the issues of cultural resources.	Though natural and cultural heritage is required to be included during the EIA process, the preparation of a Cultural Heritage Management Plan (CHMP) as indicated in the ESF is not required by the national EIA law.	The application of ESS8 requirement for a CHMP is advisable when appropriate.
ESS10: Stakeholder Engagement and Information Disclosure The Objectives of ESS10 are: • To establish a systematic approach to stakeholder engagement that will help borrowers to identify stakeholders and build and maintain a constructive relationship with them, project-affected parties.	Public participation is one of the national values contained in Article 10 of the Kenyan constitution. EMCA and EIA/EA regulations also requires public participation / consultation during EIA study process and public disclosure of EIA reports. Current practice also shows public consultations are carried during EIA studies and minutes of consultation produced. Incorporation of the views and concerns of	The stakeholder and public consultations requirement are focused on initial EIA study phase and do not continue throughout the project lifecycle as required by ESS10. Thus, preparation of the SEP is not required by EMCA.	The application of ESS10 requirement for a SEP is advisable to continue engagement of stakeholders during project implementation and beyond when appropriate.

ESS	National Law or Policy	Gap	Measures to bridge the gap
• To assess the level of stakeholder interest and support for the project and to enable stakeholders' views to be considered in project design and environmental and social performance. • To promote and provide means for effective and inclusive engagement with project-affected parties throughout the project life cycle on issues that could potentially affect them. • To ensure that appropriate project information on environmental and social risks and impacts is disclosed to stakeholders in a timely, understandable, accessible and appropriate manner and format. • To provide project-affected parties with accessible and inclusive means to raise issues and grievances and allow borrowers to respond to and manage such grievances.	stakeholders into the EIA report is usually carried out.	Establishing GRM to address public concerns is also not required by the EMCA.	

2.8 Other Relevant International Conventions

As Kenya is a signatory to various international conventions and laws, it is important that national projects are in line with these laws. Some of the international and regional conventions relevant to the project that Kenya has adopted are summarized below:

2.8.1 Bamako Convention, 1991

The Bamako Convention on the Import into Africa and the Control of Trans-boundary Movement and Management of Hazardous Waste within Africa is a treaty of African nations prohibiting the import of any hazardous waste and Kenya is a signatory to it. The convention was negotiated by 12 nations of the Organization of African Unity (OAU) in Bamako in January 1991 and came into force in 1998. Parties to this convention are mindful of the growing threat to health and environment posed by the increased generation and complexity of hazardous waste, hence prohibits all imports of hazardous waste.

2.8.2 Stockholm Convention on Persistent Organic Pollutants

The Convention is a global treaty to protect human health and environment from Persistent Organic Pollutants (POPs). POPs are chemicals that remain intact in the environment for long periods, become widely distributed geographically, accumulate in the fatty tissue of living organisms and are toxic to human and wildlife. Under Article 5 and Annex C governments that are party to the Convention are required to reduce or eliminate release from unintentional production of POPs in particular polychlorinated dibenzo-p-dioxins and dibenzofurans which are formed and released to the environment by medical waste incinerators and other combustion processes.

2.8.3 International Health Regulations (IHR)

The IHR is a legally binding international agreement adopted by the World Health Assembly in 2005. The regulations are designed to prevent and respond to the international spread of diseases and require member states to report certain disease outbreaks to the World Health Organisation (WHO).

2.8.4 United Nations Convention on the Rights of Persons with Disabilities (CRPD)

The CRPD is an international treaty that sets out the rights of persons with disabilities, including their right to the highest attainable standard of health.

2.8.5 International Covenant on Economic, Social and Cultural Rights (ICESCR)

The ICESCR is a multilateral treaty adopted by the United Nations General Assembly in 1966. It recognizes the right to health as a fundamental human right and obliges state parties to take steps to improve the health of their populations.

2.8.6 Paris Agreement on Climate Change

While not solely focused on health, the Paris Agreement recognizes that climate change has significant impacts on human health and well-being. The agreement aims to limit global warming to well below 2 degrees Celsius above pre-industrial levels, to prevent the worst impacts of climate change on health and other aspects of human life.

3 POTENTIAL ENVIRONMENTAL AND SOCIAL IMPACTS AND RISKS AND MITIGATION

This section describes in general terms the potential environmental and social risks and impacts of the types of activities that will be supported by the project.

3.1 Overview of Project Activities

Table *3-1* provides a summary of project component and their respective activities to give the highlight of the potential E&S risks associated with the project.

Table 3-1 BREHS Project Components and Activities

Component	Activity
Component 1: Strengthening institutional capacity to enhance efficiency in service delivery for UHC	
Sub-component 1.1: Institutional and operational reforms to enhance efficiency and transparency of KEMSA.	• Procurement and distribution of HPTs for primary care services (levels 1-3) in all 47 counties during the life of the project. • Automate the procurement processes, through rolling out a new ERP system with extended supply chain modules to ensure end-to-end visibility. • Development and implementation of an accountability dashboard to strengthen governance and accountability.
Sub-component 1.2: Health financing and quality of care reforms	• Development of regulations, design of business processes and claims processing among others, to transition from the NHIF to the SHA. • Establishment/strengthening of regulatory bodies and support counties towards operationalization of the Kenya Quality Model for Health (KQMH).
Sub-component 1.3: Improve availability of quality data for decision making	Conducting relevant cross-sectional surveys including, but not limited to, the WHO STEPwise approach to NCD risk factor surveillance (STEPS) survey, and the Household Health Expenditure and Utilization Survey.
Component 2: Improving utilization of quality health services at primary care level	
Sub-component 2.1: Improving availability of essential HPTs and delivery of key quality services at the primary care level	• Procurement and distributing selected HPTs to primary care facilities. • Implementation key quality of care related interventions delivered at the primary care level.
Sub-component 2.2: Improve delivery of quality health services in selected counties	• Revision, where needed, and roll out of standardized patient-level data collection tools22 at facility level. • Reporting of QoC by county monitoring and evaluation (M&E) units. • Development and implementation of facility level QoC improvement plans.

Component	Activity
	• Development and implementation of sub-county and county-level QoC improvement plans. • Peer-to-peer learning across the selected counties and with other high-performing counties.
Sub-component 2.3: Improving access to and utilization of quality health services in refugee and host communities	• Strengthening community health services. • Improving availability of essential HPTs for services at levels 1- 4 (level 4 is the sub-county hospital). • Improving the availability of diagnostic and medical equipment. • Training of community enrolled health nurses. • Recruitment of health workers. • Strengthening referral systems. • Rehabilitation of health facilities; and support towards management of the transition process of health facilities and health workers to County Governments.
Component 3: Project Management and Monitoring and Evaluation	Day-to-day management of the Project at the national and county levels.

3.2 Potential Environmental and Social Risks and Rating

Table *3-3* provides a summary of the potential E&S risks and impacts associated with the project. Again, it provides a rating[28] for the impacts viz:

- Red = Major;
- Orange = Moderate;
- Yellow = Minor; and
- No color = Negligible

Table 3-2 Risk and Impact Significance Definitions

Significance Level	Definition
Negligible	An impact of negligible significance (or an insignificant impact) is where a resource or receptor (including people) will not be affected in any way by a particular activity, or the predicted effect is deemed to be 'negligible' or 'imperceptible' or is indistinguishable from natural background variations.
Minor	An impact of minor significance is one where an effect will be experienced, but the impact magnitude is sufficiently small (with and without mitigation) and well within accepted standards, and/or the receptor is of low sensitivity/value.

[28] Rating is preliminary since final subproject designs and locations are currently unknown, and final EHS impact and risk identification will be determined as part of the subproject E&S assessment process as defined in this ESMF.

Significance Level	Definition
Moderate	An impact of moderate significance is one within accepted limits and standards. The emphasis for moderate impacts is on demonstrating that the impact has been reduced to a level that is as low as reasonably practicable (ALARP). This does not necessarily mean that 'moderate' impacts must be reduced to 'minor' impacts, but that moderate impacts are being managed effectively and efficiently.
Major	An impact of major significance is one where an accepted limit or standard may be exceeded, or large magnitude impacts occur to highly valued/sensitive resource/receptors. A goal of the ESIA process is to get to a position where the Project does not have any major residual impacts, certainly not ones that would endure into the long term or extend over a large area. However, for some aspects, there may be major residual impacts after all practicable mitigation options have been exhausted (i.e., ALARP has been applied). An example might be the visual impact of a development. It is then the function of regulators and stakeholders to weigh such negative factors against the positive factors such as employment, in coming to a decision on the Project.

Table 3-3 Potential Environmental and Social Risks and Impacts plus Rating and Mitigation

Component	Activity	Potential Risks and Impacts	Risk Rating (red = major; orange = moderate; yellow = minor; no color = negligible)	Proposed Mitigation Measures
Component 1: Strengthening institutional capacity to enhance efficiency in service delivery for UHC. ***Sub-component 1.1: Institutional and operational reforms to enhance efficiency and transparency of KEMSA.***	Procurement and distribution of HPTs for primary care services (levels 1-3) in all 47 counties during the life of the project.	**Environmental Risk:** Generation of HCW related to procurement and distribution of HPTs (ESS3)		• Develop and implement a medical waste management plan (MWMP) for each beneficiary facility. • Maintain a resilient and reliable supply chain to ensure that strategic stockpiles can be effectively replenished and maintained over time. • Adhere to the procurement plan for acquisition of all medical supplies and equipment from certified suppliers only. • Carry out due diligence for all potential suppliers to guarantee quality equipment and products. • Employ technologies that are least polluting and technically feasible. • Recycling of waste effluents will be carried out as far as possible and practical. • All wastewater discharges are to meet applicable Kenyan laws/regulations and WB Environmental, Health and Safety Guidelines (EHSGs) (General and sector-specific). • Provide adequate supplies of PPE for personnel involved in waste management including overalls / industrial aprons, leg protectors, boots, heavy duty gloves,

Component	Activity	Potential Risks and Impacts	Risk Rating (red = major; orange = moderate; yellow = minor; no color = negligible)	Proposed Mitigation Measures
				helmets, visors / face masks and eye protection (especially for cleaning of hazardous spills), and respirators (for spills or waste involving toxic dust or incinerator residue) as necessary; • Provide washing facilities for personal hygiene, particularly at waste storage locations.
		Social Risks: SEA/SH for project workers during operational phase due power dynamics between higher cadre staff and those at the lower cadres. (ESS2)		• Implement the developed SEA/SH action plan, *Annex H* • Implement the developed LMP. • Provide awareness sessions. • Every worker to sign Code of Conduct (CoC) • Provide training on CoC. • Implement the SEA-SH Action Plan
		Occupational health and safety from operating and machinery and equipment, working in confined spaces, poorly lit warehouses, traffic accidents, etc. (ESS2)		**Fire and explosions** • Storing flammables away from ignition sources and oxidizing materials. Further, flammables storage area should be: • Remote from entry and exit points into buildings. • Away from facility ventilation intakes or vents. • Have natural or passive floor and ceiling level ventilation and explosion venting.

Component	Activity	Potential Risks and Impacts	Risk Rating (red = major; orange = moderate; yellow = minor; no color = negligible)	Proposed Mitigation Measures
				• Use spark-proof fixtures. • Be equipped with fire extinguishing devices and self- closing doors and constructed of materials made to withstand flame impingement for a moderate period. • Providing bonding and grounding of, and between, containers and additional mechanical floor level ventilation if materials are being, or could be, dispensed in the storage area. • Where the flammable material is mainly comprised of dust, providing electrical grounding, spark detection, and, if needed, quenching systems • Defining and labeling fire hazards areas to warn of special rules (e.g., prohibition in use of smoking materials, cellular phones, or other potential spark generating equipment). • Providing specific worker training in handling of flammable materials, and in fire prevention or suppression. • Installation of smoke alarms and sprinkler systems; • Maintenance of all fire safety systems in proper working order, including self-

Component	Activity	Potential Risks and Impacts	Risk Rating (red = major; orange = moderate; yellow = minor; no color = negligible)	Proposed Mitigation Measures
				closing doors in escape routes and ventilation ducts with fire safety flaps; • Training of staff for operation of fire extinguishers and evacuation procedures; and • Development of facility fire prevention or emergency response and evacuation plans with adequate guest information. **Biological Hazards** • Work processes, engineering, and administrative controls should be designed, maintained, and operated to avoid or minimize release of biological agents into the working environment. The number of employees exposed or likely to become exposed should be kept at a minimum. • The employer should review and assess known and suspected presence of biological agents at the place of work and implement appropriate safety measures, monitoring, training, and training verification programs. • Measures to eliminate and control hazards from known and suspected biological agents at the place of work should be designed, implemented and maintained in

Component	Activity	Potential Risks and Impacts	Risk Rating (red = major; orange = moderate; yellow = minor; no color = negligible)	Proposed Mitigation Measures
				close co-operation with the local health authorities and according to recognized international standards. • The employer should always encourage and enforce the highest level of hygiene and personal protection. • HVAC systems should be equipped with High Efficiency Particulate Air (HEPA) filtration systems. **Chemical Safety** • Worker training • Work permit systems • Use of personal protective equipment (PPE) • Toxic gas detection systems with alarms • Use of partitioned workplace areas with good dilution ventilation and / or differential air pressures • Use of local exhaust ventilation (LEV) with flanged inlets to capture fugitive dusts and vapors released at open transfer points. • Use vacuuming equipment with HEPA filters and wet mopping instead of dry sweeping and blowing of solids with compressed air.

Component	Activity	Potential Risks and Impacts	Risk Rating (red = major; orange = moderate; yellow = minor; no color = negligible)	Proposed Mitigation Measures
				Ergonomics, Repetitive Motion, Manual Handling • Facility and workstation design with 5th to 95th percentile operational and maintenance workers in mind • Use of mechanical assists to eliminate or reduce exertions required to lift materials, hold tools and work objects, and requiring multi-person lifts if weights exceed thresholds. • Selecting and designing tools that reduce force requirements and holding times and improve postures. • Providing user adjustable workstations. • Incorporating rest and stretch breaks into work processes and conducting job rotation. • Implementing quality control and maintenance programs that reduce unnecessary forces and exertions. • Taking into consideration additional special conditions such as left-handed persons **Road Safety Risks** • Measures for measures for workers that are travelling (via road)

Component	Activity	Potential Risks and Impacts	Risk Rating (red = major; orange = moderate; yellow = minor; no color = negligible)	Proposed Mitigation Measures
				• Road safety training • Induction of all project staff on their roles and responsibilities relating to road safety ***Measures for truck drivers*** Adoption of best transport safety practices across all aspects of project operations with the goal of preventing traffic accidents and minimizing injuries suffered by project personnel and the public. Measures should include: • Emphasizing safety aspects among drivers. • Improving driving skills and requiring licensing of drivers. • Adopting limits for trip duration and arranging driver rosters to avoid overtiredness. • Avoiding dangerous routes and times of day to reduce the risk of accidents. • Use of speed control devices (governors) on trucks, and remote monitoring of driver actions. • Regular maintenance of vehicles and use of manufacturer approved parts to minimize potentially serious accidents caused by equipment malfunction or premature failure.

Component	Activity	Potential Risks and Impacts	Risk Rating (red = major; orange = moderate; yellow = minor; no color = negligible)	Proposed Mitigation Measures
				• Employing safe traffic control measures, including road signs and flag persons to warn of dangerous conditions. • ERP training. • Driving for work policy.
	Automate the procurement processes, through rolling out a new ERP system with extended supply chain modules to ensure end-to-end visibility.	**Social Risk:** Cybersecurity risks from potential hacking of KEMSA's ERP system.		• Follow strict data security and privacy protocols, including secure storage and handling of data. • Regular cybersecurity risk assessments. • Ensuring the use of up-to-date software and security protocols. • Ethical considerations should be considered, such as obtaining informed consent for data collection and ensuring the privacy and confidentiality of individuals' data.
		SEA/SH for project workers during training (ESS2)		See mitigation measures stated above.
		Exclusion of vulnerable groups e.g., women, youth, PWDs, lowly educated, etc. in project activities. (ESS2)		• Implement SEP • Strengthen awareness on the benefit of inclusion of the vulnerable groups in the project. • Ensure the proper participation and consultation of vulnerable groups during project implementation.

Component	Activity	Potential Risks and Impacts	Risk Rating (red = major; orange = moderate; yellow = minor; no color = negligible)	Proposed Mitigation Measures
				• Factor in the project infrastructure designs key recommendations to enhance gender inclusion and incorporate universal access. • Ensure the GRM is culturally appropriate with the project beneficiaries and project affected parties. • Implement the VGPF
	Development and implementation of an accountability dashboard to strengthen governance and accountability.	**Social Risks:** SEA/SH for project workers during operational phase due power dynamics between higher cadre staff and those at the lower cadres. (ESS2)		See mitigation measures stated above.
		Occupational health and safety due to workplace safety (ESS2)		See mitigation measures stated above.
Sub-component 1.2: Health financing and quality of care reforms	Development of regulations, design of business processes and claims processing among others, to transition from the NHIF to the SHA.	***Social Risks:*** Lack of understanding of risks and impacts of subprojects (ESS1). E&S risks and impacts of policies may not be considered during development.		• Screen each subproject prior to implementation. • Prepare all relevant E&S instruments to mitigate risks and impacts. • Raise awareness of E&S risks

Component	Activity	Potential Risks and Impacts	Risk Rating (red = major; orange = moderate; yellow = minor; no color = negligible)	Proposed Mitigation Measures
		Exclusion of vulnerable groups in project activities and consultations due to poor communication and inaccessible meetings (ESS10)		• Implement the developed SEP. • Implement the developed VGPF Establish and maintain continuous liaison with the communities including marginalised groups to sensitize them on the project objectives and design. • Use innovative communication means to reach the communities with information on the project. • Establish GRM structures in the communities and sensitize the communities on the project GRM. • Apply local languages in communication
		Inadequate stakeholder engagement due to bias towards some counties and stakeholder groups (ESS10)		See mitigation measures stated above.
		Downstream social risks emanating from TA (ESS1) e.g., exclusion of VMGs, etc.		See mitigation measures stated above.
	Establishment/strengthening of regulatory bodies and support counties towards operationalization of the	***Social Risks:*** Exclusion of vulnerable groups in project activities and consultations due to poor communication and		Mitigation measures are stated above.

Component	Activity	Potential Risks and Impacts	Risk Rating (red = major; orange = moderate; yellow = minor; no color = negligible)	Proposed Mitigation Measures
	Kenya Quality Model for Health (KQMH).	inaccessible meetings (ESS10)		
		Inadequate stakeholder engagement due to bias towards some counties (ESS10)		Mitigation measures are stated above.
Sub-component 1.3: Improve availability of quality data for decision making	Conducting relevant cross-sectional surveys including, but not limited to, the WHO STEPwise approach to NCD risk factor surveillance (STEPS) survey, and the Household Health Expenditure and Utilization Survey.	**Social Risks:** SEA/SH for project workers and project-affected persons during surveys due to power dynamics between project staff and community members (ESS2 and ESS4)		• Implementation of LMP including signing of CoC by all workers at point of hiring. • Implementation of SEA/SH Action Plan.
		Occupational health and safety e.g., enumerators may be exposed to the vagaries of weather, and no health breaks, etc. (ESS2)		• Implement the developed LMP which addresses OHS risks. • Ensure Project GRM are accessible. • Introduce transparent procedures for hiring and advertise job opportunities widely. • Provide workers' GRM. • Provide adequate housekeeping conditions to workers (e.g., safe drinking water, adequate sanitary conditions, designated areas for meals, etc.)

Component	Activity	Potential Risks and Impacts	Risk Rating (red = major; orange = moderate; yellow = minor; no color = negligible)	Proposed Mitigation Measures
		Exclusion of vulnerable groups e.g., women, youth, PWDs, etc. in surveys. (ESS4)		Mitigation measures are stated above.
		SEA/SH for project workers during operational phase due to power dynamics between project staff and community members (ESS2 and ESS4)		Mitigation measures are stated above.
Component 2: Improving utilization of quality health services at primary care level ***Sub-component 2.1: Improving availability of essential HPTs and delivery of key quality services at the primary care level***	Procurement and distribution of selected HPTs to primary care facilities.	**Environmental Risks:** Generation of HCW due to procurement and distribution of HPTs (ESS3)		Mitigation measures are stated above.
		Air emissions during transportation of HPTs to different counties (ESS3 and ESS4)		• Regardless of the size or type of vehicle, fleet owners / operators should implement the manufacturer recommended engine maintenance programs; • Drivers should be instructed on the benefits of driving practices that reduce both the risk of accidents and fuel consumption, including measured acceleration and driving within safe speed limits; • Replacing older vehicles with newer, more fuel efficient alternatives;

Component	Activity	Potential Risks and Impacts	Risk Rating (red = major; orange = moderate; yellow = minor; no color = negligible)	Proposed Mitigation Measures
				• Converting high-use vehicles to cleaner fuels, where feasible; • Implementing a regular vehicle maintenance and repair program.
		Noise and vibration from warehouse machinery and equipment, and HPTs transporting trucks (ESS2)		• Select equipment with lower sound power levels. • Install suitable mufflers on engine exhausts and compressor components in cases where the service provider uses generators. • Provide fit to work PPEs (ear plug/earmuffs) for all workers involved in the areas with elevated noise levels. • No employee should be exposed to a noise level greater than 85 dB(A) for a duration of more than 8 hours per day without hearing protection. In addition, no unprotected ear should be exposed to a peak sound pressure level (instantaneous) of more than 140 dB(C). • Periodic medical hearing checks should be performed on workers exposed to high noise levels.
		Social Risks:		See mitigation measures stated above.

Component	Activity	Potential Risks and Impacts	Risk Rating (red = major; orange = moderate; yellow = minor; no color = negligible)	Proposed Mitigation Measures
		Occupational safety and health from operating and machinery and equipment, working in confined spaces, poorly lit warehouses, traffic accidents, etc. (ESS2)		
		SEA/SH for project workers and project affected persons due power dynamics between higher cadre staff and those at the lower cadres and community members (ESS2 and ESS4)		See mitigation measures stated above.
		Unequal distribution of HPTs due to bias towards some counties and facilities (ESS4)		See mitigation measures stated above.
		Traffic safety impacts during transportation of HPTs (ESS4).		• Adoption of best transport safety practices across all aspects of project operations with the goal of preventing traffic accidents and minimizing injuries suffered by project personnel and the public. Measures should include: ○ Emphasizing safety aspects among driver ○ Improving driving skills and requiring licensing of drivers

Component	Activity	Potential Risks and Impacts	Risk Rating (red = major; orange = moderate; yellow = minor; no color = negligible)	Proposed Mitigation Measures
				○ Adopting limits for trip duration and arranging driver rosters to avoid overtiredness. ○ Avoiding dangerous routes and times of day to reduce the risk of accidents. ○ Use of speed control devices (governors) on trucks, and remote monitoring of driver actions • Regular maintenance of vehicles and use of manufacturer approved parts to minimize potentially serious accidents caused by equipment malfunction or premature failure.
		Resource inefficiency due procurement of substandard HPTs (ESS4).		• Adhere to the procurement plan for acquisition of all medical supplies and equipment from certified suppliers only. • Carry out due diligence for all potential suppliers to guarantee quality equipment and products.
		Poor logistic management due to transporters operational failures (ESS4)		See mitigation measures under, Transport safety impacts.
		Lack of access to grievance redress mechanism (ESS10)		• Implement project SEP and GRM. • Implement Workers' GRM. • Publicization of the GRM and grievance uptake points

Component	Activity	Potential Risks and Impacts	Risk Rating (red = major; orange = moderate; yellow = minor; no color = negligible)	Proposed Mitigation Measures
	Implement key quality of care related interventions delivered at the primary care level.	***Social Risks:*** Exclusion of vulnerable groups e.g., women, youth, PWDs, etc. in surveys. (ESS4)		Mitigation measures are stated above.
Sub-component 2.2: Improve delivery of quality health services in selected counties	• Revision, where needed, and roll out of standardized patient-level data collection tools at facility level. • Reporting of QoC by county monitoring and evaluation (M&E) units. • Development and implementation of facility level QoC improvement plans. • Development and implementation of sub-county and county-level QoC improvement plans. • Peer-to-peer learning across the selected counties and with other high-performing counties.	***Social Risk:*** Poor stakeholder engagement and grievance redress mechanism processes (ESS10).		Mitigation measures are stated above.
		Exclusion of vulnerable groups e.g., women, youth, PWDs, etc. in surveys. (ESS4)		Mitigation measures are stated above.

Component	Activity	Potential Risks and Impacts	Risk Rating (red = major; orange = moderate; yellow = minor; no color = negligible)	Proposed Mitigation Measures
Sub-component 2.3: Improving access to and utilization of quality health services in refugee and host communities	Improving availability of essential HPTs for services at levels 1- 4 (level 4 is the sub-county hospital) and diagnostic and medical equipment.	**Environmental Risks:** Generation of HCW due to utilization of HPTs (ESS3)		Mitigation measures are stated above.
		Air emissions from transportation of HPTs (ESS3 and ESS4)		Mitigation measures are stated above.
		Noise and vibration during transportation of HPTs (ESS2)		Mitigation measures are stated above.
		Social Risks: Occupational safety and health due to poor working conditions of truck drivers and warehouse staff (ESS2).		Mitigation measures are stated above.
		SEA/SH for project workers and project affected persons from interactions during project implementation (ESS2 and ESS4)		Mitigation measures are stated above.
		Traffic safety impacts during transportation of HPTs (ESS4)		Mitigation measures are stated above.

Component	Activity	Potential Risks and Impacts	Risk Rating (red = major; orange = moderate; yellow = minor; no color = negligible)	Proposed Mitigation Measures
		Poor logistic management due to transporters operational failures (ESS4)		Mitigation measures are stated above.
		Lack of access to grievance redress mechanism due to poor communication and stakeholder engagement (ESS10)		Mitigation measures are stated above.
	Training of community enrolled health nurses.	***Social Risks:*** SEA/SH for project workers and project affected persons (ESS2 and ESS4)		Mitigation measures are stated above.
		Exclusion of vulnerable groups e.g., women, youth, PWDs, etc. in surveys. (ESS4)		Mitigation measures are stated above.
	Recruitment of health workers.	***Social Risks:*** SEA/SH for project workers and project affected persons (ESS2 and ESS4)		Mitigation measures are stated above.
		Exclusion of vulnerable groups e.g., women, youth, PWDs, etc. in surveys. (ESS4)		Mitigation measures are stated above.

Component	Activity	Potential Risks and Impacts	Risk Rating (red = major; orange = moderate; yellow = minor; no color = negligible)	Proposed Mitigation Measures
	Climate resilient and energy-efficient rehabilitation of health facilities; and support towards management of the transition process of health facilities and health workers to County Governments.	***Environmental Risks:*** Soil, water and air pollution (ESS3), OHS risks (ESS2) from health care facility rehabilitation works.		Mitigate construction phase environmental risks as per guidance in Environmental and Social Code of Practice (ESCoP), *Annex D*.
		Generation of hazardous and non-hazardous waste including e-waste from Climate resilient and energy-efficient and operations. (ESS3 and ESS6)		• Implement a Waste Management Plan • Contractor to prepare C-ESMP. • Employ technologies that are least polluting and technically feasible. • Recycling of waste effluents will be carried out as far as possible and practical.
		Social Risks: Labor and working conditions including occupational, health and safety from climate resilient and energy-efficient. (ESS2)		• Set up local workforce minimum content for the contractors. • Maximize the use of local suppliers (for food, water, services etc.) • Comply with provisions of WIBA, 2007 on labour and working conditions. • Implement the developed LMP. • Ensure Project GRM is accessible. • Introduce transparent procedures for hiring and advertise job opportunities widely.

3.2.1 Risks and Mitigation Measures Specific to Disadvantaged and Vulnerable Groups

Table 3-4 Measures to Mitigate Adverse Risks and Impacts on VMGs

#	Adverse Impact	Proposed Mitigation Measure
1	Exclusion of the VMGs from the project. This is likely to result from the VMGs' current limited access to health care services.	• The BREHS will make specific effort to enhance awareness of and training for VMG members. • Implement the developed SEP. • Implement the developed VGPF Establish and maintain continuous liaison with the communities including marginalised groups to sensitize them on the project objectives and design. • Use innovative communication means to reach the communities with information on the project. • Establish GRM structures in the communities and sensitize the communities on the project GRM. • Apply local languages in communication.
2	During rehabilitation of health care facilities, the labor influx will lead to the spread of diseases such as HIV/AIDS, and other Sexually Transmitted Diseases (STDs).	• HIV/AIDS and STD education and awareness campaigns in VMG areas • Specific partnership with schools in VMG areas to create project and labor influx awareness and sensitization to attendant social and health risk management
3	The labor influx during construction may also disrupt the social lives of the VMGs especially their languages, taboos, and norms. Workers from outside may bring in new ways of life including diets and relationships with people of the opposite or same sex that may be offensive to VMG social organization.	• Induction of workers from outside VMG areas and sensitization to the culture of various VMGs. • Preparation of Codes of Conduct to protect VMG interests and culture to be signed and adhered to by contractor's workers.
4	Labor influx will also be a threat to the safety of children, girls, and women. Gender-based Violence will likely increase in the VMG territories as transactional sex set in.	• Implement the SEA/SH Action Plan and ensure judicious implementation. • Child Protection through labor practices compliant to the Children's Act Laws of Kenya.

3.2.2 Planning and Design Considerations for Avoidance of Environmental and Social Risks and Impacts

To avoid environmental and social risks and impacts, the Project will:

i. Eliminate hazards by removing the activity from the work process. Examples include substitution with less hazardous chemicals, etc.;
ii. Minimize hazards through design of safe work systems and administrative or institutional control measures. Examples include job rotation, training safe work procedures, out, workplace monitoring, limiting exposure or work duration, etc.
iii. Provide appropriate personal protective equipment (PPE) in conjunction with training, use, and maintenance of the PPE.

4 ENVIRONMENTAL AND SOCIAL RISK MANAGEMENT PROCEDURES

The environmental and social (E&S) risk management procedures will be implemented through the Project's subproject selection process. In summary, the procedures aim to do the following:

Table 4-1 Project Cycle and E&S Management Procedures

Project Stage	E&S Stage	E&S Management Procedures
a. Assessment and Analysis: Subproject identification	Screening	• During subproject identification, ensure subproject eligibility by referring to the ***Exclusion List*** shown in Box 4-1 below. • For all activities, use the ***Screening Form in Annex A*** to identify and assess potential environmental and social risks and impacts, and identify the appropriate mitigation measures for the subproject. • Identify the documentation, permits, and clearances required under the GOK's Environmental Regulation.
b. Formulation and Planning: Planning for subproject activities, including human and budgetary resources and monitoring measures	Planning	• Based on ***Screening Form*** adopt and/or prepare relevant environmental and social procedures and plans. • For activities requiring Environmental and Social Management Plans (ESMPs), submit the first 3 ESMPs for prior review and no objection by the World Bank prior to initiating bidding processes (for subprojects involving bidding processes) and/or launching activities (for subproject activities not subject to bidding). • Ensure that the contents of the ESMPs are shared with relevant stakeholders in an accessible manner and consultations are held with the affected communities in accordance with the SEP. • Complete all documentation, permits, and clearances required under the GOK's Environmental Regulation. • Train staff responsible for implementation and monitoring of plans. • Incorporate relevant environmental and social procedures and plans into contractor bidding documents; train contractors on relevant procedures and plans.
c. Implementation and Monitoring: Implementation support	Implementation	• Ensure implementation of plans through site visits, regular reporting from the field, and other planned monitoring • Track grievances/beneficiary feedback

Project Stage	E&S Stage	E&S Management Procedures
and continuous monitoring for projects		• Continue awareness raising and/or training for relevant staff, volunteers, contractors, communities.
d. Review and Evaluation: Qualitative, quantitative, and/or participatory data collection on a sample basis	Completion	• Assess whether plans have been effectively implemented. • Ensure that physical sites, if any, are properly restored.

More detail for each stage is provided below.

4.1 Subproject Assessment and Analysis – E&S Screening

As a first step, all proposed activities should be screened to ensure that they are within the boundaries of the Project's eligible activities, and they are not considered as activities listed on the E&S Exclusion List in the Box below.

Box 4-1 Exclusion List

- High and substantial risk environment subprojects (per WB ESF and ESSs definition). This Project is classified moderate risk.
- Any technical assistance (TA) activities that are classified as Type 1 as per WB Operations Environmental and Social Review Committee (OESRC) Advisory Note.
- Activities that may cause long term, permanent and/or irreversible impacts (e.g., loss of major natural habitats including habitats of wildlife and fisheries).
- Activities that may cause any significant loss of biodiversity.
- Activities that have a high probability of causing serious adverse effects to human health and/or the environment.
- Activities that may have significant adverse social impacts and/ or may give rise to significant social conflict.
- Activities that may potentially affect the quality or quantity of water or a waterway shared with other nations.
- Activities that may involve significant land acquisition, forced eviction and involuntary physical displacement.
- Activities that would disproportionately affect the historically underserved and vulnerable groups.
- Any activity affecting physical cultural heritage such as graves, temples, churches, historical relics, archeological sites, or other cultural structures.
- Activities that may impact on known cultural heritage sites including sites that are important to local communities.
- Any activity with significant environmental and social risks and impacts that require an Environmental and Social Impact Assessment (ESIA) Full study as per GOK's environmental regulations.
- Any activity that will require Free, Prior and Informed Consent (FPIC) as defined in ESS7.]

As a second step, the PMT E&S Specialists in the Project Management Team (PMT) will use the ***E&S Screening Form in Annex 1*** to identify and assess relevant environmental and social risks specific to the activities and identify the appropriate mitigation measures. The *Screening Form* lists the various mitigation measures and plans that may be relevant for the specific activities (such as the Environmental and Social Codes of Practice, the Environmental and Social Management Plan, the Labor Management Procedures, Chance Find Procedures, etc.). Additionally, each beneficiary institution (e.g., NHIF, KEMSA, etc.) will be required to prepare its own ESMP which includes a Medical Waste Management Plan (MWMP). *Annex B* carries guidance on how to prepare a MWMP.

The E&S Specialists will also identify the documentation, permits, and clearances required under the GOK's Environmental Regulation.

4.1.1 WBG Environmental and Social Risk Classification

According to World Bank Environment and Social Framework (ESF), projects are classified as high, substantial, moderate, and low risk depending on the environmental and social sensitivity of the subproject. The Bank requires the Borrower to carry out appropriate environmental and social assessment of Projects, and prepare and implement such Projects, as follows:

a. *High Risk* subprojects, in accordance with the ESSs; and
b. *Substantial Risk, Moderate Risk* and *Low Risk* subprojects, in accordance with national law and any requirement of the ESSs that the Bank deems relevant to such subprojects.[29]

The overall environmental and social risks classification for this Project is ***Moderate,*** therefore, appropriate environmental and social assessment for subprojects will be carried in accordance with GOK legal frameworks.

4.1.2 GOK Environmental and Social Risk Classification

The Second Schedule of Environmental Management and Coordination Act (EMCA) No. 8 of 1999 amended in 2019 by a regulation (Legal Notice No. 31) too adopts a risk-based reclassification of projects and facilities. *Low, medium,* and *high-risk* categories are adopted. For instance, an *activity out of character with its surrounding; and Any structure of a scale not in keeping with its surrounding* are categorized **High Risk.**

The Act and its subsidiary regulations require project proponents to carry out the following tiered environmental and social assessment:

1. *High Risk* projects – prepare and submit to NEMA headquarters, an ESIA full study report;
2. *Medium Risk* projects – prepare and submit to NEMA county offices, a comprehensive ESIA project report (CPR); and
3. *Low Risk* projects – prepare and submit to NEMA county offices, a summary ESIA project report (SPR).

The project will support climate resilient and energy-efficient rehabilitation of health facilities in Garissa and Turkana counties. However, the rehabilitation activities are expected to be minimal. As such, they will be classified as either low or medium risk thus require some form of Environmental and Social Impact Assessment (ESIA) – CPR or SPR. The subproject ESIA's will include ESMPs that should be adopted by contractors to form C-ESMP. Figure *4-1* shows GOK's EIA process where screening determines that an SPR and CPR is to be prepared.

[29] Where subprojects are likely to have minimal or no adverse environmental or social risks and impacts, such subprojects do not require further environmental and social assessment following the initial screening.

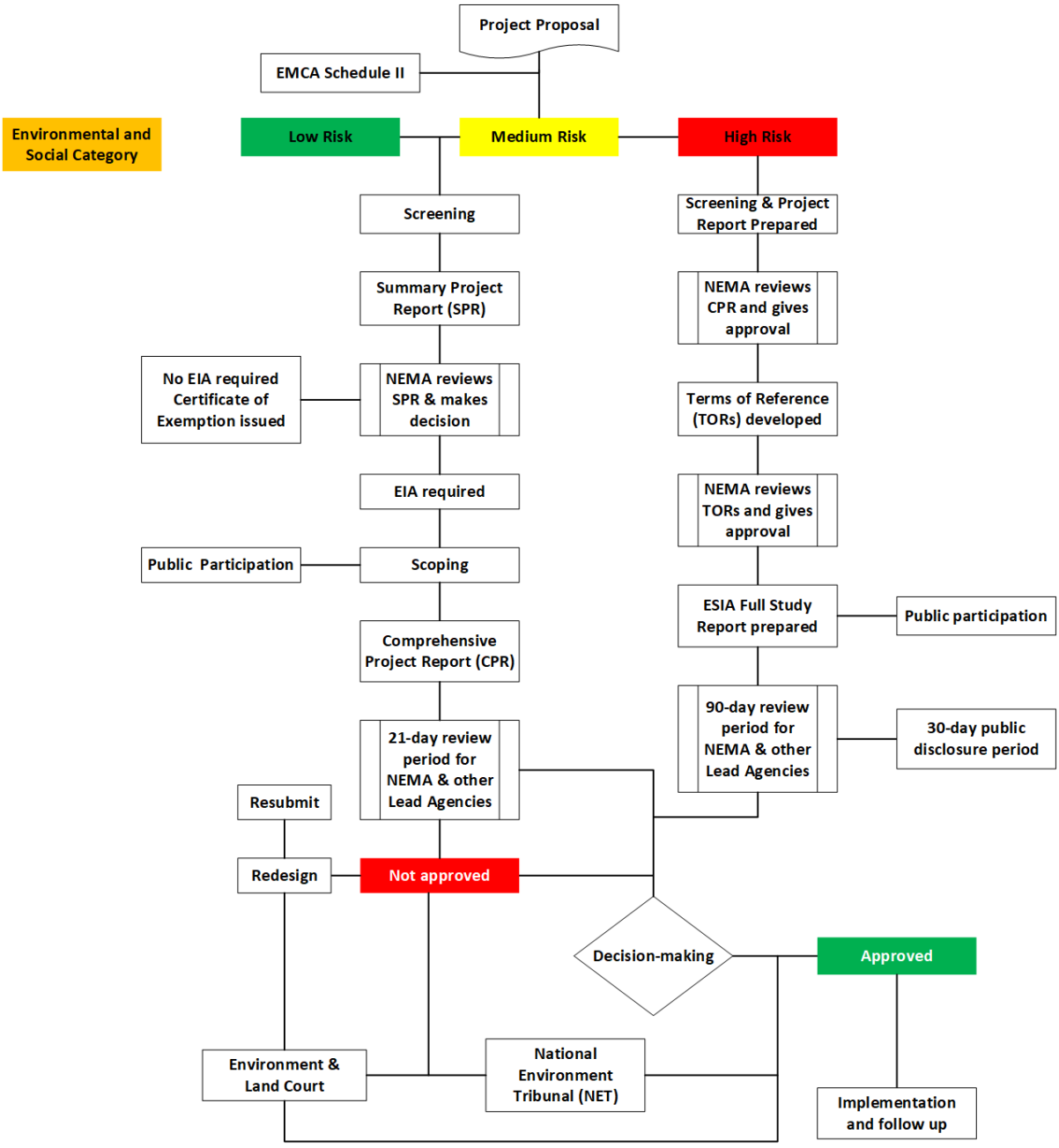

Figure 4-1 GOK EIA Process

4.1.3 Technical Assistance (TA) Classification

TA[30] activities will be assessed per WB OESRC procedure through applying strategic environmental and social analysis (SESA) tools and/or cumulative impact assessments. As with any projects to which Bank ESF applies, TA activities shall be evaluated for purposes of project risk classification in accordance with the Environmental and Social Policy paragraph 20, and Part C of the Bank Directive, Environmental and Social Directive for Investment Project Financing. The Project will not support the preparation of future infrastructure investment projects or Type -1 TAs according to OESRC Advisory Note classification. It will support Type 2 and Type 3 TAs which include support for the formulation of plans, strategies or legal frameworks as well as strengthening borrower capacities.

[30] ***Type 1:*** Supporting the preparation of future investment projects (whether funded by the Bank). ***Type 2:*** Supporting the formulation of policies, programs, plans, strategies, or legal frameworks. ***Type 3:*** Strengthening borrower capacity.

4.2 Subproject Formulation and Planning – E&S Planning

Based on the process above and the **Screening Form**, the PMT's E&S Specialists will adopt the necessary environmental and social management measures already included in the Annexes of this ESMF (such as the ESCOPs, the LMP, etc.) or develop relevant site-specific environmental and social management plans.

If site-specific ESMPs (SPR/CPR) are necessary, the PMT's E&S specialists will prepare TORs for recruitment of a NEMA licensed EIA expert, to prepare these ESMPs and other applicable documents as needed. *Annex E* carries generic TORs for recruitment of such an Expert. The PMT's E&S specialists will provide approval of the prepared ESMPs and other applicable documents. The contents of the ESMPs will be shared with relevant stakeholders in an accessible manner, and consultations will be held with the affected communities on the environmental and social risks and mitigation measures.

The three ESMPs (SPR/CPR) in each category of subproject will also be submitted to the World Bank for prior review and no objection. After this first 3, the World Bank and the PMT's E&S specialists will reassess whether prior review is needed for further ESMPs or a certain category of ESMPs (for example, for activities exceeding a certain budget, for certain types of activities).

The PMT's E&S specialists will also complete the documentation, permits and clearances required under the government's Environmental Regulation before any project activities begin.

At this stage, staff who will be working on the various subproject activities should be trained in the environmental and social management plans relevant to the activities they work on. The PMT's E&S specialists should provide such training to field staff.

The PMT's E&S specialists should also ensure that all selected contractors, subcontractors, and vendors understand and incorporate environmental and social mitigation measures relevant to them as standard operating procedures for civil works, if any. The PMT's E&S specialists should provide training to selected contractors to ensure that they understand and incorporate environmental and social mitigation measures; and plan for cascading training to be delivered by contractors to subcontractors and vendors. The PMT's E&S specialists should further ensure that the entities or communities responsible for ongoing operation and maintenance of the investment have received training on operations stage environmental and social management measures as applicable.

4.3 Implementation and Monitoring – E&S Implementation

During implementation, the PMT's E&S specialists will conduct regular monitoring visits. Subproject contractors will be responsible for implementing the mitigation and monitoring measures in the E&S risk management documents, with PMT oversight. The PMT working to implement the project will ensure that monitoring practices include the environmental and social risks identified in this ESMF and will monitor the implementation of E&S risk management mitigation plans as part of regular project monitoring.

At a minimum, the reporting will include (i) the overall implementation of E&S risk management instruments and measures, (ii) any environmental or social issues arising as a result of project activities and how these issues will be remedied or mitigated, including timelines, (iii) Occupational Health and Safety (OHS) performance (including incidents and accidents), (iv) community health and safety, (v) stakeholder engagement updates, in line with the SEP, (vi) public notification and communications, (vii) progress on the implementation and completion of project works, (viii) summary of grievances/beneficiary feedback received, actions taken, and complaints closed out, in line with the SEP, (ix) SEA/SH related measures, and (x) implementation of security related measures, where

appropriate. Reports from the local levels will be submitted to the PMT's E&S specialists at the national level, where they will be aggregated and submitted to the World Bank on a quarterly basis.

Throughout the Project implementation stage, the PMT's E&S specialists will continue to provide training and awareness raising to relevant stakeholders, such as staff, selected contractors, and communities, to support the implementation of the environmental and social risk management mitigation measures. An initial list of training needs is proposed below, in *Section 5.3*.

The PMT will also track grievances/beneficiary feedback (in line with the SEP) during project implementation to use as a monitoring tool for implementation of project activities and environmental and social mitigation measures.

4.3.1 Incidents Reporting

If an incident occurs, the PMT will be responsible for incident notification and reporting it to the Bank, gathering the relevant facts, undertaking adequate investigation to understand the causes, and for developing and implementing corrective actions to prevent recurrence. Central to the process is to ensure that an adequate investigation is undertaken by the PMT to determine if a project activity caused or contributed to the incident occurring. The Bank's Environment and Social Incident Response Toolkit (ESIRT) shall be used in incident notification and investigation.

Incidents shall be categorized into 'indicative', 'serious' and 'severe'. Indicative incidents are minor, small or localized that negatively impact a small geographical area or a small number of people and do not result in irreparable harm to people or the environment. A 'significant' incident is one that causes significant harm to the environment, workers, communities, or natural resources and is complex or costly to reverse. A 'severe' incident causes great harm to individuals, or the environment, or presents significant reputational risks to the World Bank.

The World Bank needs to be notified promptly (within 48 hours) of any incident or accident related to the Project which has, or is likely to have, a significant adverse effect on the environment, communities, the public or workers, including, inter alia, cases of SEA/SH and accidents that result in death, serious or multiple injuries (by the PMT).

The following incident types are to be reported using the environmental and social incident response process (ESIRT): Fatality; Lost Time Injury; Acts of Violence/Protest; Disease Outbreaks; Child Labor; Forced Labor; Unexpected impacts on heritage resources; Unexpected impacts on biodiversity resources; Environmental pollution incident; Sexual Exploitation; Sexual Abuse; Sexual Harassment; and any other incident or accident that may have a significant adverse effect on the environment, the affected communities, the public, or the workers, irrespective of whether harm had occurred on that occasion.

The PMT will need to provide sufficient detail regarding the scope, severity, and possible causes of the incident or accident, indicating immediate measures taken or that are planned to be taken to address it. The report should also include any information provided by any contractor or supervising entity.

Key information in the incident report should respond to the following questions:

- What was the incident? What happened? To what or to whom?
- Where and when did the incident occur?
- What is the information source? How did you find out about the incident?
- Are the basic facts of the incident clear and uncontested, or are there conflicting versions?
- What were the conditions or circumstances under which the incident occurred?
- Is the incident still ongoing or is it contained?

- Is loss of life or severe harm involved?
- How serious was the incident? How is it being addressed? How is the response?
- What, if any, additional follow up action is required, and what are the associated timelines?

All other incidents need to be reported in the quarterly E&S report, with a Root Cause Analysis (RCA) prepared by the contractor within 15 days of the incident or accident notification, which will be followed by the detailed action plan. In cases where prolonged investigations are required, quarterly reports will be provided.

4.3.2 External Supervision and Monitoring

4.3.2.1 National Environment Management Authority (NEMA)

The responsibility of the NEMA is to exercise general supervision and co-ordination over all matters relating to the environment and to be the principal instrument of government in the implementation of policies relating to the environment. Specifically, NEMA will:

- Provide approvals of subprojects and ESIA licenses to all the subprojects based on the environmental assessment reports submitted; and
- Conduct periodic monitoring of the subprojects by making regular site inspection visits to determine compliance of subprojects with the approved ESIA and will further rely on the submitted annual audit reports submitted for each subproject annually as required by EMCA as a way of monitoring. All monitoring reports as well as annual environmental audit report will be submitted to NEMA as specified by the environmental assessment and audit regulations, 2003.

4.3.2.2 Directorate of Occupational Safety and Health Services (DOSHS)

DOSHS will be responsible for the following during project implementation:

- Monitor the implementation of health and safety plans during project implementation;
- Rely on submitted annual health and safety and fire inspection audit reports for project facilities as required by OSHA for monitoring;
- Register all project sites as workplaces annually; and
- Enforce WIBA policy for all project workers.

4.3.2.3 World Bank Group

World Bank implementation support mission shall be periodically done to ascertain the level of implementation in line with the ESCP and other E&S instruments prepared for the project.

WBG will also approve ESSFs, ESIAs and ESMPs, where necessary.

4.4 Review and Evaluation – E&S Completion

Upon completion of Project activities, the PMT will review and evaluate progress and completion of project activities, and all required environmental and social mitigation measures. Especially for civil works, the PMT will monitor activities about site restoration and landscaping in the affected areas to ensure that the activities are done to an appropriate and acceptable standard before closing the contracts, in accordance with measures identified in the ESMPs and other plans. The sites must be restored to at least the same condition and standard that existed prior to commencement of works. Any pending issues must be resolved before a subproject is considered fully completed. The PMT will prepare the completion report describing the final status of compliance with the E&S risk management measures and submit it to the World Bank.

4.5 Technical Assistance Activities

The PMT will ensure that the consultancies, studies (including feasibility studies, if applicable), capacity building, training, and any other technical assistance activities under the Project are carried out in accordance with Terms of Reference acceptable to the Bank, that are consistent with the ESSs. They will also ensure that the outputs of such activities comply with the Terms of Reference.

5 IMPLEMENTATION ARRANGEMENTS, RESPONSIBILITY & CAPACITY BUILDING

This section describes the institutional arrangements to implement the ESMF including the screening of subprojects for environmental and social risks and impacts, preparation, and consultation in relation to the assessment and identification of mitigation measures for subprojects, review, clearance and disclosure of documentation and instruments, and monitoring the implementation of the ESMP. A clear delineation of responsibilities has been spelled out as well.

5.1 Project Management Team (PMT)

The project will be implemented by multiple entities at both national and county level. The MoH will have the overall responsibility of overseeing implementation of the project. County governments will be responsible for implementation of county-level activities under Component 2, with support from KEMSA for procurement and delivery of HPTs to primary care facilities. Both KEMSA and county governments will put in place a management team to oversee project implementation. In refugee camps, implementation will be undertaken by relevant county governments in close coordination with DRS and UNHCR.

The project management team (PMT) under the MoH, will have oversight responsibility for the overall coordination and implementation of the project. The PMT will be headed by the Project Manager who will be responsible for the effective functioning of the project. The MoH will be required to fully designate and maintain PMT members with appropriate skills, including component coordinators, safeguards and fiduciary staff, and M&E officer. The PMT will (i) coordinate the project activities; (ii) ensure the financial management of all project activities in all components; and (iii) prepare consolidated AWPs, budgets, monitoring and evaluation, and quarterly and annual financial and technical implementation reports. The PMT will compile reports from each of the 47 counties and all national implementing entities and share them with the World Bank.

The PMT shall have a full-time environmental safeguards officer with health and safety expertise and one social safeguards officer with social sciences and health expertise, each with more than five (5) years of experience in carrying out environmental and social assessments of Project activities. The PMT staff should have qualifications and experience acceptable to the World Bank. Additional staff shall be mobilized as needed on short-term and long-term engagements in accordance with capacity building and ESMF institutional assessment/ needs.

KEMSA and NHIF shall each assign Environmental & Social focal persons to maintain coordination and support E&S implementation of the Project.

5.2 Monitoring Roles & Responsibilities during Planning, Design, Construction and Operational Phase

5.2.1 Ministry of Health

MOH recruited environmental specialist with health and safety expertise and one social specialist with SEA/SH expertise shall take lead in guiding and implementing environmental requirements of the project, working in close collaboration with the respective beneficiary public health institutions key personnel responsible for monitoring the respective environmental and social impacts of the subprojects.

There will be a public health works engineer to monitor the rehabilitation works at Garissa and Turkana counties. The engineer will work closely with the project environment and social (E&S) specialists as well as the designated beneficiary public health institutions key personnel. Hired MoH E&S specialists' technical capacity will be enhanced by induction training at the beginning of project

implementation to appreciate the new ESF. This will facilitate a better understanding and appreciation of safeguard requirements through discussion of modalities for implementation of the project ESMF provisions. Financial facilitation would however be necessary for their effective participation.

The specific roles and responsibilities of the MoH E&S specialists are as follows:

- Oversee the production/updating of the ESMF, update the SEP and LMP and project specific ESMPs, MWMP, C-ESMPs) and other instruments.
- Ensure the implementation of the instruments and the ESCP.
- Undertake overall coordination and oversight for all the E&S safeguards activities.
- Oversee the implementation of provisions of the Contractor's ESMP through the Public health works Engineer.
- Review the ESMP/MWMP and submit to WB for review and clearance.
- Take overall responsibility of ensuring that the mitigation measures proposed in the prepared ESIAs and ESMPs, ESCP are implemented by the contractor and other applicable entities.
- Ensure that E&S risks and impacts related to the project are monitored and mitigated including: (i) management of highly infectious medical waste; (ii) risks that project impacts fall disproportionately on individuals and groups who, because of their particular circumstances, may be disadvantaged or vulnerable; (iii) any prejudice or discrimination toward individuals or groups in providing access to development resources and project benefits, particularly in the case of those who may be disadvantaged or vulnerable; (iv) impacts on the health, safety and well-being of workers and project-affected communities and other risks as outlined in the World Bank's ESF.
- Ensure inclusive and genuine stakeholder engagement and feedback mechanism, including a functional grievance redress mechanism for the project.
- Ensure the functioning of the GRM and follow-up on all social issues as reported on the GRM and/or as gleaned from other sources including the media.
- Monitoring of management of hazardous materials, management, and disposal of both solid and liquid wastes: treatment of the waste at respective sites, in addition to the disposal of both hazardous and non-hazardous wastes.
- Provide monthly reports for the Government and quarterly reports on environment and social safeguards implementation to the World Bank.

5.2.2 County Governments

County governments will play the following roles:

- County Governments shall supervise project roll out within respective counties to ensure no activity being implemented will become a source of danger, discomfort, or annoyance to the neighborhood.
- Issue licenses and permits.
- Ensure compliance with health Acts.
- Authorize waste management.

5.2.3 Contractors for Civil Works

Local contractors will be required to comply with the Project's E&S risk management plans and procedures, including the ESMP, ESCP, LMP, and local legislation. This provision will be specified in the contractor's agreements. Contractors will be expected to disseminate and create awareness within their workforce of environmental and social E&S risk management compliance for their effective implementation. Contractors for civil works have the following responsibilities:

- The contractors for construction activities will be responsible for planning, implementation, and reporting on implementation of mitigation measures during the execution of civil works. The contractor will also be required to apply standard quality assurance procedures in full compliance with the approved subproject specific ESMP.
- Have a full time E&S safeguards specialist for the day-to-day guidance of the project on matters of E&S compliance.
- Construction supervision will include monitoring of, and reporting on, E&S aspects, daily. In this regard, the contractor is required to develop and implement a Contractor's ESMP (C-ESMP) guided by the subproject's ESMP. C-ESMP should include the following:
    - Occupational Safety and Health Plan;
    - HIV/ AIDS management Plan;
    - Waste Management Plan;
    - GBV Action Plan;
    - Labour management Plan; and
    - Emergency Response Plan and others (Security Plan if prepared later in the project).
- The contractor will be responsible for the relevant training of staff and ensuring that they are fully qualified, sufficiently experienced and certified in accordance with contractual requirements for the work contracted to undertake.
- The project's Monthly Progress Reports shall contain a section referring to E&S matters, which summarizes the results of site monitoring, remedial actions, which had been initiated from the previous months, and whether resultant action is having the desired outcome. The report will also identify any unforeseen E&S related challenges and will recommend a suitable additional action.
- Promptly notify the MoH (and other relevant parties, such as Public Health works Engineer) and World Bank of any incident or accident related to the Project which has, or is likely to have, a significant adverse effect on the environment, the affected communities, the public or workers. Major issues (fatal accidents, injuries) will be reported to the Bank within 24 hours of occurrence. Provide sufficient detail regarding the incident or accident, indicating immediate measures taken or that are planned to be taken to address it, and any information provided by any contractor and supervising entity, as appropriate. Subsequently, as per the MoH request, prepare a report on the incident or accident and propose any measures to prevent its recurrence.
- Progress site meetings with the contractor will also include a review of E&S safeguards and a section will be presented on the progress of implementation of safeguards in the monthly site meetings.
- The Contractor's E&S specialists or Community Liaison Officer shall also be in constant engagement with local leaders and community and ensure that any arising environment and social grievances are addressed.
- Ensure contractor's E&S monitoring report will be prepared monthly over the construction period. Detailed monthly monitoring reports with clear illustrations of implementation of mitigation measures shall be compiled by the contractor under the supervision of the R.E. These detailed reports with evidence of compliance will be prepared and appended to summary monthly site meeting reports.

Other entities responsible for operating project related aspects:

5.2.4 Head of Beneficiary Public Health Institutions (KEMSA, NHIF, Primary care HCFs, etc.)

Head of beneficiary PHIs have the following EHS responsibilities:

- Assess the Subproject and its environmental and social risks and impacts;
- Prepare the Subproject's environmental and social documentation, in accordance with GOK laws and ESSs;
- Engage with people affected by the Project and other stakeholders, through information disclosure, and meaningful consultation in accordance with the GOK laws and ESSs; and
- Furnish all required information, including executive summaries and reports on the environmental and social assessment, all the Subproject's required environmental and social documentation, and monitoring reports, to the Bank for review;
- Comply with the Subprojects environmental and social obligations under the Project in accordance with the legal agreements with the Bank governing the Project; and
- Ensure that contractors appropriately implement the agreed measures, the Heads of the PHIs includes the relevant environmental and social requirements in the tendering documents and contracts for goods and services required for the Project.

5.2.5 External Supervision and Support Implementation

5.2.5.1 National Environment Management Authority

The responsibility of the NEMA is to exercise general supervision and co-ordination over all matters relating to the environment and to be the principal instrument of government in the implementation of policies relating to the environment. NEMA will provide approvals of subprojects and ESIA licenses to all the subprojects based on the environmental assessment reports submitted. NEMA will also undertake periodic monitoring of the subprojects by making regular site inspection visits to determine compliance of subprojects with the ESIA/ESMPs approved and will further rely on the submitted annual audit reports submitted for each subproject annually as required by EMCA as a way of monitoring. All monitoring reports as well as annual environmental audit report will be submitted to NEMA as specified by the environmental assessment and audit regulations, 2003.

5.2.5.2 World Bank Group

World Bank implementation support mission shall be periodically done to ascertain the level of implementation in line with the ESCP and other environment and social instruments prepared for the project namely: ESMF, LMP and SEP. The Bank monitors the Project on an ongoing basis until Project completion. In supervising and monitoring implementation of the environmental and social aspects of the Project, the Bank:

- Conducts periodic site visits if the Project has adverse environmental or social risks and impacts;
- Conducts comprehensive field-based reviews if the Project has significant adverse environmental and social risks and impacts;
- Reviews the periodic monitoring reports furnished by the Client to ascertain whether adverse risks and impacts are mitigated as planned and as agreed with the Bank;
- Consults with the Client on corrective measures to rectify any failures to comply with its environmental and social obligations, as documented in the legal agreement governing the Project; and
- Prepares a completion report that assesses whether the objective and desired outcomes of the Project's environmental and social measures have been achieved, considering the baseline conditions documented in the safeguard instruments or other approved documentation (as applicable), and the results of monitoring.

5.3 Proposed Training and Capacity Building

Training and capacity building will be necessary for the key stakeholders to ensure effective implementation of this ESMF, SEP, and other environmental and social documents. An initial training approach is outlined in the table below. To the extent possible, training on environmental and social risk management will be integrated into the project cycle and operational procedures. Given the need to raise awareness among project workers and stakeholders at many levels, a cascading model is proposed where information will follow from the national level to the community levels.

Table 5-1 Proposed Training and Capacity Building Approach

Level	Responsible Party	Audience	Topics/Themes that May Be Covered
National / PMT level	World Bank	National staff responsible for overall implementation of ESMF	ESMF and approach: • Identification and assessment of E&S risks. • Selection and application of relevant E&S risk management measures/instruments. • E&S monitoring and reporting. • Incident and accident reporting. • Application of LMP, including Code of Conduct, incident reporting, SEA/SH, etc. • Application of SEP and the grievance/beneficiary feedback mechanism.
County level	PMT's E&S Specialists	County staff, healthcare facilities E&S, and VMG focal persons) Contractors	ESMF and approach: • Identification and assessment of E&S risks. • Selection and application of relevant E&S risk management measures • E&S monitoring and reporting • Incident and accident reporting • Application of LMP, including Code of Conduct, incident reporting, SEA/SH. • Application of SEP and the grievance/beneficiary feedback mechanism
Healthcare facility / site level	E&S, VMG focal persons	Level 1-3/4 healthcare facility staff Local contractors	• Application of SEP and the grievance/beneficiary feedback mechanism

Level	Responsible Party	Audience	Topics/Themes that May Be Covered
			• Application of LMP, including Code of Conduct, incident reporting, SEA/SH. • Application of ESCOPs or ESMPs, as relevant.
Community level	Level 1-3/4 healthcare facility staff	Community members Community health promoters, if relevant	• Basic OHS measures and Personal Protective Equipment. • Community health and safety issues. • Worker Code of Conduct. • SEA/SH issues, prevention, measures. • Grievance redress. • Workers' grievance redress

5.3.1 Resources and Budget

Table *5-2* presents the estimated costs for the implementation of the ESMF. It excludes costs for the implementation of the SEP.

Table 5-2 ESMF Implementation Budget

Activity/Cost Item	Potential Cost (USD)
Trainings for staff (venue, travel, refreshments etc.)	200,000.00
Trainings for contractors (venue, travel, refreshments, etc.)	20,000.00
Preparation of site-specific ESMPs (CPR/SPR) and other site-specific plans	70,000.00
Cost of obtaining clearances or permits	30,000.00
Implementation of site-specific ESMPs and other site-specific plans	100,000.00
Environmental and social staff (for different levels)	150,000.00
Travel and accommodation budget for environmental and social staff site visits	70,000.00
TOTAL	**640,000.00**

5.4 Management of Change Process

Management of Change (MOC) is a systematic approach to dealing with organizational change. Although typically applied in industrial facilities and operations, it can be implemented in any

workplace, especially for those that change their practices and processes from time to time. The goal of MOC is to safeguard workers from potential harm during crucial periods of transition.

In collaboration with NEMA and DOSHS, the project should create and implement an MOC strategy focused on potential consequences of the change it will introduce, assess the risks involved, and make sure that actions are in place to alleviate the risk and make the implementation possible for all employees.

In creating an MOC system for the project, the following steps should be followed:

- **Step 1 – Look at the bigger picture:** Assess the change the project wishes to implement and consider all possible outcomes and consequences. Recognizing all the changes and potential outcomes are crucial in figuring out the appropriate safety measures to take;
- **Step 2 – Understand that hazards aren't permanent:** certain measures and actions can do wonders at reducing risks and hazards that arise during a change in the workplace. Not all risks can be avoided, and that's a fact, but the project can still take measures to ensure that the risk is as low as possible;
- **Step 3 – Check if the change is feasible:** it's important to understand whether the project can accomplish the change without running into major issues. And if any issues arise from the change, they need to be accounted for;
- **Step 4 – Conduct a Pre-safety Startup Review (PSSR):** a PSSR is crucial before implementing any change. This is to ensure that also safety measures are in place before implementing a change;
- **Step 5 – Implement the change only if safe:** if there are high risks involved with the change, it's not worth doing. So, the project should only proceed with changes after determining all the risks and deciding that they are manageable; and
- **Step 6 – Make the necessary changes:** there's a high chance that project teams will meet some bumps in the road when implementing a change. So, it's important to take notes from people on the ground and adjust accordingly.

6 STAKEHOLDER CONSULTATION, GRIEVANCE REDRESS AND INFORMATION DISCLOSURE

This Chapter presents a summary of the stakeholder engagement undertaken as part of the ESMF and other safeguard instruments preparation process and proposed grievance redress mechanism. It also serves as a summary of a more detailed Stakeholder Engagement Plan (SEP), which presents the engagement approach and identifies stakeholders and the mechanisms through which stakeholders have been engaged. The SEP is a living document which can be updated through the course of the project to incorporate changes and updates in the stakeholders.

The engagement process has been designed to meet both Kenyan legal requirements for public participation, and international requirements for engagement as outlined in the WBG ESS 10.

6.1 Stakeholder Consultation

6.1.1 Objectives of Stakeholder Consultation

The objectives of engaging key stakeholders during this ESMF and other safeguard instruments preparation process included:

1. **Ensure understanding** – inform stakeholders about the Project through disclosure of pertinent information (e.g., components, activities, beneficiaries, inputs, outputs, outcomes, etc.);
2. **Involve stakeholders in the assessment** – include stakeholders in the scoping of issues, the assessment of impacts, the generation of mitigation measures and the finalization of the ESMF. They also play an important role in providing local knowledge and information for the baseline to inform the impact assessment;
3. **Build relationships** – Through supporting open dialogue, engagements help establish and maintain a productive relationship between the Project and stakeholders. This supports not only an effective ESMF, subsequent ESMPs/ESIAs, but also strengthens the existing relationships and build new relationships between the ICTA and stakeholders;
4. **Engage vulnerable people** – An open and inclusive approach to consultation increases the opportunity of stakeholders to provide comment on the Project and to voice their concerns. Some stakeholders, however, need special attention in such a process due to their vulnerability. Special measures are to be considered to ensure that the perspectives of Vulnerable and Marginalized Groups (VMGs) are heard and considered;
5. **Manage expectations** – It is important to ensure that the Project does not create or allow unrealistic expectations to develop amongst stakeholders about Project benefits. The engagement process serves as one of the mechanisms for understanding and then managing stakeholder and community expectations, where the latter is achieved by disseminating accurate information in an accessible way; and
6. **Ensure compliance** – engagement process was designed to ensure compliance with both local regulatory requirements (EMCA) and international best practice (WBG ESS 10).

6.1.2 Project Stakeholders

A stakeholder is defined as any **individual or group** which is **potentially affected by the Project** or **who has an interest in the Project and its potential impacts**. Different issues are likely to concern different stakeholders, as such, stakeholders have been grouped based on their connections to the Project.

Below is a range of stakeholder groups that have been identified and included within the stakeholder engagement process to date:

1. MOH
2. All 47 county governments and Council of Governors' Health Committee
3. Kenya Medical Supplies Authority (KEMSA)
4. National Hospital Insurance Fund (NHIF)
5. United Nations High Commissioner for Refugees (UNHCR)
6. Department of Refugee Services (DRS)
7. Department of Social Protection
8. National Gender Equality Commission (NGEC)
9. National Environment Management Authority (NEMA)
10. Directorate of Occupational Safety and Health Services (DOSHS)
11. NGOs in health, WASH, etc.
12. VMGs in Kenya
13. National Government Administration Officers (NGAOs) in Nairobi and across the project footprint
14. Women's groups
15. Refugees and refugee groups
16. Religious Organizations
17. People Living with Disabilities (PWDs), People living with HIV/AIDS
18. Community health promoters
19. Level 1-4 health care facilities heads and committees
20. Faith Based Organizations (FBOs)

6.1.3 Approach to Stakeholder Consultation

Stakeholder consultation for BREHS safeguard instruments was undertaken using a staged approach in line with the various phases of its development as follows:

- ESMF and safeguard instruments preparation process consultation; and
- Post-ESMF and safeguard instruments consultation.

6.1.3.1 ESMF and Other Safeguards Instrument Preparation Process Consultation

Table *6-1* presents a summary of the stakeholder consultations conducted during the ESMF and other safeguard instruments preparation process.

A summary of the key issues raised/comments by the different stakeholders is presented in *Section 6.1.3.2*. The results of the stakeholder consultations have been incorporated into the baseline information as well as into the impact assessment Chapter (*Chapter 3* of this ESMF).

Table 6-1 Details of ESMF Process Consultation

Safeguard Instrument	Stakeholder	Mode of Engagement	Engagement Date	Venue
ESMF, LMP, VMGF, SEP, ESCP	County environmental safeguards officers	Virtual call	October 26, 2023	Virtual call
ESMF, LMP,VGMF, SEP, ESCP	County Vulnerable and Marginalized groups (VMGs) focal persons	Virtual call	October 27, 2023	Google meet.

Safeguard Instrument	Stakeholder	Mode of Engagement	Engagement Date	Venue
ESMF, LMP, VGMF, SEP, ESCP	Social Protection Ministry for stakeholder engagement	Virtual call	October 30 2023	Google meet
ESMF, LMP, VGMF, SEP, ESCP	Vulnerable and marginalized communities/indigenous people and CSOs	Virtual call	November 8, 2023	Google meet

6.1.3.2 Outcomes of Stakeholder Consultations to Date

As indicated in Table *6-1* stakeholder consultation meetings were held during the preparation of the ESMF and other safeguard instruments for the Project.

Some of key questions and concerns raised by stakeholders during this process are summarized in Table *6-2*. More details are in *Annex C*.

Table 6-2 Sample Outcomes from Preliminary Stakeholder Engagement

Stakeholder Group	Topic	Outcomes
E&S Focal Persons	Project Key Stakeholder Identification	Governors, CECs, COs, Public Works, Community Health Committees, Community Health Promoters, County departments for water and environment, WASH NGOs, National Government Administration Officers (NGAOs) e.g., Police (GBV cases), Vulnerable and Marginalized Groups (VMGs), FBOs, MCAs, MPs, PWDs, People living with HIV/AIDS, Gender departments, NGOs in health, County health committees, local CBOs, Level 1 to 3 health facility heads and committees, primary healthcare networks, MOH at Afya House, social influencers.
	Grievance Redress Mechanism (GRM)	• E&S focal persons roles should be clearly specified in Project documentation to avoid conflicts with other cadres who may want to interfere with/hijack implementation. • Specify roles clearly for each implementer, officer. • Clearly define terms -currently causing confusion- PCN, UHC, CHS and define roles. • Current gap in training at community level-committees, members on GRM. Sensitize communities on how to report grievances. • Allocate resources for Level 1- GRM committee to have functions and financial resources. • MOH should provide a ceiling for project activities. • Sensitize as many stakeholders as possible about the project to avert future conflicts. • THS project had problematic, “handing over and taking over”. Grievance books not filled at Level 1 and 2. Grievance mechanism implementation not resourced. CPHOs lacked authority to implement.

Stakeholder Group	Topic	Outcomes
		• Suggestion boxes not working. WhatsApp and toll-free numbers can work better. • An effective GRM requires sustained training of overseers.
	Environmental Issues	• Health care waste (HCW) management needs a budget. • Training and sensitization on HCW are also needed because of vast knowledge gaps. • There's need for proper planning, e.g., Muranga county procured an HCW vehicle despite not having a treatment plant. Vehicle was grounded. • Incinerators are not efficient as they emit to air. • The need to embrace new technology in HCW management since incinerators create air emissions and microwaves are expensive to maintain. Smokeless incinerators should be trialed. • Sanitary pads disposal, what can the project do?
	Project sustainability	Counties need to match World Bank funding to sustain the project.
	Peer to Peer Learning	Peer to peer learning should be included in the project. Under THS, some counties did better than others, therefore, need for cross-learning.
VMG Focal Persons	Who are VMGs	• VMGs are those with low access to health services. • Refugees – lack of citizenship rights. • Those with low population numbers e.g., Riba, Ogieks, Ilchamus, etc. • THS scholarship uplifted VMGs professionally. • Those that are discriminated against. • 33 tribal groups are currently categorized as VMGs in Kenya.
	Project Benefits to VMGs	• Create employment for VMGs. • Build capacity of VMGs through training/ scholarship program. • Bring health services closer to VMGs. Outreach should be considered. • Primary care networks (PCN) and UHC will help delivering holistic health. • Improvement of maternal health. MNH indicators improvement. • Train and employ locals. • Counties should co-fund the Project to assure sustainability. • Effectiveness will increase if HIV/AIDS. • SHA should register VMGs.
	Adverse project impacts on VMGs	• Untimely disbursement of funds delays project implementation. • County governments not being aware of the Project and thus negative attitude towards VMGs. • Fund diversion by county governments

Stakeholder Group	Topic	Outcomes
		• GBV. • VMGs FPs not included in project communications. Should be include in planning, implementation and M&E.
	Partnerships	• Empower communities. • Collaborate with livelihood diversification organizations to increase VMGs disposable incomes.
	Gender-based violence	• Triple threat approach to GBV + HIV/AIDS + Teenage Pregnancy. • Involve community, elders, community GBV champions. • Link campaigns with the justice system. Migori has a GBV courtroom.
Department of Social Protection (DSP)	General comments on the proposed	Carren Ogoti and Jacynter Omondi commented that the DPS was already implementing similar projects and that they were already partnering with MOH in some of them: • National Positive Parenting Programme that includes promotion of family health; • Nutrition Improvement through Cash and Health Education (NICHE) – aims at cushioning vulnerable populations from the effects of extreme poverty and diseases. Designed to measurably improve the nutritional status of children in the first 1,000 days of life; • *Inua Jamii* Jane Janzi called for merging of MOH's MIS and DSP's Single Registry to avoid duplication.
	Proposed project beneficiaries	John Njoroge asked that the imprisoned should be added as beneficiaries of the Project. The project should cover reproductive health and provide health insurance for children. Jacynter Omondi added that street families and PWDs should be also potential beneficiaries.
	Potential Environmental Risks and Impacts and Mitigation	• Accessibility of health services and vastness of counties – develop a communication plan, leverage NGAO, CHPs, etc. • Insecurity – Bandit attacks. • Mismanagement. • Gender-based violence – GRM (online), beneficiary welfare committees • Socio-cultural norms prohibit discussion of topics like reproductive health – work with elders. • Limited data to inform decision-making – merge MIS. • Exclusion of older persons. • Sustainability – county governments should co-fund to ensure ownership.

Stakeholder Group	Topic	Outcomes
		• Conflicts between refugees and host communities – clearly define roles for each.
VMGs Communities' leaders	Project Benefits	• Training for health personnel from VMG communities and groups is welcome – *Though Ambuya clarified that training will only cover Garissa and Turkana Counties.* • How the Project will be designed to be accessible to the disabled e.g., sign language, braille, etc. When will PWDs be integrated into the Project? • Any Project activities at the health care facility level should also include lab technologists and nutritionists. • Project should support the establishment of diagnostic services at the primary care level. Mostly facilities are either equipped with a laboratory, but no lab technologist or vice versa. • Tana River County has three VMGs i.e., Wailwana, Munyoyaya, and Waata. These VMGs did not benefit from nursing training under THS-UC. FGM is rampant in these communities resulting in multiple fatalities, and it will be good if the Project added FGM eradication as a target. Again, the scholarship program should be reinstated. • Lab technologists training is required and capacity building of health committees. • Community should be involved in decision-making. THS delayed for over three years.
	Potential Environmental Risks and Impacts	Medical waste management challenge.
	Potential Social Risks and Impacts	• Exclusion of the small communities from the Project – Community representatives' role in the Project should be enhanced. VMGs reps sitting at national, county project committee levels. Community focal persons need to be considered for a stipend to enable them to support the Project. • Sabotage by some county officials when their realize that the Project benefits are earmarked for VMGs communities. • Communication barrier and especially for PWDs. • Sexual exploitation and abuse/Sexual harassment – VMGs communities are not known to be assertive and conversant with their rights. • Stigma and discrimination for e.g., HIV/AIDS positive people and PWDs – empower focal persons to conduct monitoring.
	VMG Organizations	• Chepkitale Indigenous People Development Project • Women organizations • Endorois Welfare Council

Stakeholder Group	Topic	Outcomes
		• Samburu County VMGs • The Ndorobos, Lkunono • Ogiek People's Development Program • Samburu Women Trust • Nubian Council of Elders • Nigateni CBO • Chepkitale ogiek women associations • Kootab Sogot Council Elders (KSCE) • Sengwer People Development Project • Tirap Youth Trust
	Grievance Redress Mechanism (GRM)	• Elders should have a role in resolving grievances. • Tana River County VMGs are headed by chairmen who are involved in solving small problems at the local level.

Note: The ESMF will be disclosed in draft form for stakeholder consultations.

6.1.3.3 Post-ESMF Engagement

The Project is committed to continuous engagement with stakeholders throughout the life of the Project, from the current stages of planning and design, through construction into operation, and eventually to closure and decommissioning.

Plans and activities implemented during the next stages of Project planning and development will therefore feed into and inform on-going stakeholder engagement as the Project moves into these stages, ensuring that two-way dialogue with those affected, both positively and negatively by the proposed Project is maintained.

The aim will be to ensure that the Project remains in contact with all interested parties and cognizant of their concerns, and that these are addressed in an effective and timely manner. At each stage, a detailed schedule of activities and events will be developed and widely disseminated so that people know how to interact with and participate in the Project.

6.2 Grievance Redress Mechanism

6.2.1 Overview

A grievance is an issue, concern, or claim (either perceived or actual) that an individual or community group wants addressed or resolved by the Project. It may include complaints of impacts, damages or harm caused by the Project or related activities during construction, operation, or decommissioning phase.

In accordance with ESS10 of the WB ESF and the national regulations of the participating nations, a GRM will be formed by the Project to provide a formal process for handling grievances from stakeholders (the public, employees, and partners). For the mechanism to be effective, it must be clear, gender-responsive, culturally acceptable, easily accessible and available, cost-free, without retribution, and with an appeals process. All complaints will be promptly recorded, examined,

addressed, and closed. To protect the project's finances and reputation, a successful GRM can assist in identifying issues before they get more serious[31]. The GRM specifically:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the implementation of a project;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants;
- Ensures compliance with laws and regulations and reduces exposure to litigation and the need to resort to judicial proceedings;
- Ensures prompt, consistent, and respectful receipt, investigation, and response to complaints.
- Ensures proper documentation of complaints and implementation of actions;
- Contributes to continuous improvement in performance through lessons learned; and
- Enhances trust and positive relationships with stakeholders.

The project will incorporate a GRM as a crucial component for successful delivery of the components. The PMT will prepare a simple booklet, with easily understood illustrations, explaining the GRM as applicable to all the stakeholders of project. The booklet will include details of how, when and where to report/ handle grievances. This booklet will be disseminated to all key project stakeholders including direct workers.

6.2.2 Grievance Management Process

a) The Social specialists will receive and document complaints on behalf of the PMT. Complaints received will be channeled to the Project Component Leads who will liaise with the User Departments to ensure that the respective complaints are resolved, and feedback provided to the complainant. The Social Specialists will table summary complaints during biweekly PMT meeting to discuss and deliberate on any outstanding complaints (including any general PMT staff concerns). Membership of the bi-weekly PMT meeting will comprise of the Project Manager, Deputy Project Manager, Component Leads, Procurement Officer, Internal Auditor, Accountant, M&E Officer, Environmental and Social specialists, Project Finance Officer, Communication Officer and Project Administration Officers. Minutes of the meetings will be kept, and action points summarized for ease of follow-ups. Any preliminary investigation should take place within one month of the committee meeting. All formally raised complaints require feedback to the complainants within 4 weeks (28 days) of a decision being made.

b) For informal complaints, i.e., those raised through social media, print media or not formally lodged, the committee should deliberate upon them to decide whether to investigate them based on the substance and potential impact/reputational risk to the MoH and the World Bank.

c) If the complaint should be referred to the government's legal complaints structures (e.g., EACC, CAJ, etc.),

d) Complaints regarding GBV/SEAH should be kept confidential, the name of the complainant should not be recorded, only the age and gender of the complainant, and whether a project worker was involved. The complaint should be sent directly to the PM who should immediately inform the World Bank.

e) No disciplinary or legal action will be taken against anyone raising a complaint in good faith.

f) A quarterly report of complaints resolution should be provided to the World Bank (as per the reporting format in Annex 2).

[31] Adapted from: *http://documents.worldbank.org/curated/en/342911468337294460/pdf/639100v10BRI0F00Box0361531B0PUBLIC0.pdf*

6.2.2.1 *Grievance Management Process*

The Project grievance management process is as detailed in Figure *6-1*:

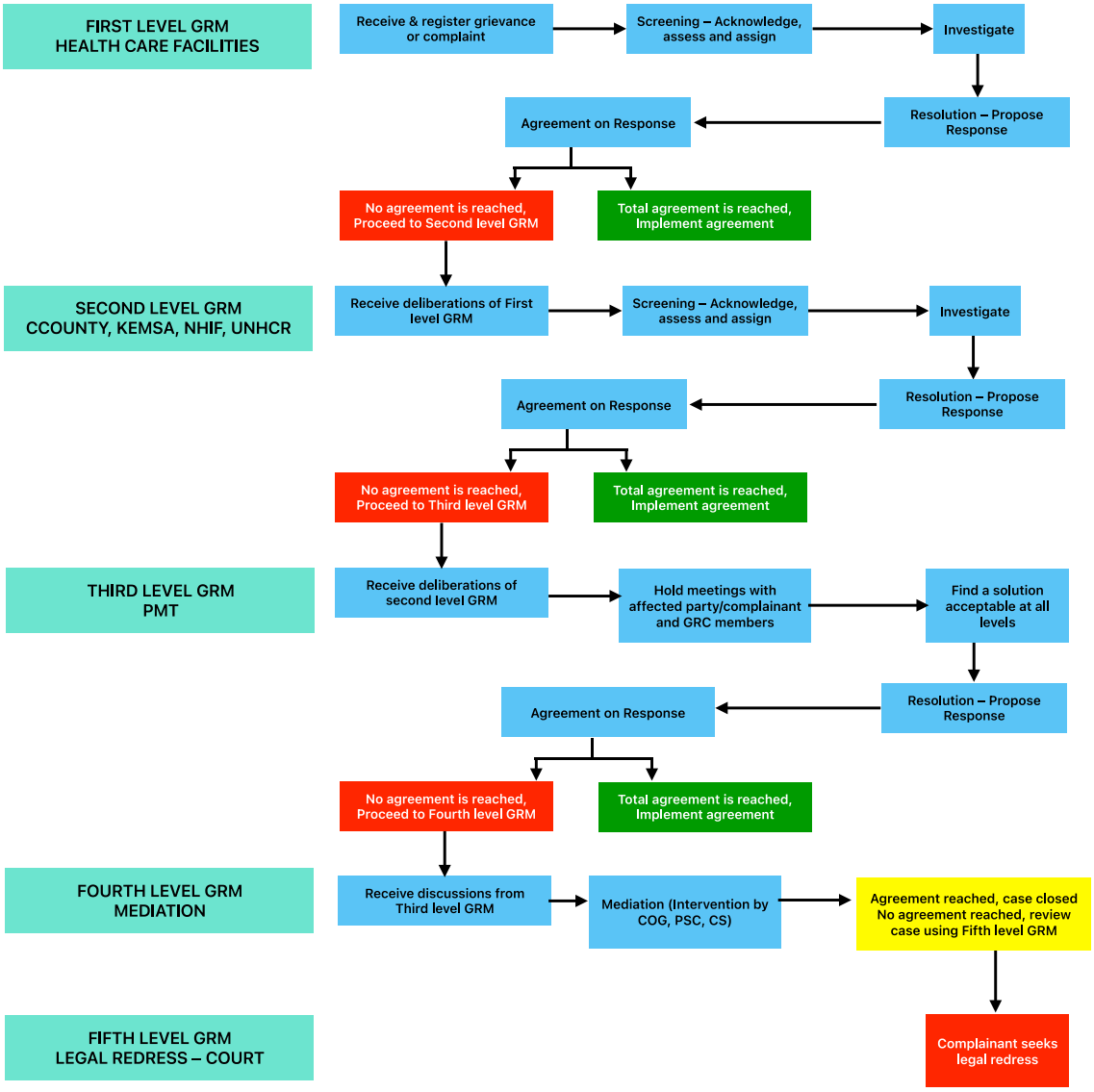

Figure 6-1 Project GRM

The institutional level GRM focal persons' duty will be to coordinate GRM activities among them to;

- Disseminate the grievance telephone and email contacts to all health staff and stakeholders.
- maintain a grievance Log ins and summary and
- Send grievance summaries to the Social Safeguards officers to report in the PMT monthly.

The Social Specialist at the PMT will ensure that institutions have Grievance Redress Mechanisms Focal Persons who are adequately oriented on the project, it's GRM and referral pathways and have a system of resolving grievances at the institutional level. The Geo-enabling Initiative for Monitoring and Surveillance (GEMS) monitoring tool used by C-HERP will be adapted to monitor the Institutional project progress including concerns and grievances by stakeholders.

Grievances can be raised with the World Bank Kenya office on *Kenyainfo@worldbank.org*. Further, World Bank Washington Office-Grievance Redress Service (GRS) through *grievances@worldbank.org* provides an additional, accessible way for individuals and communities to complain directly to the Bank if they believe that a World Bank-financed project had or is likely to have adverse effects on them or their community. The GRS enhances the World Bank's responsiveness and accountability by ensuring that grievances are promptly reviewed and responded to, and problems and solutions are identified by working together. The objective of the Grievance Redress Service is to make the Bank more accessible for project-affected communities and to help ensure faster and better resolution of project-related complaints.

6.2.3 Linkage with GRMs of Implementing Entities' and World Bank Grievance Redress Service (GRS)

For effective implementation, wide coverage, and access by all key stakeholders each of the implementing agencies (County governments, KEMSA, MOH) will establish a GRM with a dedicated E&S focal person (s), with linkages to the grievance manager at PMT. Reported grievances will be referenced to respective agencies for follow-up and resolution through the E&S focal points. The E&S focal point will also coordinate the preparation of regular updates on the status of the grievances including resolved, escalated, or those referred to courts, for submission to the PMT. The E&S focal points will be capacity built and resourced to effectively deliver their responsibilities.

Registration of complaints through the World bank grievance redress system (GRS) will also be available to stakeholders. Stakeholders will be sensitized on this option provided by the GRS and applicable methods including: - access to online form for online submission, by email to grievances@worldbank.org and by letter or by hand delivery to the World Bank Headquarters

6.2.4 GRM Monitoring and Reporting

The GRM's effectiveness will need assessment on a regular basis. This is crucial because it enables quick response to problems and the ability to find solutions as they appear. GRM monitoring will be through quarterly reports covering indicators including; number of grievances received, those resolved, time taken to resolve and close grievances, outstanding grievances and level of satisfaction with the GRM (staff and communities). This will be done and communicated to PMT. PMT Monitoring shall include the opinions of the stakeholders for whom the GRM is designed as part of stakeholder engagement and consultation.

6.3 Disclosure

This ESMF and other project safeguard instruments will be disclosed on MOH/KEMSA/NHIF website and the World Bank's Info Shop.

ANNEXES

Annex A: Subproject Environmental & Social Screening Form (ESSF)

This form will be completed during identification of project activities by the Environment and Social Specialists in Project Management Team (PMT) to screen for the potential environmental and social risks and impacts of a proposed subproject. It will help the PMT in: (i) identifying the relevant Environmental and Social Standards (ESS); (ii) establishing an appropriate E&S risk rating for the subproject; and (iii) specifying the type of environmental and social assessment required; including specific instruments/plans. The completed forms will be signed, and the record stored.

This form will allow the PMT to form an initial view of the potential risks and impacts of a subproject**. It is not a substitute for project-specific E&S assessments or specific mitigation plans.**

Subproject Name	
Subproject Location	
Subproject Proponent	
Estimated Investment	
Start/Completion Date	

No.	Questions	Answer		If yes, relevant World Bank ESS	If yes, relevant documents to be developed.
		Yes	No		
1.	Does the subproject involve civil works including new construction, expansion, upgrading or rehabilitation of existing infrastructures?			ESS1	ESIA
2.	Does the subproject have existing environmental liabilities (e.g., medical waste, non ESSs-compliant facilities, etc.)			ESS1	ESIA
3.	Does the subproject involve long-term, permanent and/or irreversible adverse impacts (e.g., loss of major natural habitat)?	*		ESS1	Excluded from Project financing
4.	Does the subproject involve significant adverse social impacts and may give rise to significant social conflict?	*		ESS1	Excluded from Project financing
5.	Does the subproject involve land acquisition and/or restrictions on land use?	*		ESS5	Excluded from Project financing

No.	Questions	Answer		If yes, relevant World Bank ESS	If yes, relevant documents to be developed.
		Yes	No		
6.	Will the activities affect lands or rights of VMGs or other vulnerable minorities like IDPs?	*		ESS5	Excluded from Project financing
7.	Does the sub-project involve permanent resettlement or land acquisition?	*		ESS5	Excluded from Project financing
8.	Are there land claim or conflict for the proposed project site?	*		ESS5	Excluded from Project financing
9.	Is the subproject associated with generation of the potentially hazardous wastes?			ESS2, ESS3, ESS6	ESIA, MWMP
10.	Is there a sound regulatory framework and institutional capacity in place for the management and control of waste generated by project activities?			ESS1	MWMP
11.	Does the subproject have an adequate system in place (capacity, processes and management) to address waste?			ESS3	MWMP
12.	Does the subproject involve recruitment of workers including direct, contracted, primary supply workers?			ESS2	ESIA
13.	Does the subproject have appropriate OSH procedures in place, and an adequate supply of PPE (where necessary)?			ESS2	ESIA
14.	Does the subproject have a GRM in place, to which all workers have access, designed to respond quickly and effectively?			ESS2	ESIA
15.	Does the subproject involve use of security or military personnel during construction and/or operation activities?	*		ESS4	Excluded from Project financing
16.	Will the activities have high probability of causing serious adverse effects to human health and/or the environment?	*		ESS4	Excluded from Project financing
17.	Is the subproject located within or in the vicinity of any ecologically sensitive areas?	*		ESS6	Excluded from Project financing
18.	Are there any indigenous groups (meeting specified ESS7 criteria) present in the subproject area and are they likely to be affected by the proposed subproject negatively or positively?			ESS7	ESIA

No.	Questions	Answer		If yes, relevant World Bank ESS	If yes, relevant documents to be developed.
		Yes	No		
19.	Does the subproject require Free Prior Informed Consent (FPIC);	∗		ESS7	Excluded from financing.
20.	Is the subproject located within or in the vicinity of any known cultural heritage sites?			ESS8	ESIA
21.	Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?			ESS1	ESIA

∗ The exclusion list of the subprojects. If any of these parameters are "Yes", the subproject is excluded from financing under the program.

The Environmental and Social Commitment Plan (ESCP) prepared for the project has clearly outlined the activities considered as ineligible for financing under the project/exclusion list of activities that will not be financed under the project and that will be screen out. These include:

- Sub-projects/investments with high and substantial environment risks (per WB ESF and ESSs definition);
- Any technical assistance (TA) activities that are classified as Type 1 as per WB Operations Environmental and Social Review Committee (OESRC) Advisory Note;
- Activities that may cause long term, permanent and/or irreversible impacts (e.g., loss of major natural habitats including habitats of wildlife and fisheries);
- Activities that may cause any significant loss of biodiversity;
- Activities that have a high probability of causing serious adverse effects to human health and/or the environment;
- Activities that may have significant adverse social impacts and/ or may give rise to significant social conflict;
- Activities that may involve significant land acquisition, forced eviction and involuntary physical displacement;
- Activities that would disproportionately affect the historically underserved and vulnerable groups;
- Activities that may cause damage to cultural heritage;
- Activities that contravene Kenya's obligations under its international agreements;
- Activities that may involve generating large volume of health care waste and e-waste causing significant irreversible adverse impacts to human health and natural resources; and
- Activities that limit access for women and PWDs to project benefits (e.g., public offices with no ramps to, inaccessible websites, etc.).

Conclusions:

Proposed subproject is eligible for financing under the project criteria:

Yes [ ] **No** [ ]

Proposed Environmental and Social Risk Ratings (High, Substantial, Moderate or Low).

High [ ] **Substantial** [ ] **Moderate** [ ] **Low** [ ]

Provide Justification: .....

……

……

Proposed E&S Management Plans/ Instrument: .....

Certification:

Reviewed and approved by:			
MoH Environment Specialist **Name:**		**MoH Social Specialist** **Name:**	
Date	**Signature**	**Date**	**Signature**

Annex B: Medical Waste Management Plan (MWMP)

Introduction

Overview and Purpose of the MWMP

During the implementation of BREHS Project activities in at Kenya Medical Supplies Authority (KEMSA) and Health Care Facilities (HCFs), medical waste will be produced. The types and volume of medical waste will vary by the size of the service delivery site and the services provided.

MOH has prepared this Medical Waste Management Plan (MWMP) to address the risk associated with medical waste generated during implementation of Project activities at beneficiary institutions (KEMSA and HCFs). The overall objective of the plan is to prevent and/or mitigate the negative impacts and risks of medical waste on people and the environment. Moreover, this plan aims at ensuring that the proposed activities incorporate sound environmental and social management principles and practices and complies with World Bank environmental and social standards (ESSs), the applicable World Bank Group Environment, Health and Safety Guidelines (WBG EHSGs) guidelines[32], and is consistent with the WHO relevant guidelines[33], as well as with the applicable environmental policies and legal requirements of the Government of Kenya (GOK).

The plan includes advocacy for good practices in medical waste management and is to be used by beneficiary institutions in the Project. All the health facilities and health services supported through the BREHS - are to have appropriate procedures and capacities in place to manage medical waste. The plan includes good practices and procedures for the waste packaging and storage, segregation, transportation, treatment, and disposal.

MOH will ensure to monitor on the potential negative impacts of the medical waste and to detect unforeseen impacts, by implementing the relevant mitigation measures.

Project Components

The project will comprise three components focusing on both the national and county level, with clear linkages between the two levels of government.

- Component 1: Strengthening Institutional Capacity for Health Service Delivery towards Achieving UHC – focuses on (a) strengthening the institutional capacity of KEMSA and availability of HPTs; (b) supporting health financing reforms; and (c) improving availability and use of quality data for decision making.
    - Sub-component 1.1: Institutional and operational reforms to enhance efficiency and transparency of KEMSA;
    - Sub-component 1.2: Health financing and quality of care reforms; and
    - Sub-component 1.3: Improve availability and use of quality data for decision making.
- Component 2: Improving Utilization of Quality Health Services at Primary Care Level – will support delivery of quality services at the primary care level (levels 1-3: community, dispensary, health center) in all 47 counties, with a focus on ensuring availability of selected HPTs. Additional support will include implementation of (a) key primary care level interventions, including NCDs, in all 47 counties; and (b) a selected package of interventions for a subset of 10 counties lagging on key RMNCAH indicators.

[32] General EHSGs and those specific to Health Care Facilities.

[33] World Health Organization (WHO). 2004. Safe Health-care Waste Management. Policy Paper. Geneva: WHO. *https://www.who.int/publications/i/item/9789241548564*

- Sub-component 2.1: Improving availability of essential HPTs and delivery of key quality services at the primary care level;
- Sub-component 2.2: Improve delivery of quality health services in selected counties; and
- Sub-component 2.3: Improving access to and utilization of quality health services in refugee and host communities.

- Component 3: Project management and evaluation (M&E) – will support project management activities at national and county level. Key areas of support will include (a) operational costs and logistical services for day-to-day management of the project; (b) project monitoring and evaluation activities; (c) environmental and social safeguards related activities; (d) stakeholder engagement; (e) fiduciary management; (f) contracting of staff on a need basis; and (g) technical assistance and county peer-to-peer learning among others.

Current Situation

Policy, Regulatory and Institutional Context in Kenya

Table 0-1 GOK Policy & Legal Framework on Medical Waste Management

Policy & Legal Framework	Key Requirement
Injection Safety and Medical Waste Management Policy, 2007	This policy ensures the safety of health workers, patients, and the community and to maintain a safe environment through the promotion of safe injection practices and proper management of related medical waste.
Kenya National Guidelines on Safe Disposal of Pharmaceutical Waste	These guidelines provide a schedule on how unwanted pharmaceutical waste should be disposed.
The Pharmacy and Poisons (Pharmaceutical Waste Management) Rules, 2022	These rules apply to the management of pharmaceutical waste e.g., expired, damaged or no longer needed drugs, items contaminated with pharmaceutical waste, applicable medical devices, substandard or falsified medical products, etc. Waste generators are required to maintain a record of pharmaceutical waste.
Environmental Management and Coordination Act, 1999 (Revised 2015)	Part VI under Section 58 of the Act directs that any proponent for any project listed on the Second Schedule of the act undertake and submit to NEMA an Environment Impact Assessment (unless exempted by NEMA), who in turn may issue a license as appropriate.
The Environmental (Impact Assessment and Audit) Regulations, 2003 [2019]	These regulations requires that the EIA/EA be conducted by a registered lead or firm of experts in accordance with the terms of reference developed during the scoping exercise.
EMCA (Air Quality) Regulations, 2014	It states that no person shall cause or allow stock piling or other storage of material in a manner likely to cause ambient air quality levels stipulated under the first schedule to be exceeded.

Policy & Legal Framework	Key Requirement
EMCA (Waste Management) Regulations 2006 (Legal Notice 121)	Regulation No. 4 (1) makes it an offence for any person to dispose of any waste on a public highway, street, road, recreational area or in any public place except in a designated waste receptacle. Regulation 6 requires waste generators to segregate waste by separating hazardous waste from non-hazardous waste for appropriate disposal. Regulation 15 prohibits any industry from discharging or disposing of any untreated waste in any state into the environment. Regulation 17 (1) makes it an offence for any person to engage in any activity likely to generate any hazardous waste without a valid Environmental Impact Assessment license issued by NEMA.
The Environmental Management and Co-ordination (Water Quality) Regulations, 2006	It is an offence under Regulation No. 4 (2), for any person to throw or cause to flow into or near a water resource any liquid, solid or gaseous substance or deposit any such substance in or near it, as to cause pollution. Regulation No. 11 further makes it an offence for any person to discharge or apply any poison, toxic, noxious, or obstructing matter, radioactive waste or other pollutants or permit the dumping or discharge of such matter into the aquatic environment unless such discharge, poison, toxic, noxious, or obstructing matter, radioactive waste or pollutant complies with the standards for effluent discharge into the environment.
Sustainable Waste Management Act, 2022	Part II of the Act, Section 9. (1) County governments shall be responsible for implementing the devolved function of waste management and establishing the financial and operational conditions for the effective performance of this function. Section 19 of this Act provides guidelines on the preparation of Waste Management Plans (WMPs) by counties, private entities, and individuals.
Public Health Act, Cap 252	Part IX section 115 of the Act states that no person/institution shall cause nuisance or condition liable to be injurious or dangerous to human health. Section 116 requires Local Authorities to take all lawful, necessary, and reasonably practicable measures to maintain their jurisdiction clean and sanitary to prevent occurrence of nuisance or condition liable for injurious or dangerous to human health. Such nuisance or conditions are defined under section 118 and 28 include nuisances caused by accumulation of materials or refuse which in the opinion of the medical officer of health is likely to harbour rats or other vermin.
County Government Act, 2012	Part II of the Act empowers the county government to oversee function described in Article 186 of the constitution, (county roads, water and sanitation, waste management, health).

Relevant Multilateral Agreements

The GOK has ratified multilateral environmental agreements on agro-biodiversity and natural resources, oceans and seas, hazardous materials and chemicals, atmosphere and air pollution, and health and workers' safety. Table 0-2 provides the multilateral agreements relevant to medical waste management (MWM).

Table 0-2 Relevant Multilateral Environmental Agreements

International Agreement	Requirement
Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and Their Disposal (UNEP, 1992)	The main objectives of the Basel Convention are to minimize the generation of hazardous wastes, treat those wastes as close as possible to where they were generated and reduce transboundary movements of hazardous wastes. It stipulates that the only case where the cross-border movement of hazardous waste is legitimate is the export of waste from a country which does not have the expertise or the infrastructure for safe disposal to a country which does.
Bamako Convention (1991)	This treaty banning the importation of any hazardous wastes into Africa has been signed by 12 nations.
Stockholm Convention on Persistent Organic Pollutants (UNEP, 2004)	This convention aims to reduce the production and use of persistent organic pollutants and to eliminate uncontrolled emissions of substances such as dioxins and furans.
Polluter pays principle	Any producer of waste is legally and financially liable for disposing of that waste in a manner that is safe for people and the environment (even if some of the processes are sub-contracted).
Precautionary principle	When the risk is uncertain it must be regarded as significant and protective measures must be taken accordingly.
Proximity principle	Hazardous wastes must be treated and disposed of as close as possible to where they are produced.
Agenda 21 (plan of action for the 21st century adopted by 173 heads of State at the Earth Summit held in Rio in 1992	To minimize the generation of waste, to re-use and recycle, treat and dispose of waste products by safe and environmentally sound methods, placing all residue in sanitary landfills.
WHO and UNEP initiatives concerning mercury and Decision VIII/33 of the Conference of the Parties to the Basel Convention on mercury wastes	Measures should be taken as soon as possible to identify populations at risk of exposure to mercury and to reduce anthropogenic wastes. The WHO is ready to guide countries in implementing a long-term strategy to ban appliances containing mercury.

Roles and Responsibilities (Institutional Arrangement)

MoH has the overall responsibility of overseeing implementation of the BREHS Project. County governments will be responsible for implementation of county-level activities under Component 2, with support from KEMSA for procurement and delivery of Health Products and Technologies (HPTs) to primary care facilities. In refugee camps, implementation will be undertaken by relevant county governments in close coordination with Department for Refugee Services (DRS) and United Nations High Commissioner for Refugees (UNHCR). As such, MOH will preserve its national capacity and maintain the core functions of the health system and to supervise and contribute to the implementation of the medical waste management plan as well.

In 2016, MOH developed a health care waste management plan (HCWMP) to prevent, reduce and mitigate the likely risks of transmission of infections likely to be acquired from unsound health care waste management (HCWM), such as HIV/AIDS, hepatitis B, and other health care-associated infections (HAIs) as well as safe guard the environment for sustainable development. The plan provides feasible options of applying the best available technologies (BAT) and best environmental practises (BEP) in HCWM. This HCWMP, however, expired in 2021 and has not been renewed.

This management plan will be implemented directly by the health facility staff under responsibilities of the health facility manager, with supervision from county officials at county level, and with overall the supervision of MOH.

Some of the health workers at primary health care level mostly in health centers have been trained in waste management under the Transforming Health Systems for Universal Care (THS-UC) and COVID-19 Health Emergency Response Project (CHERP) Projects.

Situation of Medical Waste Management in Potential Project-supported Health Care Facilities

HCWM assessments carried out by the MOH, WHO, the World Bank Health Sector Support project, USAID (on environmental compliance in HCWM in Kenya), and PATH (on HCWM financing in 2013). In February 2013, a baseline survey report on HCWM for the World Bank-funded Health Sector Support project assessed five individual target facilities.

The performance of all the facilities combined for each of the thematic areas was as follows: Policies and procedures - 5.6%; Management and oversight - 16.2%; Logistics and budget - 20%; Training and occupational health - 20%; and Treatment and infrastructure - 9.4%. The overall average score for the level of HCWM performance was 14.24%. Based on a predetermined scoring criteria where a score of poor (0% to 49%); fair (50% to 74%) and good (above 75%), all the facilities scored poorly in all the thematic areas. The overall score for all the thematic areas combined was 14.24%.

At the primary health care level, waste segregation was found to be inadequate, as no facility had a general waste category, hence all the wastes produced within these facilities are considered hazardous and have to be treated prior to disposal. Waste storage facilities were not adequate and were poorly secured. Waste was also transported manually in 88% of the health care facilities, putting the waste handlers at risk of injuries and infections.

The only treatment method found to be in use within the facilities was incineration, and only 54% of health facilities were found to have functioning incinerators. The installed incinerators are the De Montfort type, and there are no measures for emission control in place, and can therefore be a source of air pollution, putting the community at risk of diseases like upper respiratory tract infection. Private collectors are used by two-thirds of the facilities to dispose their wastes, while the rest dispose of them within their premises by means of secured or open pit.

The study also found that knowledge of the health workers on HCWM was inadequate; however, their attitude was found to be positive. Three-quarters of the health workers re-cap used needles, they have low immunization rates against tetanus and HBV, and the rate of needle-stick injuries was low. About 88% of healthcare facilities provided personal protective equipment (PPE) for their waste handlers, and the waste handlers had high levels of compliance in the usage of the PPE. Immunization status and needle-stick injuries among the waste handlers were also low.

Management of Medical Waste Generated through the BREHS Project

It is the Project's responsibility to identify the risks and most practical mitigation measures as applicable in the operating environment to mitigate the risks related to medical waste management that are inherent in the activities supported through the Project. The BREHS project will provide various HPTs such as vaccines, medicines, and supplies including syringes to health facilities, all of which will generate medical waste that may be hazardous to project workers, health workers and volunteers, and the environment.

Objective

The plan's overall objective is to prevent and/or mitigate the negative effects of medical waste that is generated through the implementation of the Project on people and the environment. This must be managed in a safe manner to prevent the spread of infection and reduce the exposure of health workers, patients, the public and the environment to the risks from medical waste.

MWM is part of a set of measures to ensure patient safety and quality of medical services. In addition to the implementation of the MWMP, MOH will continue to develop and support the implementation of appropriate standards for patient safety, including for example Infection Prevention and Control measures, and adequate water, sanitation and hygiene standards.

Monitoring the Medical Waste Management Plan

Monitoring Objectives

The aim of the monitoring is to measure the implementation of this plan and of any relevant ESMP against the established appropriate criteria to address potential negative impacts of medical waste generated through the project, to ensure that unforeseen risks and impacts are prevented and managed, and to implement adequate mitigation measures at an early stage. Specific objectives of the monitoring plan are to:

- Appropriately address any additional impacts;
- Check the effectiveness of the recommended mitigation measures, as presented in Appendix 2;
- Propose adequate mitigation measures;
- Demonstrate that medical waste management is being implemented according to plan and existing regulatory procedures; and
- Provide feedback to beneficiary institutions to make modifications to the operational activities where necessary.

Monitoring Arrangements

Monitoring mechanisms in the BREHS Project will include MOH PMT staff and site visits and supervision conducted by county governments.

The ESMPs monitoring plan and related indicators will apply with reference to the HCFs where Project activities were implemented.

Monitoring Indicators

Considering the type of interventions implemented by this Project that are anticipated to have limited, site specific impacts, the following will be used to monitor progress in implementing the medical waste management plan:

- Existence of human resource capacity in health care facilities with basic knowledge to deal with medical waste;
- Existence of records on waste generation; and
- Development of mechanisms for proper and safe medical waste management and disposal.

The monitoring of environmental effects is necessary to ensure that predicted impacts are addressed effectively and efficiently through the mitigating measures indicated. Specific monitoring indicators for consideration include the following:

Internal Packaging and Storage

- Separation of waste (at point of generation);
- Storage bins / bags; and
- Frequency of removal

External Packaging and Storage

- Segregation of waste
- Storage area
- Frequency of waste removal
- Amount of waste generated per day

Transportation (if required)

- Identification of waste management contractor (accredited or certified)
- Conditions for transportation
- Equipment/vehicles (to prevent scattering, spillage, odour nuisance and leakage)

Treatment and Disposal

- Incineration
- Sterilization by heat
- Sanitary landfill

Administration

Each health institutions shall keep records on:

- The type and volume or weight ofwaste generated;
- The means of transportation, type and volume transported;
- Commissioned waste contractor (company name, type of license, treatment and disposal); and
- Disposal method - volume incinerated, volume treated and disposed, disposal method and location.

Cost of Implementing the MWMP

The cost associated with the implementation of the arrangements, practices and measures suggested in this plan is included in the overall cost of implementing the project (components 1 and 2).

Appendix 1: Major Categories of Medical Wastes from Primary HCFs

Table 0-3 Medical Wastes Types from BREHS Project Activities

Waste category	Waste type	Description and examples
Hazardous waste	Sharps waste	Waste entail risk of injury (e.g., hypodermic, intravenous or other needles; auto-disable syringes; syringes with attached needles; infusion sets; scalpels; pipettes; knives; blades; broken glass, etc.)
	Waste entailing risk of contamination	Waste containing blood, secretions or excreta entailing a risk of contamination.
	Anatomical waste	Body parts, tissue entailing a risk of contamination.
	Infectious waste	Waste suspected to contain pathogens and that poses a risk of disease transmission (e.g., waste contaminated with blood and other body fluids; laboratory cultures and microbiological stocks)
	Pharmaceutical waste	Spilled/unused medicines, expired drugs and used medication receptacles.
	Waste containing heavy metals	Batteries, mercury waste (broken thermometers or manometers, fluorescent or compact fluorescent light tubes).
	Chemical waste	Waste containing chemical substances: leftover laboratory solvents, disinfectants, photographic developers and fixers.
	Pressurized cylinders	Gas cylinders, aerosol cans.
	Radioactive waste	Waste containing radioactive substances: radionuclides used in laboratories or nuclear medicine, urine or excreta of patients treated.
Non-hazardous waste or general healthcare waste	Waste that does not pose any particular biological, chemical, radioactive or physical hazard.	

Appendix 2: Waste Management Processes/Standards for Waste Streams

Health facilities are responsible for ensuring the safe and correct storage, handling, transportation, and disposal of hazardous waste.

Waste Minimization, Recycling

The reduction of waste generation must be encouraged by the following practices:

- Reducing the amount of waste at source
    - Choosing products that generate less waste: less wrapping material, for example.
    - Choosing suppliers who take back empty containers for refilling (cleaning products); returning gas cylinders to the supplier for refilling.

    - Preventing wastage: in the course of care, for example, or of cleaning activities.
    - Choosing equipment that can be reused such as tableware that can be washed rather than disposable tableware.
- Purchasing policy geared to minimizing risks
    - Purchase of PVC-free equipment (choosing PET, PE or PP)
    - Purchase of mercury-free equipment: mercury-free thermometers (ICRC standards), mercury-free blood pressure gauges).
    - If possible, purchase of new safe injection and blood- sampling systems (where the needle is withdrawn automatically).
    - Opting for the least toxic products (cleaning products, for example).
- Product recycling
    - Recycling of batteries, paper, glass, metals and plastic.
    - Composting of plant waste (kitchen and garden wastes).
    - Recycling of the silver used in photographic processing.
    - Recovering energy for water heating for example.
- Stock management
    - Centralized purchasing.
    - Chemical and pharmaceutical stock management aiming to avoid a build-up of expired or unused items: “first-in – first out” stock management, expiry date monitoring.
    - Choice of suppliers according to how promptly they deliver small quantities and whether unused goods can be returned

Note: Segregating waste is the best way to reduce the volume of hazardous wastes requiring special treatment.

Sorting, Receptacles and Handling

Sorting

Sorting is a significant stage in waste management, which concerns all members of staff. Training, regular information and frequent checking are essential if the sustainability of the system that has been established is to be guaranteed.

Two waste sorting principles:

- Waste sorting must always be the responsibility of the entity that produces them. It must be done as close as possible to the site where the wastes are produced; and
- There is no point in sorting wastes that undergo the same treatment process, with the exception of sharps, which must at all times be separated at source from other wastes.

Table 0-4 Coding Recommendations (WHO – UNEP/SBC 2005)

Type of waste	Color coding – Symbol	Type of container
Household refuse	Black	Plastic bag
Sharps	Yellow and 	Sharps container

Type of waste	Color coding – Symbol	Type of container
Waste entailing a risk of contamination	Yellow and 	Plastic bag or container
Anatomical waste	Yellow and 	Plastic bag or container
Infectious waste	Yellow marked "highly infectious" and 	Plastic bag or container which can be autoclaved
Chemical and pharmaceutical waste	Brown, marked with a suitable symbol 	Plastic bag, container

Note: Setting up a 3-container sorting system (for sharps, potentially infectious waste and household refuse) is effective as a first step which is easy to do and provides a means of drastically reducing the major risks.

Handling of bags

Bags and containers must be closed whenever they are two-thirds full. This is the responsibility of the nursing staff! Never pile bags or empty them; grasp them from the top (never hold them against the body) and wear gloves.

Collection and Storage

Waste must be collected regularly - at least once a day. It must never be allowed to accumulate where it is produced. A daily collection programme and collection round must be planned. Each type of waste must be collected and stored separately.

Infectious wastes (categories 1 and 2) must never be stored in places that are open to the public.

The personnel in charge of collecting and transporting wastes must be informed to collect only those yellow bags and sharps containers which the care staff have closed. They must wear gloves.

The bags that have been collected must be replaced immediately with new bags.

A specific area must be designated for storing medical waste and must meet the following criteria:

- it must be closed, and access must be restricted to authorized persons only;
- it must be separate from any food store;
- it must be covered and sheltered from the sun;
- the flooring must be waterproof with good drainage;
- it must be easy to clean;
- it must be protected from rodents, birds and other animals;
- there must be easy access for on-site and off-site means of transport;
- it must be well aired and well lit;
- it must be compartmented (so that the various types of waste can be sorted);
- it must be near the incinerator, if incineration is the treatment method used;
- there must be wash basins nearby;

- the entrance must be marked with a sign ("No unauthorized access", "Toxic", or "Risk of infection").

Transport

Vehicles and means of conveyance

As far as possible, the means used for transporting waste must be reserved for that purpose, and different means must be used for each type of waste (e.g., one wheelbarrow for household refuse and another one for infectious medical waste).

These means of conveyance must meet the following requirements:

- they must be easy to load and unload;
- they must not have any sharp corners or edges that might tear the bags or damage the containers;
- they must be easy to clean; (with a 5% active chlorine solution);
- they must be clearly marked.

Furthermore, off-site means of transport must meet the fol- lowing requirements:

- they must be closed in order to avoid any spilling on the road;
- they must be equipped with a safe loading system (to prevent any spilling inside or outside the vehicle);

The vehicles and means of conveyance must be cleaned daily.

On-site transport

Different means of conveyance may be used inside the facility – wheelbarrows, containers on wheels, carts.

Inside the facility, wastes must be transported during slower periods. The itinerary must be planned so as to avoid any exposure of staff, patients or the general public. It must run through as few clean zones (sterilization rooms), sensitive areas (operating theatres, intensive care units) or public areas as possible.

Off-site transport

Packaging and labelling must be in conformity with GOK legislation on the transport of dangerous substances and with the Basel Convention in the case of cross-border transport.

Treatment and Disposal

Choosing treatment and disposal methods

The choice of treatment and disposal techniques depends on a number of parameters: the quantity and type of wastes produced, whether or not there is a waste treatment site near the hospital, the cultural acceptance of treatment methods, the availability of reliable means of transport, whether there is enough space around the hospital, the availability of financial, material and human resources, the availability of a regular supply of electricity, whether or not there is national legislation on the subject, the climate, groundwater level, etc.

The method must be selected with a view to minimizing negative impacts on health and the environment. **There is no universal solution for waste treatment.** The option chosen can only be a compromise that depends on local circumstances.

Where there is no appropriate treatment infrastructure in the vicinity, it is the responsibility of the hospital to treat or pre-treat its wastes **on-site**. This also has the advantage of avoiding the complications involved in the transport of hazardous substances.

The following treatment or disposal techniques may be used for hazardous medical waste, depending on the circumstances and the type of waste concerned:

- disinfection – chemical: addition of disinfectants (chlorine dioxide, sodium hypochlorite, peracetic acid, ozone, alkaline hydrolysis);
    - thermal
        - low temperatures (100°to180°C):vapour (autoclave, microwaves) or hot air (convection, combustion, infrared heat);
        - high temperatures (200°toover1000°C): incineration (combustion, pyrolysis and/or gasification);
    - by irradiation: UV rays, electron beams;
    - biological: enzymes;
- mechanical processes – shredding (a process which does not decontaminate the waste);
- encapsulation (or solidification) of sharps; and
- burial – sanitary landfills, trenches, pits.

The techniques most likely to be used in BREHS operations are described below along with their advantages and disadvantages.

Table 0-5 Medical Waste Treatment Methods Relevant for BREHS Project

Treatment/Disposal Method	Advantages	Disadvantages
Single-chamber incinerator (300°-400°C)	• Relatively effective disinfection. • Waste volume and weight are significantly reduced. • Simple and cheap	• Needs fuel. • Wastes are only partially burnt – risk of incomplete sterilization. • Significant levels of emission of atmospheric pollutants. • Soot needs to be removed periodically. • Ineffective for destroying heat-resistant chemicals or pharmaceuticals. • Sharps are not destroyed. • Produces ash that contains leached metals, dioxins and furans.
Chemical disinfection	• Simple. • Relatively cheap. • Disinfectants are widely available.	• The chemicals used are themselves dangerous substances, which must be handled with caution. • For proper disinfection, the prescribed contact time and concentrations must be complied with. • The waste volume is not reduced.

Treatment/Disposal Method	Advantages	Disadvantages
		• The wastes have to be shredded /mixed before being treated with chemicals. • The final disposal method must be the same as for untreated medical waste. • The process generates dangerous effluents, which need to be treated. • Mixing chlorine/hypochlorite with organic matter or ammonia creates toxic substances.
Disposal in a sanitary landfill or waste burial pit Only contaminated and hazardous waste needs to be buried. In healthcare facilities with limited resources, safe burial of waste on or near the facility may be the only option available for waste disposal. The health facilities supported through the BREHS are small primary health care facilities. The types of waste expected to be buried include needles, ampoules, scalpels, broken glass, and vials. To limit health risks and environmental pollution	• Simple and inexpensive operating costs. • Can be carried out using an existing municipal waste management system. • Scavengers cannot access the health-care waste if the landfill is well managed. • Dangerous substances are not transported outside the hospital. • Control is facilitated.	• The health-care wastes are not treated and remain hazardous. • The landfill must be secure, fenced in, and guarded. • Scavengers and animals need to be controlled. • A high degree of coordination is needed between collectors and landfill operators. • Makes health workers less aware of the need to sort the various types of waste. • Transport to the landfill can be a lengthy and costly operation. • Risk of water pollution. • Problem of odour. • Vectors (insects, rodents, etc.) need to be controlled. • Space is needed around the hospital.

Note: Non-hazardous pharmaceutical wastes (syrups, vitamins, eye drops, etc.) may be poured down the drain into a septic tank.

Annex C: Minutes from Stakeholder Engagement

Stakeholder Group: Transforming Health Systems (THS) Environmental and Social (E&S) Focal Persons (mostly public health officers).

Date: October 26, 2023

Time: 2000 – 2120 hours

Venue: Online – Google Meet

Participants List

No.	Name of Participant	County
1.	Joseph Lok	Busia
2.	Faith Kanini	Kitui
3.	Hellen Ndung'u	Kiambu
4.	Innocent Sifuna	Turkana
5.	Joseph Wanyonyi	Kakamega
6.	Kamus Ndoigo	Baringo
7.	Paul Mwanzia	Garissa
8.	Langat Leonard	Bomet
9.	Peter Okello	Migori
10.	Gitonga Muthui	Muranga
11.	Gerry Luvai	Uasin-Gishu
12.	John Okore	Narok
13.	Saidi Mwakulo	Mombasa
14.	Ken Kundu	Bungoma
15.	Njagi N. John	Embu
16.	Redempta Muendo	Kwale
17.	Jacinta Omariba	MOH/THS-UC
18.	Catherine Ndiso	MOH/THS-UC
19.	Margaret Gitau	MOH/THS-UC
20.	Haron M. Njoroge	Nyandarua
21.	Elsham T. Ambale	Vihiga
22.	Ambuya John	Safeguards Consultant

No.	Name of Participant	County
23.	Kephas Okach	Safeguards Consultant

Welcome Remarks

Catherine Ndiso opened the meeting by thanking the participants for making time to attend despite the short notice. She informed the participants about the objective of the meeting, "to learn about the BREHS Project, share their experience from the recently concluded THS Project, help identify project stakeholders, and identify adverse environmental and social risks and impacts."

She went further to introduce: Margaret Gitau, THS social safeguards officer; Kephas Okach, a social specialist; and Ambuya John, an environmental specialist. Kephas and John are supporting the MOH develop the following E&S safeguard instruments in accordance with the World Bank Group E&S Framework (ESF) and Kenya laws: Environmental and Social Commitment Plan (ESCP); Environmental and Social Management Framework (ESMF); Labour Management Procedures (LMP); Stakeholder Engagement Plan (SEP); Vulnerable and Marginalized Groups Policy Framework (VMPF); and Gender-based Violence Action Plan (GBVAP).

Project Description

Ambuya John, Environmental Specialist, made a brief presentation about the BREHS project highlighting the following:

- Project development objective;
- Project level indicators;
- Project components and subcomponents; and
- Project beneficiaries.

Plenary Discussions

Kephas led the discussion on key project stakeholders, grievance redress mechanism, and environmental issues. The outcomes of the discussions were as summarized in the table below:

Topic	Key Contributors & County	Outcomes
Project Key Stakeholder Identification	Joseph Lok, Busia Faith Kanini, Kitui Hellen Ndung'u, Kiambu Innocent Sifuna, Turkana Joseph Wanyonyi, Kakamega Kamus Ndoigo, Baringo Paul Mwanzia, Garissa Gitonga Muthui, Muranga	Governors, CECs, COs, Public Works, Community Health Committees, Community Health Promoters, County departments for water and environment, WASH NGOs, National Government Administration Officers (NGAOs) e.g., Police (GBV cases), Vulnerable and Marginalized Groups (VMGs), FBOs, MCAs, MPs, PWDs, People living with HIV/AIDS, Gender departments, NGOs in health, County health committees, local CBOs, Level 1 to 3 health facility heads and committees, primary

Topic	Key Contributors & County	Outcomes
		healthcare networks, MOH at Afya House, social influencers.
Grievance Redress Mechanism (GRM)	Langat Leonard, Bomet Peter Okello, Migori Gerry Luvai, Uasin-Gishu Innocent Sifuna, Turkana John Okore, Narok Joseph Lok, Busia Haron Njoroge, Nyandarua	• E&S focal persons roles should be clearly specified in Project documentation to avoid conflicts with other cadres who may want to interfere with/hijack implementation. • Specify roles clearly for each implementer, officer • Clearly define terms -currently causing confusion- PCN, UHC, CHS and define roles • Current gap in training at community level-committees, members on GRM. Sensitize communities on how to report grievances. • Allocate resources for Level 1- GRM committee to have functions, resources • MOH should provide a ceiling for project activities. • Sensitize as many stakeholders as possible about the project to avert future conflicts. • THS project had problematic, "handing over and taking over". Grievance books not filled at Level 1 and 2. Grievance mechanism implementation not resourced. CPHOs lacked authority to implement. • Suggestion boxes not working. WhatsApp and toll-free numbers can work better. • An effective GRM requires sustained training of overseers.
Environmental Issues	Hellen Ndung'u, Kiambu Gitonga Muthui, Muranga Gerry Luvai, Uasin-Gishu Paul Mwanzia, Garissa Langat Leonard, Bomet	• Health care waste (HCW) management needs a budget. • Training and sensitization on HCW are also needed because of vast knowledge gaps. • There's need for proper planning, e.g., Muranga county procured an HCW vehicle despite not having a treatment plant. Vehicle was grounded. • Incinerators are not efficient as they emit to air. • The need to embrace new technology in HCW management since incinerators create air emissions and microwaves are

Topic	Key Contributors & County	Outcomes
		expensive to maintain. Smokeless incinerators should be trialed. • Sanitary pads disposal, what can the project do?
Project sustainability	Gitonga Muthui, Muranga	Counties need to match World Bank funding to sustain the project.
Peer to Peer Learning	John Okore, Narok	Peer to peer learning should be included in the project. Under THS, some counties did better than others, therefore, need for cross-learning.

Meeting Closure

There being no other business, Catherine Ndiso closed the after thanking all the participants and for the fruitful discussions.

Stakeholder Group: Transforming Health Systems (THS) Vulnerable & Marginalized Groups (VMGs) Focal Persons.

Date: October 27, 2023

Time: 2000 – 2135 hours

Venue: Online – Google Meet

Participants List

1. Kelly Ole Sidai, Narok county
2. Rebecca Esolio, Vihiga County
3. Betty Chirchir, Uasin-Gishu
4. Chemtai Kiplai, Bungoma County
5. Halima Chunfe, Marsabit
6. Japheth Ndonyi, Kitui
7. Virginia Njenga, Nakuru
8. Lisa Amuya, Kisumu
9. Mohammed Matano, Kwale County
10. Virginia Njenga, Nakuru
11. Lydia Chemno, Elgeyo Marakwet County
12. Bahati J Mburah, Lamu County
13. Christine Mwanyai,Taita Taveta

Welcome Remarks

Margaret Gitau gave the opening remarks. She started by welcoming all the participants to the meeting, then told them that a new project, “Building Resilient Health Systems (BREHS)” was being prepared to build on the defunct THS-UC. Next, she introduced the safeguards consultants Kephas

Okach and Ambuya John who were preparing the safeguards instruments for the Project in accordance with the World Bank Group E&S Framework (ESF) and Kenya laws. She then welcomed John to give a brief overview of the proposed Project.

Project Description

Ambuya John, Environmental Specialist, made a brief presentation about the BREHS project highlighting the following aspects:

- Project development objective;
- Project level indicators;
- Project components and subcomponents;
- Project beneficiaries; and
- Implementation arrangements.

Plenary Discussions

After the Project overview, Kephas led the discussions on: VMGs; Project benefits to VMGs; Adverse effects of the Project on VMGs; Partnerships; and Gender-based violence (GBV). The outcomes of the discussions and key contributors as summarized in the table below:

Topic	Key Contributors & County	Outcomes
Vulnerable and marginalized groups (VMGs) *Who are they?*	Chemtai Ahmed Isack, Lydia Chemno, Elgeyo Marakwet Virginiah Njenga Bahati J Mburah	• VMGs are those with low access to health services. • Refugees – lack of citizenship rights. • Those with low population numbers e.g., Riba, Ogieks, Ilchamus, etc. • THS scholarship uplifted VMGs professionally. • Those that are discriminated against. • 33 tribal groups are currently categorized as VMGs in Kenya.
Project benefits to VMGs	Chemtai Lydia Chemno, Elgeyo Marakwet Rachel Rop, Nandi Mohamed Matano, Kwale Halima Chunfe, Marsabit Ezekiel Kimeto, Baringo Kenneth Bundi, Kilifi Alice Muga, Migori	• Create employment for VMGs • Build capacity of VMGs through training/ scholarship program. • Bring health services closer to VMGs. Outreach should be considered. • Primary care networks (PCN) and UHC will help delivering holistic health. • Improvement of maternal health. MNH indicators improvement. • Train and employ locals. • Counties should co-fund the Project to assure sustainability. • Effectiveness will increase if HIV/AIDS.

Topic	Key Contributors & County	Outcomes
	Japheth Ndonyi, Kitui	• SHA should register VMGs. •
Adverse project impacts on VMGs	Ahmed Isack Chemtai Asha	• Untimely disbursement of funds delays project implementation. • County governments not being aware of the Project and thus negative attitude towards VMGs. • Fund diversion by county governments • GBV. • VMGs FPs not included in project communications. Should be include in planning, implementation and M&E.
Partnerships	Virginia Njenga	• Empower communities. • Collaborate with livelihood diversification organizations to increase VMGs disposable incomes.
GBV	Edward Mumbo Chemtai	• Triple threat approach to GBV + HIV/AIDS + Teenage Pregnancy. • Involve community, elders, community GBV champions. • Link campaigns with the justice system. • Migori has a GBV courtroom.

Meeting Closure

There being no other business, Margaret Gitau closed the after thanking all the participants and for the fruitful discussions.

Building Resilient Health Systems (BREHS) Project Preliminary Stakeholder Consultation

Stakeholder Group: Vulnerable and Marginalized Groups Community Leaders

Date: November 8, 2023

Time: 1530 – 1710 hours

Venue: Online – Google Meet

Participants List

No.	Name of Participant	County
1.	Margaret Gitau	THS-UC
2.	Isaac Rogito	

No.	Name of Participant	County
3.	John Chepseba	Terik Community, Vihiga County
4.	Rosebella W Githinji	National Council for People with Disability
5.	Anne Kamotho	
6.	Ratib Farjallah	
7.	Dan Kaila	Ogiek, Mount Elgon, Bungoma County
8.	Stephen Lenengwesi	Endorois, Samburu County.
9.	Priscah Akoth	
10.	Freddie Kombo	Frere Community, Mombasa County
11.	Alex Munyere	
12.	Martin Simotwo	Ogiek, Mount Elgon, Bungoma County
13.	Sylvia Tungwel	
14.	Vibian Angwenyi	
15.	Murieng Ndiema	
16.	Winnie Mbugua	
17.	Ramadhan Babisani	Wailwana, Tana River County
18.	Catherine Ndiso	THS-UC
19.	Ambuya John	Environmental Safeguards Consultant
20.	Kephas Okach	Social Safeguards Consultant (Meeting Chair)

Welcome Remarks

Margaret Gitau opened the meeting by thanking the participants for making time to attend despite the short notice. She informed the participants about the objective of the meeting, "to learn about the BREHS Project and how it is going to build on the THS-UC progress."

She then introduced: Kephas Okach, a social specialist; and Ambuya John, an environmental specialist. She then informed participants that Kephas and John were supporting the MOH develop the following E&S safeguard instruments for the Project in accordance with the World Bank Group E&S Framework (ESF) and Kenya laws: Environmental and Social Commitment Plan (ESCP); Environmental and Social Management Framework (ESMF); Labour Management Procedures (LMP); Stakeholder Engagement Plan (SEP); Vulnerable and Marginalized Groups Planning Framework (VGPF); and Gender-based Violence Action Plan (GBVAP).

BREHS Project Description

Ambuya John, Environmental Specialist, made a brief PowerPoint presentation about the BREHS project highlighting the following:

- Project development objective;
- Project level indicators;

- Project components, subcomponents and activities; and
- Project beneficiaries; and
- Implementation arrangements.

Plenary Discussions

Project Benefits

- Martin Simotwo – Training for health personnel from VMG communities and groups is welcome – *Though Ambuya clarified that training will only cover Garissa and Turkana Counties.*
- Rosebella Githinji – wondered how the Project will be designed to be accessible to the disabled e.g., sign language, braille, etc. When will PWDs be integrated into the Project?
- Freddie Kombo – welcomed the NHIF —> SHA reforms. Requested that any Project activities at the health care facility level should also include lab technologists and nutritionists.
- Martin Simotwo – Project should support the establishment of diagnostic services at the primary care level. Mostly facilities are either equipped with a laboratory, but no lab technologist or vice versa.
- Ramadhan – Tana River County has three VMGs i.e., Wailwana, Munyoyaya, and Waata. These VMGs did not benefit from nursing training under THS-UC. FGM is rampant in these communities resulting in multiple fatalities, and it will be good if the Project added FGM eradication as a target. Again, the scholarship program should be reinstated.
- John Chepseba – Lab technologists training is required and capacity building of health committees.
- Ratib Farjallah – Community should be involved in decision-making. THS delayed for over three years.

Potential Environmental Risks and Impacts

Medical waste management challenge.

Potential Social Risks and Impacts

- Exclusion of the small communities from the Project – Community representatives' role in the Project should be enhanced. VMGs reps sitting at national, county project committee levels. Community focal persons need to be considered for a stipend to enable them support the Project.
- Sabotage by some county officials when their realize that the Project benefits are earmarked for VMGs communities.
- Communication barrier and especially for PWDs.
- Sexual exploitation and abuse/Sexual harassment – VMGs communities are not known to be assertive and conversant with their rights.
- Stigma and discrimination for e.g., HIV/AIDS positive people and PWDs – empower focal persons to conduct monitoring.

Project Stakeholders

- VMGs communities' focal persons
- Local communities

- Women and youth leadership
- Primary care level facility health committees
- PWDs
- Traditional leaders/council of elders
- Health staff unions
- Business community leaders
- Ministry of Education
- Faith-Based Organizations
- Public health officers
- VMG Organizations
    - Chepkitale Indigenous People Development Project
    - Women organizations
    - Endorois Welfare Council
    - Samburu County VMGs
    - The Ndorobos
    - The Lkunono
    - Ogiek People's Development Program
    - Samburu Women Trust
    - Nubian Council of Elders
    - Nigateni CBO
    - Chepkitale Ogiek Women Associations
    - Kootab Sogot Council Elders (KSCE)
    - Sengwer People Development Project
    - Tirap Youth Trust

Grievance Redress Mechanism (GRM)

- Fred Kibeli – Elders should have a role in resolving grievances.
- Ramadhani – Tana River County VMGs are headed by chairmen who are involved in solving small problems at the local level.

Meeting End

The meeting ended at 1710 hours.

Annex D: Environmental and Social Codes of Practice (ESCOP)

INTRODUCTION

This document describes the Environmental and Social Code of Practice (ESCOP) for **Building Resilient And Responsive Health Systems (P179698) (BREHS)** (hereafter referred to as "the Project"), outlining the procedures that Ministry of Health (MOH) will follow to address the Environmental and Social (E&S) risks and impacts that may arise from construction and/or renovation of small-scale civil works, if any, in the Project.

The ESCOP has been developed in alignment with the World Bank Group Environmental, Health and Safety (EHS) Guidelines which offer general and industry-specific measures and complies with Government of Kenya (GOK) requirements as well as internal MOH policies and procedures. Details on the project description, social context and legislative framework can be found in the first two sections of the Environmental and Social Management Framework (ESMF).

Based on the proposed activities of the project, it is expected that the E&S impacts will be localized and minor, which will be addressed through adequate mitigation measures and related guidelines incorporated in this ESCOP. As earlier stated, this ESCOP provides guidelines for the best operating practices through E&S management to be followed by the implementing agencies s for sustainable management of all E&S issues.

This ESCOP is provisional. It will be updated once all Project activities and locations are known.

Brief Description of Project Activities and E&S Risks

BREHS Project activities entail: (i) climate resilient and energy-efficient rehabilitation of health facilities in Garissa and Turkana counties; (ii) procurement and distribution of Health Products and Technologies (HPTs); and (iii) provision of technical assistance to support transition towards universal healthcare.

As such, E&S risks and impacts that may arise (including those that may affect the health and safety of humans and the environment) could include significant quantities of construction waste generated, in addition to dust, noise and air pollution. During the operational phase of the project, there will likely be generation of moderate quantities of medical and other waste which for the most part will be non-toxic and non-hazardous. Other wastes may include chemical wastes, such as solvents and reagents used for laboratory preparations, disinfectants, sterilant and heavy metals contained in medical devices (e.g., mercury in broken thermometers) and batteries, as well as pharmaceutical wastes (including expired, unused and contaminated drugs and vaccines), cytotoxic waste such as cytotoxic drugs used in cancer treatment and their metabolites and radioactive waste from old medical equipment such as X-ray machines and laboratory testing equipment. Other E&S risks include: (i) potential social exclusion of vulnerable groups meeting the criteria of ESS7 from the project benefits resulting from physical access to project related activities and consultations, reasonable accommodations, language, literacy and cultural differences among others; (ii) exclusion of other vulnerable groups which include , Persons with Disabilities (PwDs), women , children, elderly and gender minorities in accessing project benefits (iii) Gender Based Violence/Sexual Exploitation and Abuse (GBV/SEA) or Sexual Harassment in the workplace and / or within the project host communities and the workforce; (iv) Unsafe and unhealthy working conditions, and the workers involved in construction activities in the project.; and (v) Lack of compliance with national employment and labor and occupational health and safety laws and regulations.

Purpose of the ESCOP

This ESCOP aims to guide the avoidance, mitigation and/or management of the potential adverse E&S risks and impacts associated with small-scale construction and renovation activities. It represents good environmental, social, community and occupational health and safety practices and addresses issues related to human and environmental safety. An ESCOP constitutes a simplified ESMF, mainly comprising standard measures of good housekeeping, occupational health, and safety (OHS) and public health and safety. This ESCOP therefore aims to supplement the Project ESMF and will be applied throughout construction, operation, and decommissioning (if applicable) phases.

In cases where contractors are hired for the construction or renovation of small-scale construction activities, the ESCOP will be included in all contract documents. In addition, all civil work sites supported under the Project are required to comply with this ESCOP and this will be specified in the contractors' agreements.

The construction and/or renovation works will be overseen by a point contact in the MOH's PMT who is familiar with the E&S requirements, the ESCOP, and in contact with the beneficiary's coordinator.

ENVIRONMENTAL AND SOCIAL CODE OF PRACTICE (ESCOP)

The Project ESCOP is presented in Table 0-6 below. It includes E&S risks and impacts that have been identified, and associated measures that will be implemented to avoid, mitigate, or manage them.

Management/mitigation measures for common negative E&S risks and impacts that may arise from the Projects' small construction and/or renovation activities are presented in the form of an ESCOP in Table 0-1 below. The generic management should be adapted and amended by the Project beneficiary to meet site-specific conditions, project activities, and suit the type and nature of the E&S risks and impacts identified. In addition, any relevant obligations from local legislation should be included.

Table 0-6 Standard ESCOP for small-scale construction and/or renovation activities

E&S risks/ impacts	Mitigation Measures
Noise during construction	• Plan activities in consultation with communities so that noisiest activities are undertaken during periods that will result in least disturbance (e.g., limit working hours for noisy activities working hours close to schools, hospitals, residents, places of worship, etc.). • Noise levels should be maintained within the national permissible limits/ standards (or international standards depending on whichever is most stringent) and limited to restricted times agreed to in the permit. • Use noise-control methods such as fences, barriers, or deflectors (such as muffling devices for combustion engines). • Minimise transportation of construction materials through community areas during regular working time. • Maintain a buffer zone (such as open spaces, row of trees or vegetated areas) between the Project site and residential areas to lessen the impact of noise to the living quarters.
Air quality	• Minimise dust from exposed work sites by applying water on the ground regularly. • Minimize traffic wherever possible and drive slowly. • Re-vegetate the disturbed areas as soon as activity is completed. • Do not burn site clearance debris (trees, undergrowth) or construction waste materials.

E&S risks/ impacts	Mitigation Measures
	• Keep stockpile of aggregate materials covered to avoid suspension or dispersal of fine soil particles during windy days or disturbance from stray animals.
Water quality	• Drinking water sources, whether public or private, should always be protected from air emissions, wastewater effluents, oil and hazardous materials, and wastes. • Activities should not affect the availability of water for drinking and hygienic purposes. • No construction materials, solid wastes, toxic, or hazardous materials should be poured or thrown into water bodies for dilution or disposal. • The flow of natural waters should not be obstructed or diverted to another direction, which may lead to drying up of riverbeds or flooding of settlements. • Restrict the duration and timing of in-stream activities to low periods and avoiding periods critical to biological cycles of valued flora and fauna. • Use isolation techniques such as berming or diversion during construction to limit the exposure of disturbed sediments to moving water.
Solid and hazardous waste	• Institutionalise procedures and facilities for the prevention, reduction, reuse, recovery, recycling, removal, and disposal of wastes. • Establish and clarify waste management procedures for all persons. • Collect and transport construction waste to appropriately designated/ hazardous waste-controlled dump sites. • Maintain or store waste (including soil for foundations) at least 300 meters from rivers, streams, lakes, and wetlands. • Use secured area for refuelling and transfer of other toxic fluids distant from settlement area and ideally on a hard/non-porous surface. • Train workers on correct transfer and handling of fuels and other substances and require the use of gloves, boots, aprons, eyewear, and other protective equipment for protection in handling highly hazardous materials. • Collect and properly dispose of small maintenance materials such as oily rags, oil filters, used oil, etc. • Put in place spill control and prevention, and counter measures with inspection procedures and training of personnel. • Reuse the excavated soil as much as possible for backfilling, landscaping and for other activity areas where excavation material is required. • Collaborate with local authorities to transport and dispose waste in accordance with legal requirements.
Traffic	• Communicate with communities on traffic safety, install appropriate signage and mark off areas used in loading and off-loading construction and other activity related materials. • Implement speed limits for all activity vehicles. • Ensure drivers are properly trained and licensed. • Train all drivers on safety provisions. Emphasise safety precautions and observation of traffic rules. • Equip vehicles transporting construction or activity related materials with reverse signals. Ensure that truck drivers are accompanied by a flagman or watchman while reversing, unloading, and loading. • Regularly maintain vehicles to ensure functionality and safety. • Keep first aid kit in each vehicle.

E&S risks/ impacts	Mitigation Measures
	• Use safe routes and limit trip duration appropriately. Avoid routes with blind curves, blind intersections, and very narrow roads alongside steep slopes. • Use local traffic signage and collaborate with the responsible local authorities and communities. • Keep access roads in good condition and free from deposits, waste, construction material. • Avoid vehicle traffic during hours that children are travelling to and from school. Apply caution in areas such as schools, playgrounds, hospitals, market, etc.
Occupational Health and Safety	• Provide health and safety training to all participants and conduct regular conversations on health and safety during implementation. • Provide Personal Protective Equipment (PPE) for workers as necessary (gloves, dust masks, hard hats, boots, goggles)[34]. • Keep PPE in good condition and change them in case they are damaged. • Prevent slips and falls and other injuries through good housekeeping practices in all worksites, provision of safe equipment and tools, and use of PPE. • Keep worksite clean and free of debris on daily basis. • Prevent ergonomic illnesses from over-exertion by lifting and carrying of materials and equipment by stipulating weight limits, breaks and job rotations. • Prohibit usage of alcohol or illegal drugs. • Use the right tool for the activity. • Keep corrosive fluids and other toxic materials in properly sealed containers for collection and disposal in properly secured areas. • Ensure adequate toilet facilities for workers from outside of the community. • Provide sufficient drinking water for workforce. • Each construction sub-Project to have a basic first-aid kit with bandages, antibiotic cream, etc. • Provide WIBA insurance for all workers.
Work site management	• Prefer already disturbed areas for workers' accommodation, storage, workshop, and the worksite. • Clearly mark "no-go" areas (cultivated lands or fruit trees, wetlands, grave sites or any sensitive environment or social site/area). • Avoid proximity to schools, health posts and households with vulnerable families. • Clean up the worksite and rehabilitate the site to its original condition. • Rehabilitate all temporary access tracks, haul roads and any other disturbed areas outside of the approved working areas to their original condition.

[34] The appropriate PPE needs to be identified and in place before starting work, used, and maintained regularly, and its use and maintenance monitored;

- Eye and face protection for flying particles, molten metal, liquid chemicals, gases or vapours, light radiation: safety glasses with side-shields, protective shades.
- Head protection for falling objects, inadequate height clearance, and overhead power cords: plastic helmets with top and side impact protection.
- Hearing protection for noise: ear plugs or earmuffs.
- Foot protection for falling or rolling objects, pointed objects, corrosive, or hot liquids: safety shoes and boots.
- Hand protection for hazardous materials, cuts or lacerations, vibrations, extreme temperatures: gloves made of rubber or synthetic materials (Neoprene), leather, steel, insulating materials.
- Respiratory protection for dust, fogs, fumes, mists, gases, smokes, vapours: facemasks with appropriate filters for dust removal and air purification.

E&S risks/ impacts	Mitigation Measures
	• Avoid destruction of natural habitat, including trees, vegetation • Refuel the vehicles at least 30 m away from water courses. • Fence the construction site adjacent to the sensitive areas such as natural watercourses, ponds, drains. • Divert the runoff / water the construction sites or disturbed areas, using ditches.
Employment and Labour Rights	• Implement a fair and transparent employment process. • Provide activity workers with clear and understandable information regarding rights via contract documents in local language.
Workers' Code of Conduct	• Workers must be provided with and given training on a code of conduct, to prevent adverse impacts to the environment and local community and to avoid undesirable contact with members of the community. • The code of conduct should be provided in writing and on posters at construction sites. • The code should include, but not be limited to: o instructions on waste disposal and hygiene o prohibition on use of illegal drugs o prohibition on theft of personal or community property o prohibition on hunting, fishing, or other activities causing harm to the natural environment. o restrictions on drinking or gambling with members of the community o prohibition on making any unwanted verbal or sexual advances to those in the community. o prohibition on vandalism, theft, desecration, or otherwise damage to items or sites considered physical cultural resources. o awareness of religious practices or social customs of the community if different from that of the workers. o prohibition on making any interactions with minors in the local communities, glorification of violence, incitement of hate against minority groups of society such as ethnic, national, or religious minorities, or any segments of society.
Community Health and Safety	• Secure worksites with physical separation through buffer strips, fencing and walls, as appropriate. • Rope off construction area and secure materials stockpiles/ storage areas from the public and display warning signs. Do not allow children to play in construction areas. • Establish appropriate site boundary and access controls near settlements to prevent unauthorised entry to construction or activity sites especially by children (e.g., fencing of construction section in the vicinity of settlements or communities). • Demarcate open trenches and hazardous areas with luminous temporary fencing and/or signage. • Inform relevant authorities immediately in case of damages on utilities such as underground and above-ground electricity lines, water lines, gas lines, oil pipelines, etc. • Construct and repair all buildings using standards to ensure structures are designed and constructed in accordance with sound architectural and engineering practice. • Incorporation of siting and safety engineering criteria to prevent failures due to natural risks posed by earthquakes, tsunamis, wind, flooding, landslides, and fire. • Protect water sources, quality, and access.

E&S risks/ impacts	Mitigation Measures

	• Fill in all earth borrow-pits once construction is completed to avoid standing water, water-borne diseases, and possible drowning.
	• The community should be informed of potential environmental impacts caused by the project, such as
	  ○ dust, pollution, and noise during construction
	  ○ pollution and noise during operation
	  ○ risks of and emergency procedures for fuel spills
	  ○ risks of and emergency procedures for accidents.

Cultural heritage	• Map cultural physical heritage and intangible heritage to avoid during design of activities. • No disturbance of cultural or historic sites. • Adopt and implement the Project's chance finds procedure annexed to the ESMF.
Fire Prevention and Control	• Identify fire risks and their sources. • Take all reasonable and precautionary steps to ensure that fires are not started because of activities. • Store flammable materials under conditions that will limit the potential for ignition and the spread of fires.
Incident reporting	Record and report any hazards, any incidents, or injuries.
Other	• No cutting of trees or destruction of vegetation other than on construction site. • No use of unapproved toxic materials including lead-based paints, unbonded asbestos, etc.
General	• Maximise natural light and ventilation systems; minimise artificial light needs; use large windows for bright and well-lit rooms. • Provide adequate area for treatment, waiting area and patient's hall, etc. all of which should be well ventilated. • Include facilities for proper disposal of health and biological wastes (syringes, blood, etc.).

Annex E: Generic ESIA TOR for a Subproject

Introduction and context

This section will be completed at the appropriate time and will provide the necessary information with respect to the context and methodological approaches to be undertaken.

Objectives of the study

This section will (i) outline the objectives and particular activities of the planned activity; and (ii) indicate which activities are likely to have environmental and social impacts that will require appropriate mitigation (Adapted to specific activities).

Terms of Reference

1. To undertake an Environmental and Social Impact Assessment (ESIA) for proposed subproject to meet the requirements of the WBG Environmental and Social standards (ESSs) and Environmental Health and Safety Guidelines (EHSGs) and the Kenya legal requirements.
2. To provide relevant environment and social baseline conditions on the proposed subproject area.
3. Review the relevant WBG's ESSs triggered for the subproject, the national legal requirements, and guidelines that the project will be implemented.
4. Assess and predict the potential site specific environmental and social impacts of the subproject during site preparation, construction, and operation phase.
5. Develop proposed feasible and cost-effective mitigation measures for the potential adverse environmental and social impacts as well as safety risk associated with the proposed subproject site activities.
6. Assess safeguards capacity of MOH/KEMSA/NHIF and recommend appropriate measures to address gaps through capacity building during implementation of the subproject; and
7. Develop environmental and social management and monitoring plans and prepare appropriate budget for environmental, social, health and safety mitigation measures for the subproject.

ESIA Report Outline

The ESIA report will be expected to include (but not limited to) the following, which are also indicative of the depth of the scope:

1. **Executive Summary**. Concisely discuss significant findings and recommended actions.
2. **Introduction.** This shall include a concise description of the proposed subproject background, subproject objectives, scope, and objectives of ESIA.
3. **Description of the Project Activities.** The consultant shall give the proposed subproject an introduction covering a short description of the subproject area, subproject activities (where possible during construction, operations, and maintenance) – including the project execution methodology and technology to be used for the subproject.
4. **Policy, Legal and Administrative/Institutional Framework**. This shall include a detailed description of World Bank Group's Environmental and Social standards (ESSs) triggered by the subproject and the National laws and regulations environment the subproject will operate. The level of compliance to the applicable laws and regulations shall be clearly stated.

5. **Environmental and Social Baseline Conditions.** The Consultant is required to collect, and present baseline information on the existing physical, biological, and social cultural environment of, within and around the subproject site/area of influence.
6. **Environmental and Social Impacts identification and assessment**. The consultant shall identify and summarize all anticipated significant positive and adverse environmental and social impacts, because of interaction between the proposed subproject and environment that are likely to bring changes in the baseline environmental conditions.
7. **Impact Mitigation Measures**. The consultant shall come up with proposals of feasible and cost-effective mitigation measures, taking into consideration designs and equipment descriptions used for the negative impacts that could result from construction activities.
8. **Environmental and Social Management Plan**
    a. The Consultant shall develop a comprehensive environmental and social management plan comprising of a programme of assessing and managing the impacts during site preparation, construction, and operation phases.
    b. This will provide time frames and implementation mechanisms, reporting responsibilities, description and technical details of monitoring measures, assessment of the institutional needs, staffing requirements and cost outlay for implementation. The plan should show how management and mitigation methods are phased with project implementation.
    c. The plan shall also include measures to manage occupational health and safety risks and to ensure safety in the working environment for the employees and the communities adjacent to the project sites and project affected people.
9. **Institutional Arrangements, Capacity Development and Training.** The consultant is expected to review the institutional arrangements, responsibilities, and procedures within MOH/KEMSA/NHIF to effectively carry out implementation of environmental project components and mitigation measures and recommend appropriate measures to address capacity gaps identified.
10. **Conclusions and Recommendations**.
11. **References**. Documents, whether published or not, that were used to prepare the studies and outputs; list of related reports; and
12. **Appendices**. E.g., Design Concepts, record of the public consultations, ToR for the ESIA, etc.

Qualification of the Consultant

The Consultant will ensure that there will be a sociologist working with him/her in undertaking the ESIA. (Bachelor's Degree in Sociology or related field from recognized university and 5-10 years post-graduation experience and at least three (3) experience in large scale infrastructure project. The sociologist should be conversant with the WBG's ESSs).

The Consultant will have the following minimum qualifications:

- MSc. Degree in Environmental Sciences or a BSc. Environmental Engineering from a recognized University
- NEMA Registered Lead EIA Expert or equivalent
- Minimum overall experience of 10 years, with at least 5 years' experience on similar projects in Sub-Saharan Africa
- Participation in an ESIA for large infrastructure project that met the requirements of an International Financial Institution, such as the World Bank, IFC, AfDB, or EIB.

ESIA Deliverables and Reporting

The ESMP will be prepared in English. The assignment shall be carried out and completed within sixty (60 days) from the contract signing to NEMA licensing.

Table 0-7 ESIA Deliverables

Report	Description	Submittal date	Copies	
			Hard	Soft
Report 1:	Acceptable inception report including clear description of understanding the assignment, methodology to be used and work plan	5 days after contract effective date.	2	2
Report 2:	Submission of Draft ESIA Report	20 days after contract effective date.	2	2
Report 3:	Submission of acceptable final ESIA Report to NEMA	30 days after contract effective date	8	1

Annex F: Chance Finds Procedure

Purpose

Chance finds procedure cover the reporting and management of any heritage finds during project implementation.

Scope

The "chance finds" procedure covers the actions to be taken from the discovery of a heritage site or item to its investigation and assessment by a trained archaeologist or other appropriately qualified person.

Compliance

The "chance finds" procedure is intended to ensure compliance with the requirements of ESS8 (Cultural Heritage) and relevant provisions of the National Museums and Heritage Act of 2006, especially Section 30 that requires all discoveries of buried artifacts to be reported to the National Museums of Kenya (NMK). The procedure of reporting set out below must be observed so that heritage remains reported to the NMK are correctly identified in the field.

Responsibility

- Operator: To exercise due caution if archaeological remains are found
- Foreman: To secure site and advise management timeously
- PMT: To determine safe working boundary and request inspection.
- Archaeologist: To inspect, identify, advise management, and recover remains.

Procedure

Table 0-8 Chance finds procedure

Mitigation/Monitoring Action	Responsibility	Schedule
Should a heritage site or archaeological site be uncovered or discovered during the construction phase of the project, the "chance finds" procedure should be applied. The details of this procedure are highlighted below:	MOH/PMT	Where necessary
• If operating machinery or equipment: stop work. • Identify the site with flag tape. • Determine GPS position if possible. • Report findings to foreman.	Person identifying archaeological or heritage material.	
• Report findings, site location and actions taken to PMT. • Cease any works in immediate vicinity	Foreman	
• Visit site and determine whether work can proceed without damage to findings. • Determine and mark exclusion boundary. • Site location and details to be added to project GIS for field confirmation by archaeologist.	PMT	
• Inspect site and confirm addition to project GIS. • Advise the NMK and request written permission to remove findings from work area.	Archaeologist	

Mitigation/Monitoring Action	Responsibility	Schedule
• Recover, packaging and labelling of findings for transfer to NMK.		
Should human remains be found, the following actions will be required: • Apply the chance find procedure as described above. • Schedule a field inspection with an archaeologist to confirm that remains are human. • Advise and liaise with the NMK and Police. • Remains will be recovered and removed either to the National Museum or the National Forensic Laboratory.	Archaeologist NMK Police Community elders	

Annex G: Generic Project ESMP and Monitoring Table

Table 0-9 Generic Project ESMP and Monitoring Table

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
ESS 1: Environmental and Social Assessment										
Lack of understanding of E&S risks and impacts of subprojects	• Screen each subproject prior to implementation. • Prepare all relevant E&S instruments to mitigate risks and impacts. • Raise awareness of E&S risks	X			• % of subprojects that have been screened • # of additional E&S instruments prepared	X			PMT	Monitoring costs: Included in staff time
Downstream E&S risks emanating from TA	Include all relevant E&S provisions into every Request for Proposals (RFP) or TOR, and in every contract	X			% of RFPs or TOR containing all relevant provisions on E&S.	X			PMT	Monitoring costs: Included in staff time
Exclusion of certain population groups (Vulnerable and Marginalized Groups (VMG),	• Implement SEP • Strengthen awareness on the benefit of inclusion of the vulnerable groups in the project.	X	X	X	# of community consultation sessions conducted. # of VMGs benefitting from the project			X	Implementer / Monitoring: PMT/Counties	Monitoring costs: Included in staff time

[35] The costs cannot be fully determined at this stage. They will be calculated for each activity in the activity specific ESMPs.

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
Women, Youth, elderly and Persons with disabilities) from Project benefits	• Ensure the proper participation and consultation of vulnerable groups during project implementation. • Factor in the project infrastructure designs key recommendations to enhance gender inclusion and incorporate universal access. • Ensure the GRM is culturally appropriate with the project beneficiaries and project affected parties. • Implement the VGPF				# of grievances from VMGs					
ESS 2: Labor and Working Conditions										
Noise and vibration linked to warehouse machinery and trucks and climate resilient and energy-efficient rehabilitation of	• Select equipment with lower sound power levels. • Install suitable mufflers on engine exhausts and compressor components in cases where the service provider uses generators.		X	X	# of noise and vibration related grievances	X			Implementation: PMT/Contractors/HCF Monitoring: PMT	Monitoring costs: Included in staff time. Travel costs for monitoring

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
health facilities in Garissa and Turkana counties	• Provide fit to work PPEs (ear plug/earmuffs) for all workers involved in the areas with elevated noise levels. • Install acoustic enclosures and/or use vegetation as sound buffer for equipment casing radiating noise i.e., generator. • No employee should be exposed to a noise level greater than 85 dB(A) for a duration of more than 8 hours per day without hearing protection. In addition, no unprotected ear should be exposed to a peak sound pressure level (instantaneous) of more than 140 dB(C). • The use of hearing protection should be enforced actively when the equivalent sound level over 8 hours reaches 85 dB(A), the peak sound levels reach 140 dB(C), or the									activities: 100,000

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	average maximum sound level reaches 110dB(A). Hearing protective devices provided should be capable of reducing sound levels at the ear to at least 85 dB(A). • Although hearing protection is preferred for any period of noise exposure more than 85 dB(A), an equivalent level of protection can be obtained, but less easily managed, by limiting the duration of noise exposure. For every 3 dB(A) increase in sound levels, the 'allowed' exposure period or duration should be reduced by 50 percent. • Prior to the issuance of hearing protective devices as the final control mechanism, use of acoustic insulating materials, isolation of the noise source, and other engineering controls should									

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	be investigated and implemented, where feasible • Periodic medical hearing checks should be performed on workers exposed to high noise levels.									
Occupational Health and Safety risks (injury, death, fire hazards) during KEMSA operations and climate resilient and energy-efficient rehabilitation of health facilities in Garissa and Turkana counties.	**Fire and explosions** • Storing flammables away from ignition sources and oxidizing materials. Further, flammables storage area should be: • Remote from entry and exit points into buildings. • Away from facility ventilation intakes or vents. • Have natural or passive floor and ceiling level ventilation and explosion venting. • Use spark-proof fixtures. • Be equipped with fire extinguishing devices and self-closing doors and constructed of materials made to	X		X	• # of safety incidents • # of workers' grievances filed • % of workers with adequate PPE • % of bids with adequate OHS provisions listed • # of OHS incidents timely reported, RCA developed, CAP identified and implemented. • # of registered cases of incidents are closed.		X		Implementation: PMT /Contractors/HCF Monitoring: PMT	Monitoring costs: Included in staff time. Travel costs for monitoring activities: 100,000

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	withstand flame impingement for a moderate period. • Providing bonding and grounding of, and between, containers and additional mechanical floor level ventilation if materials are being, or could be, dispensed in the storage area. • Where the flammable material is mainly comprised of dust, providing electrical grounding, spark detection, and, if needed, quenching systems • Defining and labeling fire hazards areas to warn of special rules (e.g., prohibition in use of smoking materials, cellular phones, or other potential spark generating equipment). • Providing specific worker training in handling of flammable materials, and in									

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	fire prevention or suppression. • Installation of smoke alarms and sprinkler systems; • Maintenance of all fire safety systems in proper working order, including self-closing doors in escape routes and ventilation ducts with fire safety flaps; • Training of staff for operation of fire extinguishers and evacuation procedures; and • Development of facility fire prevention or emergency response and evacuation plans with adequate guest information. **Biological Hazards** • Work processes, engineering, and administrative controls should be designed, maintained, and operated to avoid or minimize release of									

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	biological agents into the working environment. The number of employees exposed or likely to become exposed should be kept at a minimum. • The employer should review and assess known and suspected presence of biological agents at the place of work and implement appropriate safety measures, monitoring, training, and training verification programs. • Measures to eliminate and control hazards from known and suspected biological agents at the place of work should be designed, implemented and maintained in close co-operation with the local health authorities and according to recognized international standards.									

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	• The employer should always encourage and enforce the highest level of hygiene and personal protection. • HVAC systems should be equipped with High Efficiency Particulate Air (HEPA) filtration systems. **Chemical Safety** • Worker training • Work permit systems • Use of personal protective equipment (PPE) • Toxic gas detection systems with alarms • Use of partitioned workplace areas with good dilution ventilation and / or differential air pressures • Use of local exhaust ventilation (LEV) with flanged inlets to capture fugitive dusts and vapors released at open transfer points.									

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	• Use vacuuming equipment with HEPA filters and wet mopping instead of dry sweeping and blowing of solids with compressed air. **Ergonomics, Repetitive Motion, Manual Handling** • Facility and workstation design with 5th to 95th percentile operational and maintenance workers in mind • Use of mechanical assists to eliminate or reduce exertions required to lift materials, hold tools and work objects, and requiring multi-person lifts if weights exceed thresholds. • Selecting and designing tools that reduce force requirements and holding times and improve postures. • Providing user adjustable workstations.									

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	• Incorporating rest and stretch breaks into work processes and conducting job rotation. • Implementing quality control and maintenance programs that reduce unnecessary forces and exertions. • Taking into consideration additional special conditions such as left-handed persons **Road Safety Risks** • Measures for measures for workers that are travelling (via road) • Road safety training • Induction of all project staff on their roles and responsibilities relating to road safety ***Measures for truck drivers*** Adoption of best transport safety practices across all aspects of project operations with the goal of preventing traffic accidents and									

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	minimizing injuries suffered by project personnel and the public. Measures should include: • Emphasizing safety aspects among drivers. • Improving driving skills and requiring licensing of drivers. • Adopting limits for trip duration and arranging driver rosters to avoid overtiredness. • Avoiding dangerous routes and times of day to reduce the risk of accidents. • Use of speed control devices (governors) on trucks, and remote monitoring of driver actions. • Regular maintenance of vehicles and use of manufacturer approved parts to minimize potentially serious accidents caused by equipment malfunction or premature failure.									

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	• Employing safe traffic control measures, including road signs and flag persons to warn of dangerous conditions. • ERP training. • Driving for work policy.									
Inadequate PPE for workers during climate resilient and energy-efficient rehabilitation of health facilities in Garissa and Turkana counties	• Active use of PPE if alternative technologies, work plans or procedures cannot eliminate, or sufficiently reduce, a hazard or exposure. • Identification and provision of appropriate PPE that offers adequate protection to the worker, co-workers, and occasional visitors, without incurring unnecessary inconvenience to the individual. • Proper maintenance of PPE, including cleaning when dirty and replacement when damaged or worn out.			X	• # of safety incidents. • # of workers grievances filed. • % of workers with appropriate PPE.		X		Implementation: PMT/ Contractors/HCF Monitoring: PMT	Monitoring costs: Included in staff time. Travel costs for monitoring activities.

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	• Proper use of PPE should be part of the recurrent training programs for employees. • Selection of PPE should be based on the hazard and risk ranking and selected according to criteria on performance and testing established.									
Lack of understanding of EHS risks and impacts and of mitigation measures leads to accidents and health impacts	• Assess capacity of contracted company on EHS/OHS • Train workers on EHS/OHS through toolbox talks		X	X	• % of construction companies whose capacity has been assessed. • # of toolbox talks conducted • # of trainings provided		X		Implementation: PMT/ Contractors/HCF Monitoring: PMT	Monitoring costs: Included in staff time. Travel costs for monitoring activities
Violations of labor and working conditions during KEMSA operations and climate resilient and	• Implement the developed Labour Management Procedures (LMP). • Ensure Project GRM is accessible.		X	X	• # of workers grievances filed • # of available GRM for workers.		X		Implementer: PMT/Contractors Monitoring: PMT	Monitoring costs: Included in staff time.

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
energy-efficient rehabilitation of health facilities in Garissa and Turkana counties.	• Introduce transparent procedures for hiring and advertise job opportunities widely. • Provide workers' GRM.									
Risk of Child and Forced labor during climate resilient and energy-efficient rehabilitation of health facilities in Garissa and Turkana counties	• Implement the developed LMP. • Comply with minimum age set for all types of work (in compliance with national laws and ESS2) and document age of workers upon hiring. • Verify age of workers with communities where required. • Conduct a track record search of the contractors at the bidding process (record of health and safety violations, fines, consult public documents related to workers' rights violations, GBV/SEA/SH issues etc.)		X	X	• # of workers violations (child, forced labor) • # of existence/maintenance of a labor registry of all contracted • % of workers with age verification • # of awareness campaigns		X		Implementer: Contractor Monitoring: PMT	Monitoring costs: Included in staff time.

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	• Raise awareness of communities/suppliers to not engage in child labour. • Consider ending of contract in case of violations.									
SEA/SH for project workers and project-affected persons	• Implement the developed LMP. • Provide awareness sessions. • Every worker to sign Code of Conduct (CoC) • Provide training on CoC. • Implement the SEA-SH Action Plan		X	X	• % of workers that have signed CoCs • # of trainings on CoC		X		Implementer: PMT/ Contractors Monitoring: PMT	Monitoring costs: Included in staff time.
ESS 3: Resource Efficiency and Pollution Prevention and Management										
Generation of Health Care Waste (HCW) during implementation of component 1 and 2 activities.	• Implement the developed Medical Waste Management Plan (MWMP). • Maintain a resilient and reliable supply chain to ensure that strategic stockpiles can be effectively replenished and maintained over time.			X	• # incidents of waste effluents released into water • # of kilograms of waste generated monthly. • System for good housekeeping exists.		X		Implementer: PMT/ Contractors Monitoring: PMT	Monitoring costs: Included in staff time. Travel costs for monitoring

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	• Adhere to the procurement plan for acquisition of all medical supplies and equipment from certified suppliers only. • Carry out due diligence for all potential suppliers to guarantee quality equipment and products. • Employ technologies that are least polluting and technically feasible. • Recycling of waste effluents will be carried out as far as possible and practical. • It will be ensured that the wastes are not released into any drinking water source, cultivation fields or critical habitat. • All wastewater discharges are to meet applicable country laws/regulations and WB Environmental, Health and				• Collection system for waste exists and disposal is conducted in predetermined locations. • # of E-Waste Management Plans prepared					activities (see above)

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	Safety Guidelines (EHSGs) (General and sector-specific). • Implement immunization for staff members, as necessary (e.g., vaccination for hepatitis B virus, tetanus immunization); • Provide adequate supplies of PPE for personnel involved in waste management including overalls / industrial aprons, leg protectors, boots, heavy duty gloves, helmets, visors / face masks and eye protection (especially for cleaning of hazardous spills), and respirators (for spills or waste involving toxic dust or incinerator residue) as necessary; • Provide washing facilities for personal hygiene, particularly at waste storage locations.									

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
Air pollution through dust and emissions from machinery and vehicles, and climate resilient and energy-efficient rehabilitation of health facilities in Garissa and Turkana counties.	• Monitor exhaust emissions to ambient air, waste pollutant releases to land and water. • Application of waste segregation and selection including removal of the following items from waste destined for incineration: halogenated plastics (e.g., PVC), pressurized gas containers, large amounts of active chemical waste, silver salts and photographic / radiographic waste, waste with high heavy metal content (e.g., broken thermometers, batteries), and sealed ampoules or ampoules containing heavy metals; • Incinerators should have permits issued by authorized regulatory agencies and be operated and maintained by trained employees to ensure proper combustion			X	• % of vehicles that have been recently maintained. • % of vehicles with mufflers installed • # of community consultations around planning • # of licensed incinerators		X		Implementer: PMT/ Contractors Monitoring: PMT	Monitoring costs: Included in staff time. Travel costs for monitoring activities (see above)

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	temperature, time, and turbulence specifications necessary for adequate combustion of waste. • Wet scrubbers to control acid gas emissions (e.g., hydrochloric acid [HCl)], sulfur dioxide [SO2, and fluoride compounds]). A caustic scrubbing solution will increase the efficiency for SO2 control; • Control of particulate matter may be achieved through use of cyclones, fabric filters, and / or electrostatic precipitators (ESP). Efficiencies depend on the particle size distribution of the particulate matter from the combustion chamber. Particulate matter from hospital incinerators is commonly between 1.0 to 10 micrometers (µm). ESPs are generally less efficient than									

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	baghouses in controlling fine particulates and metals from HWI; • Control of volatile heavy metals depends on the temperature at which the control device operates. Fabric filters and ESP typically operate at relatively high temperatures and may be less effective than those that operate at lower temperatures. Venturi quenches and venturi scrubbers are also used to control heavy metal emissions. The volatile heavy metals usually condense to form a fume (less than 2µm) that is only partially collected by pollution control equipment; • Management of incineration residues such as fly ash, bottom ash, and liquid									

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	effluents from flue gas cleaning as a hazardous waste (see General EHS Guidelines) as they may contain high concentrations of POPs.									
Inefficient use of resources e.g., purchase of substandard HPTs by KEMSA.	• Implement measures for efficient consumption of energy, water and raw materials. • Consider the adoption of water supply and water efficiency measures such as recycling, re-use, run-off, reduction and storage to reduce impacts on the available water resources and community supplies. • Prepare resource efficiency plan for construction and for operational phases. • Monitor energy/water use and set targets for the reduction of energy/water use.		X	X	# of plans for efficient use of natural resources that exist			X	Implementer/ Monitoring: PMT/HCF	

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	• Sensitize staff on efficient energy and water use in sub-projects such as use of taps/ lights with automatic shutoff valves/switches respectively. • Adopt options for increasing energy efficiency through modifying work practices and installing energy efficient devices and equipment.									
ESS 4: Community Health and Safety (CHS)										
CHS risks and impacts during KEMSA operations and climate resilient and energy-efficient rehabilitation of health facilities in Garissa and Turkana counties.	***Safety of services*** • Establish and implement appropriate quality management systems to anticipate and minimize risks and impacts that such services may have on community health and safety. Consider applying the concept of universal access, where technically and financially feasible.	X		X	• Operational quality management systems • # of project structures with universal access • # of awareness creation sessions on hazardous waste management. • Emergence preparedness and response plans • Fire risks identified.			X	PMT Beneficiaries	Costs of detection system

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	• Ensure design of facilities is appropriate. • Install safety signage where applicable. • Ensure provision of adequate ventilation for the machinery working areas. ***Management and safety of hazardous materials*** • Avoid or minimize the potential for community exposure to hazardous materials and substances that may be released by the project. • Where hazardous materials are part of existing project infrastructure or com-ponents, the project will exercise due care during construction and implementation of the project, including				• # of measures against fast fire and smoke development in place • Detection and alarm system in place.					

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	decommissioning, to avoid exposure to the community. • Implement measures and actions to control the safety of deliveries of hazardous materials, and of storage, transportation and disposal of hazardous materials and wastes, and implement measures to avoid or control community exposure to such hazardous material. ***Emergency preparedness and response*** • Identify and implement measures to address emergency events. • Conduct a risk hazard assessment (RHA), as part of the environmental and social assessment undertaken pursuant to ESS1. Prepare an Emergency Response Plan (ERP) based on the results of									

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	the RHA. implementation; and (h) measures for restoration and cleanup of the environment following any major accident. • Document emergency preparedness and response activities, resources, and responsibilities, and disclose appropriate information, as well as any subsequent material changes thereto, to affected communities, relevant government agencies, or other relevant parties. **Traffic Safety** • Adoption of best transport safety practices across all aspects of project operations with the goal of preventing traffic accidents and minimizing injuries suffered by project personnel and the									

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	public. Measures should include: ○ Emphasizing safety aspects among driver ○ Improving driving skills and requiring licensing of drivers ○ Adopting limits for trip duration and arranging driver rosters to avoid overtiredness. ○ Avoiding dangerous routes and times of day to reduce the risk of accidents. ○ Use of speed control devices (governors) on trucks, and remote monitoring of driver actions • Regular maintenance of vehicles and use of manufacturer approved parts									

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	to minimize potentially serious accidents caused by equipment malfunction or premature failure. **Fire Hazards** Identify fire risks and ignition sources. Install measures needed to limit fast fire and smoke development. These issues include: • Fuel load and control of combustibles • Ignition sources • Interior finish flame spread characteristics. • Interior finish smoke production characteristics • Human acts, and housekeeping and maintenance • Life and fire safety design criteria for all existing buildings should incorporate									

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	all local building codes and fire department regulations. • Install detection and alarm systems. • Provision of serviceable fire extinguishers on site									
Cyber security risks during operation of KEMSA's upgraded ERP.	• Follow strict data security and privacy protocols, including secure storage and handling of data. • Regular cybersecurity risk assessments, • Ensuring the use of up-to-date software and security protocols. • Ethical considerations should be considered, such as obtaining informed consent for data collection and ensuring the privacy and confidentiality of individuals' data.	X		X	• # of cyber-attacks on ERP system • ERP system maintenance and support records. • Data protection policy			X	Implementer: KEMSA, Counties Monitoring: PMT	Monitoring costs: Included in staff time. Travel costs for monitoring activities (see above)

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
Exposure to infectious diseases during climate resilient and energy-efficient rehabilitation of health facilities in Garissa and Turkana counties.	• Provide awareness to local communities through stakeholder engagement. • Educate and sensitize workers and the local community on STI, HIV /AID's and other communicable diseases. • Maximize the use of local vendors (for food, water, services etc.) with public health license. • Follow hygiene procedures for infectious disease			X	• # of sensitization/ awareness events within communities. • Proper hygiene measures in place. • # of incidents/ accidents to the community directly linked to the project • Grievances raised and status on resolution. • # of sensitization meetings held		X		Implementer: PMT/KEMSA/Contractor Monitoring: PMT	Monitoring costs: Included in staff time.
Bias in the selection of beneficiaries	• Transparency and communication/public disclosure of beneficiary selection criteria (SEP) • Communicate and implement Project GRM	X			• # of communication events as per SEP implemented as compared to planned events • # of GRM cases filed		X		Implementer: PMT/Counties Monitoring: PMT	Monitoring costs: Included in staff time
Discriminatory practices in accessing project	• Transparency and communication/public disclosure of beneficiary selection criteria (SEP)	X			• # of communication events as per SEP implemented as		X		Implementer/ Monitoring: PMT/Counties	Monitoring costs:

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
services, and benefits	• Communicate and implement GRM				compared to planned events • # of GRM cases filed					Included in staff time.
SEA/SH for project-affected persons and during operational phase	• Implementation of LMP including signing of CoC by all workers at point of hiring. • Implementation of SEA-SH Action Plan.		X		• % of workers that signed CoCs. • % of workers that completed GBV/SEA training.			X	Implementer: PMT/KEMSA/ Contractor Monitoring: PMT	Monitoring costs: Included in staff time
ESS 7: Indigenous Peoples and Historically Underserved Communities										
Exclusion of exclusion of vulnerable groups meeting the criteria in ESS 7 of the ESF	• Ensure the Groups understand their rights. • The Groups should be informed about, and comprehend the full range (short, medium, and long-term) of social and environmental impacts – positive and negative – that can result from the proposed investment. • Any concerns that the Groups have about potentially	X	X	X	• # of community consultation sessions conducted. • # of VMGs benefitting from the project • # of grievances from VMGs			X	Implementer / Monitoring: PMT	Monitoring costs: Included in staff time

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	negative impacts are understood and addressed by the project. • Local knowledge informs the design and implementation of mitigation strategies and is treated respectfully. • Ensure mutual understanding and respect between the Groups as well as other stakeholders. • The Groups aspirations should be considered in project planning for ownership, and full participation in decisions about, community development programs and initiatives. • The project should include broad, on-going support of the Groups. • Ensure engagement processes are inclusive. • Implement the VGPF									

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
ESS 10: Stakeholder Engagement and Information Disclosure										
Exclusion of vulnerable groups in project activities and consultations.	• Implement the developed SEP. • Implement the developed VMPF Establish and maintain continuous liaison with the communities including marginalised groups to sensitize them on the project objectives and design. • Use innovative communication means to reach the communities with information on the project. • Establish GRM structures in the communities and sensitize the communities on the project GRM. • Apply local languages in communication		X		• # of marginalized communities assessed • # Local languages used in communication			X	Implementer / Monitoring: PMT/Counties	Monitoring costs: Included in staff time.
Lack of access to GRM	• Implement project GRM. • Implement Workers' GRM	X		X	# of GRM cases filed and addressed	X	x		Implementer/Monitoring: PMT/HCFs	Monitoring costs:

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost (in USD) [35]
		Planning	*Construction*	*Operation*		*Continuous*	*Monthly*	*Quarterly*		
	• Publicization of the GRM and grievance uptake points									Included in staff time
Inadequate stakeholder engagement	• Implement the developed SEP. • Implement the developed VGPF.	X		X	• # of community consultations held • # of vulnerable groups consulted	X			Implementer/Monitoring: PMT/HCFs/Counties	Monitoring costs: Included in staff time.

Sexual Exploitation, Abuse and Sexual - Harassment (SEA-SH) Prevention and Response Plan

Building Resilient and Responsive Health Systems (BREHS)

(P179698)

November 2023

ACRONYMS AND ABBREVIATIONS

PrDO	-	Program Development Objective
GBV	-	Gender-Based violence
GRM	-	Grievance Redress Mechanism
M&E	-	Monitoring and Evaluation
MOH	-	Ministry of Health
PMT	-	Project Management Team
WHO	-	World Health Organization
SEA-SH	-	Sexual Exploitation, Abuse and Sexual Harassment
NASCOP		National AIDS and STI Control Program
VMG	-	Vulnerable and Marginalized Groups
VMGOs	-	vulnerable and marginalize groups organizations.

EXECUTIVE SUMMARY

Introduction

This SEA-SH Prevention and Response Plan details the necessary operational measures and protocols to be employed to address all forms of SEA-SH related to the project and how they will be integrated over the life of the project. These include how to address any SEA-SH allegations that may arise and procedures for preventing and responding to SEA-SH. The Plan also details how reports on SEA-SH will be handled and disciplinary action for violation of the Code of Conduct (CoC) by project workers.

Legal, Policy and Institutional Framework

Kenya has robust legal, policy and institutional frameworks for addressing GBV. They include the constitutional provisions such as the right for persons to be treated with dignity. The National Policy for the Prevention and Response to Gender Based Violence - 2014, County Government Policy on Sexual and Gender Based Violence - 2017, and the Legislative Framework on Sexual and Gender Based Violence for County Governments - 2017. The main relevant legislations are the Sexual Offences Act, 2006, the Employment Act, 2007, and the Penal Code, Cap 63 Laws of Kenya. International instruments against GBV operative in Kenya are the Convention on the Elimination of All Forms of Discriminations Against Women (CEDAW), the African Charter on Human and Peoples' Rights (Banjul Charter), and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol).

Screening for SEA-SH Risks

Project such as Building Resilient and Responsive Health Systems will most likely alter power structures and relations in communities, and place women, girls, and boys in situations where they may be exposed to SEA-SH. The project target also includes marginalized areas across the country with cased of SEA-AH. Therefore, it is imperative for the MoH to proactively plan to combat SEA-SH of all kinds that may develop in subproject sites and affect project implementation.

Potential forms of SEA-SH in project site, mostly against women and girls in the community, include rape and sexual assault, sexual exploitation, and sexual harassment in form of inappropriate touching, and use of abusive, demeaning or culturally inappropriate language. Sexual exploitation will likely include transactional sex and other forms of humiliating, degrading or exploitative behavior.

The Building Resilient and Responsive Health Systems project activities and works where applicable will present a formal work environment with employment opportunities for local people and those come with SEA-SH risks to mostly local women, and girls. Sexual harassment is a risk for any work environment, particularly environments that are stringently hierarchal, give significant and/or undue power to management, and that do not promote and reflect female leadership. Other risk factors for SH include female laborers working alongside male laborers without adequate supervision, without separate washrooms for males and females at work sites without specific feedback mechanisms for females to share concerns about their working environments, including concerns about sexual harassment. The Labour Management Procedures require the project to establish workers' grievance mechanism that will facilitate channeling of complaints and response.

Th Prevention and response to Building Resilient and Responsive Health Systems-related risks of SEA-SH will require concerted and multifaceted efforts bringing together many sectors including Ministries, Departments and Agencies (MDAs) such as health facilities, gender and social protection, SEA-SH service providers and other care givers such as civil society organizations (CSOs) and national government offices responsible for children (e.g. children offices), and the police. The project will

coordinate with these actors in creating awareness among communities and staff (health workers) at county and facility level to reduce need for response efforts. This Plan identifies some of the concerted efforts including community awareness and education, capacity building for project staff in SEA-SH and linkage to SEA-SH service providers, adequate resourcing the SEA-SH function in the project and enlisting the supplementary support of other SEA-SH Prevention and Response actors such as health providers, CSOs, Community based Organizations (CBOs), and Non-Governmental Organizations (NGOs).

To coordinate efforts toward mitigation of SEA-SH prevention and Response measures in this Plan, the project will employ the services of PMT Social Safeguards Specialist to coordinate the responses together with safeguards officers at the county level. The cost of implementing this Plan is anticipated to be **Kes 15,410,000**.

INTRODUCTION AND CONTEXT

Background

1. The BREHS Program Development Objective (PrDO) aims to improve (i) utilization of quality primary health care services and (ii) effectiveness of planning, financing, and procurement of health products and technologies (HPTs). The project will provide support to all 47 counties to address key priority areas that impact on PHC and focus on addressing inequities in counties that have poor RMNCAH service coverage and outcomes. The project will benefit all Kenyans; and the main beneficiaries are women and children from the poorest population who tend to utilize primary care services more.
2. The project will comprise three components focusing on both the national and county level, with clear linkages between the two levels of government. Component 1: Strengthening Institutional Capacity for Health Service Delivery Towards Achieving UHC, Component 2: Improving Utilization of Quality Health Services at Primary Care Level and Component 3: Project management and evaluation. The project components focus will be on main areas under the Kenya Health Policy 2014-2030, the Kenya Health Sector Strategic Plan, the Kenya UHC Policy, and the Kenya Health Financing Strategy. The initiative will have a unique focus on both the national and county levels of governance, with connections between them. Hence, the project will change the economic and power structures and relations, invite external labor, and shake up the population dynamics in the communities within the counties.
3. Kenya experiences social issues including poverty, inequality, and Gender Based Violence (GBV). Approximately 47% of Kenyan women experience GBV in their lifetime. The country has high unemployment rate with limited access to education, healthcare, and other basic services. According to the2019 census, 2.2% (0.9 million people) of Kenyans live with some form of disability. The census results indicate that 1.9% of men have a disability compared with 2.5% of women. There are parts of the country experiencing ethnic conflicts and terrorism which may impact project implementation due to exposure of project workers to security and GBV risk.
4. Some efforts have gone into strengthening the GBV response following the setup of the COVID-19 which include development of policies and structure to support GBV response. Capacity building of health care workers on GBV response, development of a manual, strengthening of coordination through the technical working groups in the 10 counties, supporting preparation of quality assurance tool. All 47 county coordinators were trained on care provision and web-based material developed. The process of developing psychosocial guidelines for children survivors is expected to conclude by June 2023. Training is done to the senior officials on SEA/SH by WHO and an action plan developed.
5. There may be SEA-SH risks in the subproject sites because of some of the societal changes that the project will bring about. There are various project elements that could increase hazards for SEA-SH-affected populations for partners, for community members for project personnel, and for project workers themselves. This project's SEA-SH risk has been determined **Substantial.**

The SEA-SH Concept

6. Because SEA-SH is frequently discussed in terms of culture rather than actual instances of aggressiveness and intrusion, it can be difficult to understand. The cultural perspectives on SEA-SH imply that aggressions and intrusions may be seen as offensive in one culture while being justified as regular and expected social contact in another.
7. The Inter-Agency Standing Committee (IASC) defines **gender- based violence** as “an umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (gender) differences between males and females. GBV broadly includes harmful behaviors that

take place between people, within families, and in the larger community. It also includes physical, sexual, economic, psychological/emotional, and economic abuse/violence. These include forced or early marriage, trafficking, sexual violence, domestic or intimate partner violation/abuse (IPV), and other harmful traditional practices.

8. The United Nations defines **"sexual exploitation"** as any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another. Contrarily, sexual abuse is defined as "the real or threatened bodily intrusion of a sexual nature, whether by force or under unfavorable or forced circumstances. As a result, "SEA" is a type of gender-based violence that primarily refers to actions taken against project beneficiaries by partners, staff, consultants, contractors, and employees.
9. **Sexual harassment** is defined as any unwelcome sexual advance, request for sexual favor, verbal or physical conduct or gesture of a sexual nature, or any other behavior of a sexual nature that might reasonably be expected or be perceived to cause offense or humiliation to another, when such conduct interferes with work, is made a condition of employment, or creates an intimidating, hostile, or offensive work environment. It occurs between personnel/staff and involves any unwelcome sexual advance or unwanted verbal or physical conduct of a sexual nature.

WB Guidance on SEA-SH

10. The WB Guidance Note defines four key areas of SEA risks:
    (a) SEA - exploitation of a vulnerable position, use of differential power for sexual purpose; actual or threatened sexual physical intrusion;
    (b) Workplace sexual harassment - unwanted sexual advances; requests for sexual favors, sexual physical contact;
    (c) Human trafficking - sexual slavery, coerced transactional sex, illegal transnational people movement; and
    (d) Non-SEA - physical assault, psychological or physical abuse, denial of resources, opportunities, or services and IPV.
11. In response to the potential risks implied in the discussion of the concepts above, the proposed project will comprise three components that focus on key areas under the Kenya Health Policy 2014-2030, the Kenya Health Sector Strategic Plan, the Kenya UHC Policy, and the Kenya Health Financing Strategy. The Plan outlines the operational actions that will be implemented to reduce the project-related risks associated with SEA-SH, including making sure that GMs formed for the project are in place to accept reports and refer survivors for additional support in a safe and private manner.

Policy, Legal and Institutional Context

Policy Framework

12. The Guidance for the prevention and response to GBV is provided by the **National Policy for the Prevention and Response to Gender Based Violence – 2014**. The policy, which was developed by the Ministry of Devolution and Planning, aims to limit, curb, or avoid SEA-SH, among other things, by improving the way that current regulations are enforced.
13. **County Government Policy on Sexual and Gender Based Violence - 2017**. Each county government will be able to address the SEA-SH challenges they encounter thanks to the policy's customization for all county governments. It gives counties the necessary framework to declare SEA-SH a violation of their citizens' human rights and to allocate funds to do so.

14. **Legislative Framework on Sexual and Gender Based Violence for County Governments - 2017**. The model law provides measures for sexual and gender-based violence awareness, prevention, and response, as well as to provide for the protection, treatment, counseling, support, and care of SEA-SH victims and other related goals. Legal and Institutional Framework.

Legal and Institutional Framework

15. ***The Constitution of Kenya, 2010*****.** Article 10(2)(b) provides for 'Human dignity, equity, social justice, inclusivity, equality, human rights, non-discrimination, and the protection of the marginalized' as national values and guiding tenets of government. All unlawful acts of assault against people that violate human dignity are therefore prohibited under the Constitution. Further **Articles 28**, and **29** of the Constitution ensures everyone's freedom and security, which includes the right not to be subjected to any form of violence from either public or private sources or to be treated or punished in a way that is cruel, inhuman, or degrading. The Constitution provides a comprehensive list of safeguards against all types of violence, including SEA-SH.
16. ***The Sexual Offences Act, 2006.*** Is an Act of Parliament aimed at protecting from the harm of unlawful sexual acts. Section 5 of the Act incriminates sexual assault with a possibility of imprisonment for life upon conviction. *Section 23(1)* of the Act makes sexual harassment an offence punishable under the law for a term not less than 3 years or a fine of not less than Kenya Shillings One Hundred Thousand (KShs. 100,000) or to both.
17. When read in conjunction with section 43, section 6 addresses purposeful and illegal activities and covers situations in which those in positions of authority may use their position to prevent the other person from objecting to or refusing such unlawful sexual approaches. As a result, Kenyan law renders sexual assault and exploitation illegal.
18. ***The Employment Act, 2007***. The rights and obligations between an employer and an employee are outlined in this Act of Parliament, which governs employment in Kenya. Section 6 of the Act defines 'sexual harassment', and requires employers with 20 or more employees to have a sexual harassment policy statement and make sure that every employee is aware of it. It is impossible to overstate the importance of a code of behavior for both contractors and employees in the project that is now being planned.
19. ***The Penal Code, Cap 63 Laws of Kenya.*** GBV offenses are not officially covered under the Penal Code. However, regardless of gender, anyone who assaults another person is subject to prosecution under sections 250 and 251 of the Criminal Code, which deal with assault and assault causing actual bodily harm, respectively.

International and Regional Treaties and Conventions

20. ***The Convention on the Elimination of All Forms of Discriminations Against Women (CEDAW)***. *Ratified by Kenya in* 1984. The goal of the treaty is to achieve gender equality by prohibiting discrimination against women in all areas of life. This implies that wherever job possibilities occur, women should compete with males for the same positions. Article I of the Convention defines "discrimination against women", as "any distinction, exclusion or restriction made based on sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. "Therefore, discrimination against women is illegal under SEA-SH.
21. ***The African Charter on Human and Peoples' Rights (Banjul Charter)***. Every person is entitled to the protection from all sorts of exploitation and human degradation under Article 5 of the charter. SEA-SH engages in a variety of inhumane acts against its victims, typically through exploitation.

22. ***Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol).*** The protocol's Article 3 aims to end all forms of discrimination against women and calls on States Parties to enact the appropriate laws to guarantee gender equality. Article 4 of the protocol guarantees every woman dignity and requires States Parties to adopt appropriate measures to prohibit any exploitation or degradation against women.
23. Overall, Kenya possesses the necessary institutional, legal, and policy framework to stop and prevent SEA-SH. However, SEA-SH's vice has not yet been eliminated. In every sphere of society, efforts are being made to avoid and control the vice. To ensure that the project doesn't affect the recipients and workers, the initiative aims to avoid and address SEA-SH complaints and incidents.

SCREENING FOR SEA-SH RISKS IN THE BREHS

24. Project activities and benefits including job opportunities, community empowerment through trainings and sensitization and awareness creation, and increased access to health with overall impacts on economic activities have the potential of impacting on the gender roles and power structures that exist in communities, putting women, girls, and boys in danger of being sexually harassed, exploited, or abused. BREHS must therefore make proactive plans to reduce SEA-SH risks that could arise in project sites because of their activities. Some of the factors that contribute to vulnerability of women and girls to SEA-SH in the project areas include:
    i. *Power asymmetry*. Although there is never a circumstance in which there is power symmetry, in most of Kenya's rural areas, the power inequalities that exist against a background of unemployment and poverty can be easily abused, leading to SEA-SH for women and girls.
    ii. *Poverty and Inequality.* Widespread inequity and poverty usually result in desperation, which puts some women and girls at risk for SEA-SH when they engage with the project employees who receive benefits. The 47 project counties' average poverty levels vary, but there are pockets of extreme poverty in every one of them, increasing their vulnerability to SEA-SH.
    iii. *Societal norms.* Women and girls are at usually high risk of SEA-SH because of *societal norms* that perpetuate power differentials between males and females, and support or condone males' violence against women and girls. Labor influx poses an additional risk, and the extent to which a community has capacity to absorb labor influx, as well as the inflow of income to workers, can exacerbate already existing inequities between workers and community members.
    iv. *Low levels of education and literacy.* Mostly among girls, that leads to high unemployment rates among women. These factors weaken women's and girls' confidence as they seek menial jobs in construction sites and means they are at risk of SEA-SH from workers who often have higher incomes than usually available to community members.
    v. Workplaces that are rigidly hierarchical, giving management enormous and/or unwarranted power, with limited support to female leadership is at risk for sexual harassment.
    vi. Lack of gender-specific feedback mechanisms for females to express concerns about their working environments, including concerns about sexual harassment, as well as female and male workers working side by side without adequate supervision
    vii. Ineffective GRM and lack of awareness on the forms of SEA-SH, reporting channels among communities in remote areas. the project will ensure that communities are sensitized appropriately on the different forms of SEA-SH, and reporting channels. This will enable

effective reporting and follow-up of cases including rape and sexual assault, physical and mental abuse, Inappropriate touching, aggressive language, and derogatory or culturally insensitive language among other forms of sexual harassment in the community that could result from the initiative.

25. Project-related SEA-SH hazards call for coordinated and comprehensive activities from a variety of sectors, including civil society and Ministries, Departments and Agencies (MDAs). To minimize the need for response measures, the project will work with these actors to raise awareness among the host communities and project employees at the community, facility and county levels.
26. Using the standard World Bank Tool, the project was examined for SEA-SH risks such as abuse of trust, power, and the bartering of favors by household members, workers, or employees connected to or originating from the project are potential hazards noted. This danger is most likely to manifest itself at the points where the project and the community, the contractors and the community, and workers and communities, converge. The prevention and response plan in this project is based on all the identified SEA-SH risk site scenarios and factors. The, the SEA-SH risks are rated **Moderate.**

Support Services

27. Already available Support services in the project area will be accessed through BREHS reference, networking, and in coordination with other actors, also captured in the stakeholder engagement plans (SEP) prepared for the project. It is in the interest of the project team to identify the existing service providers beforehand and provide a referral pathway for the project beneficiaries, workers, and nearby communities. The support services, include amongst others:
    i. Provision for accessible information on services available to survivors of SEA-SH;
    ii. Provision of accessible, effective, and responsive health, social welfare, police, prosecutorial, and other services to redress cases of SEA-SH;
    iii. Provision of specialized facilities, e.g support mechanisms for SEA-SH survivors; and
    iv. Provision of effective rehabilitation and reintegration programs for SEA-SH perpetrators.

GRIEVANCE REDRESS MECHANISM (GRM)

28. The project will need to set up a grievance Redress Mechanism (GRM) with numerous channels to support the confidential reporting and logging in of SEA-SH complaints in each project location. Managing relevant complaints in a safe, ethical, and confidential manner, will require identification and incorporation of SEA-SH access points within the GRM. The GRM will clearly take SEA-SH considerations into account.
29. To ascertain the appropriate substitutes for in-person complaints (e.g., phone, online, other), consultations on the GRM with impacted populations (especially with women, girls, and individuals with disabilities) will be conducted as part of the overall project. The emphasis of the procedure will be on privacy and anonymity. By holding regular team meetings to go through any workplace concerns, the project management will incorporate lessons from prior projects to increase accountability to communities and identify a variety of difficulties.
30. The project will be guided by the following principles in setting up a GRM to facilitate resolution of SEA-SH complaints:
    i. *Confidentiality:* The anonymity and privacy of survivors will be guaranteed throughout the intervention, with a focus on their wellbeing and the assurance that the provision of services and assistance won't jeopardize their private or identity.

ii. *Respect:* At all times and during all phases of any intervention, the wishes, dignity, and choices of the survivors shall be respected. Before information is disclosed or action is done, survivors will be assisted in providing their free and informed consent, based on a full knowledge of the facts, implications, risks, and repercussions of an action.

iii. *Safety and security:* Any SEA-SH intervention or project will adequately address and consider any hazards or safety concerns that could jeopardize the physical safety of anyone impacted by SEA-SH.

iv. *Non-discrimination:* Without regard to sex, sexual orientation, gender identity, age, ethnicity, religion, or any other status, all SEA interventions will be created to ensure access and the same level of quality of care and assistance for all persons seeking support or persons affected by SEA.

31. GRM will use a survivor-centered strategy that makes use of SEA-SH victims' referral centers. The goal would be to preserve evidence, get help, and take care of the victim as quickly as possible. Confidentiality would be emphasized to safeguard the victim's choices and privacy. These factors make it unlikely that the complaint will follow a consistent pattern. A trusted coworker, GRM member, SEA-SH service provider, local CBO or NGO, among others, may be informed in person, via text message, email, phone call, written note, or any other method the complaint chooses. The situation shall be handled appropriately if the complaint is received by any other person or organization except the designated SEA-SH services provider.
32. The steps for aiding are listed below. The person who receives the complaint or report will notify the Focal Persons for BREHS as soon as possible. The FP to and project coordinator will immediately refer the case to the approved SEA-SH service provider and decide for any necessary emergency support and care in collaboration with the service provider. While this is happening, the service provider makes sure that the Project manager always notifies the Bank of any SEA-SH occurrence within 48 hours.
33. The only information to be collected from the person reporting will be on:
    i. demographic data, such as age and gender;
    ii. the nature of the complaint (what the complainant says in her/his own words);
    iii. whether the complainant believes the perpetrator has any linlkage or is associated with the project; and
    iv. whether they received or were offered referral to services.
34. The project will put in place the necessary mechanisms to address SEA-SH. The proposed mitigation measures as per the risk level in this project are as follows:
    i. Define SEA-SH requirements and expectations included in the contractual obligations as well as reinforce code of conducts (CoCs) that address SEA-SH in the project locations to cultivate an environment free from SEA-SH as well as regular dissemination of the CoC to the workers;
    ii. Ensure a GBV specialist is in place to support SEA-SH risk management measures;
    iii. To tell stakeholders that the project and/or area is a SEA-SH free zone and to provide information on SEA-SH response services (such as hotline numbers and where to go for assistance when needed), develop and deliver information, education, and communication materials. Other details that should be emphasized are:
        - No sexual or other favors can be requested in exchange for services;
        - Project staff are prohibited from engaging in SEA-SH and this information should be clearly spelt out during training and other forms of communication to the staff;

- Any case or suspicion of SEA-SH should be reported to [hotline number, GM or citizen engagement/feedback mechanism];
- Information on protection of whistleblowers; and
- The range of services available for survivors including healthcare, protection and psychosocial care.

iv. To guarantee that information is provided to healthcare practitioners about where survivors of SEA-SH can obtain psychosocial support and emergency medical care (inside the healthcare system), it is necessary to identify and map SEA-SH service providers;

v. Create SEA-SH prevention policies and response protocols that specify essential criteria for disclosing incidents, steps to enable safe, moral, survivor-centered responses, and punitive procedures if they do;

vi. Map SEA-SH service providers including keeping an updated list of psychosocial support service providers in every county for survivors to guarantee effective and timely referrals, when required.

vii. Incorporate knowledge of the CoC, SEA-SH, accountability and response structure, including the referral processes, duties, and reporting, into all project staff and workers' trainings-annually (and on need basis); and

viii. Utilizing the GRM created as part of the project, which has a specific channel to process SEA-SH-related complaints, and enable reporting in a secure, private and survivor-centric manner. SEA-SH cases can be reported through the general Project GRM (through the suggestion box, the GRM Hotline, phone calls, emails, and other methods to be created). The project GRM will make sure that all reported project related SEA-SH incidents, are transmitted to the PMT and Bank within 24 hours.

THE MANAGEMENT OF THE SEA-SH PREVENTION AND RESPONSE PLAN

35. The National Project Management Team (PMT), established under Ministry of Health, will oversee overseeing project implementation on a day-to-day basis. Three component coordinators, a financial specialist, a procurement specialist, an M&E officer, an environmental safeguards officer, and a social safeguards officer are among the other essential employees of PMT. The national government will dedicate all the PMT staff's attention to the project. To oversee the execution of this Plan at the national level, a SEA-SH/GBV expert consultant will be hired. They will collaborate closely with the project social safeguards and communication professionals.
36. Adoption and execution of the SEA-SH prevention and Response Action Plan will fall under the overall control of the PMT. The social specialists will be primarily responsible for ensuring that the strategy is implemented daily, with the help of SEA-SH consultant. The SEA-SH Prevention and Response Plan makes more clarifications regarding the obligation.

37. The SEA-SH consultant will work closely with Communication officer and Social Safeguards officers at National and County level in execution of the following responsibilities:
    (i) Develop the referral pathway for the project;
    (ii) Develop a monitoring and evaluation framework for SEA-SH;
    (iii) Formulate a training program for Project staff and workers at the various levels – national, county and community;

(iv) ensure that survivor centered approach to SEA-SH is implemented;
(v) sensitize communities on the SEA-SH Prevention and Response Plan;
(vi) Document/log all SEA-SH cases including that status of cases (ongoing, completed, closed, etc.);
(vii) Monitor and report on the Prevention and Response actions of the Plan;
(viii) Notify the county teams and PMT on any concerns related to SEA-SH for the project;
(ix) Report project related SEA-SH to the PMT and World Bank within the stipulated timeframe

SEA-SH PREVENTION AND RESPONSE PLAN

38. The SEA-SH/GBV action plan is focused on ensuring all actions are people centered and enable the safety, dignity, and urgency of those affected by supported operations. Mainly by ensuring safety and security of women, children and other vulnerable groups, and meaningful engagement with stakeholders including community members, community leadership, and development partners. The action plan is derived from a review of documentation of lessons learnt and experiences in SEA-SH case management, consultations with stakeholders including VMGOs, VMG focal persons, Department of social protection, safeguards officers and representatives of VMGs/Indigenous Peoples. The main interventions are grouped into the following broad areas:
    - **Develop a methodology for;** assessing SEA-SH/GBV risks existing factors, capacity gaps, and project-related risks to guide communities, community organizations, staff and development partners-CSOs at facility and county level. This may include a list of social assessment experts to provide technical assistance and support in risk assessment.
    - **Prepare SEA/GBV management manuals and training materials for capacity building:** should provide for differentiated approaches for identifying, assessing, and classifying risks, and supporting boys, girls, women and other vulnerable groups, community partners, and map potential SEA/GBV service providers and referral pathways.
    - **Enhance SEA/GBV incidence reporting and response protocol:** to include incidence prevention measures, guidelines for promoting, reporting and escalation, and on survivor-centered and ethical responses.
    - **Strengthen and mainstreaming SEA-SH operational processes:** that includes embedding the Code of Conduct for standard procurement documents with prohibitions against SEA/GBV and sexual relationships with minors, appropriate GRM, monitoring and reporting of incidences, with provisions for third Party Monitors/investigators, where required.
    - **Sensitization and outreach campaigns: towards** building an enabling environment (internal and external) to promote appropriate culture and attitude to address SEA/GBV grievances in the project.
    - **Adequate SEA/GBV resourcing and budget:** Adequate resources to meet costs of capacity building (internal and external) including identifying and offering needed training, information, education, and communications (IEC) materials.
    - **Knowledge management and learning to improve capacity to address SEA/GBV concerns:** MOH should ensure systematic review, documentation, and adoption of lessons to expand understanding of effective approaches to prevent or respond to SEA/GBV.

39. Table 2 outlines the SEA-SH prevention and response strategy for BREHS. The social specialist focal point will coordinate the SEA-SH sensitization of all project structures. Additionally, he or she will be active in integrating SEA-SH concerns into all project-related activities. The social specialist will cascade the SEA-SH issues down to the subproject level.

Table 2: Prevention and Response Plan for SEA-SH

Recommendation	Key Actions	Timeline	Resp. Unit	Comments	Cost KES
1. Develop mechanism for SEA/GBV Risk Assessment and identification	1.1 Develop SEA-SH prevention guidelines for Staff in project operations.	3 moths into project	PMT in collaboration with stakeholders including; Gender and human rights program (in NASCOP),	spearheaded by safeguards team -leverage on developed guidelines by Gender and human rights program in NASCOP	100,000
	1.2 SEA-SH and GBV risk assessment methodology integrated with ES Risk Management guidelines and relevant trainings.	**3 months into project**	PMT, VMG focal persons, ocial protection departments, UNHCR/DRS, VMGOs, CSOs	To be spearheaded by safeguards team	100,000
	1.3 Build register of qualified firms/ service providers experience working on SEA/GBV, and children	6 months and updated annually	PMT, VMG focal persons, ocial protection departments, UNHCR/DRS, VMGOs, CSOs	To be spearheaded by safeguards team	N/A
2. Enhance capacity to handle SEA/SH and overall GBV in the organization	2.1 Prepare SEA/GBV guidance for use by staff	3 months into project	Safeguards specialist, PMT	Spearheaded by Social safeguards specialist	N/A
	2.2 Identify, build capacity ofGBV focal person to respond to GBV at workplace	At start of project	PMT	Spearheaded by Social safeguards specialist	N/A
	2.3 Build technical expertise to address SEA/GBV in operations -	6 moths	PMT, UNHCR, DRS, CSOs with experience in SEA-SH	Multi-disciplinary approach spearheaded by safeguards team	Part of training budget

Recommendation	Key Actions	Timeline	Resp. Unit	Comments	Cost KES
	develop master class Training to build SEA/GBV expertise among staff.				
	2.4 Develop a dedicated SEA/GBV training that is mainstreamed in the existing modules	Continuous/all modules	PMT Social Safeguards Specialist, VMG focal persons, health service providers	Multi-disciplinary / agency approach	Part of budget for guidelines
3. Enable continuous knowledge exchange and learning.	3.1 4 Organize biannual SEA/GBV learning and review events for staff and communities	Bi-annual	PMT, VMG focal persons, community health providers	Spearheaded by Social safeguards specialist.	10,000,000
4. Develop and promote internal Reporting and Response protocol for incidences on SEA/GBV.	4.1 Establish clear guidance for staff on incidence reporting and escalation of SEA/GBV, and sensitize staff	Before start of project, reviewed annually	PMT, Social safeguards Specialist	Spearheaded by Social safeguards and on facility Social safeguards	
	4,2 inductions of contracted staff /contractors on GBV/SEA-SH		PMT, VMG focal persons	VMG focal persons	-
5. Strengthen operational processes to address other aspects	5.1 Establish requirement that contractors must declare any suspensions linked to SEA/GBV	At start of project, maintained througout	PMT , safeguards focal persons, Procurement department	Safeguards team to spearhead	N/A
	5.2 Require contractors to develop mechanisms for mitigating SEA/GBV risks in all contracts	At time of signing contracts	PMT/county governments	Safeguards team to spearhead	N/A
	5.3 include in contractor Codes of Conduct for workers, prohibition of all forms of SEA/GBV	At time of signing contracts	PMT , Human resource department, Procurement Accounts department	Safeguards team to spearhead	N/A

Recommendation	Key Actions	Timeline	Resp. Unit	Comments	Cost KES
	5.4 Mechanism for such Codes of Conduct.	Before project	PMT, M&E Specialist, Safeguards Specialist	Safeguards team to spearhead	N/A
	5.5 Develop one pagers posters/flyers on GBV/SEA at the project site	During implementation	Social Safeguards Specialist	VMG Focal Persons, UNHCR, DRS, CSOs	100000
	5.6 Deploy community messaging campaigns in "High Risk" projects as a tool to strengthen community engagement and feedback.	Within 1 year	MoH ICT division MoH, PMT	Multi-disciplinary team to be spearheaded by safeguards team	10,000
6. Develop Internal and External Outreach Campaigns	6.1 Develop an internal campaign/sensitization towards enhanced understanding and awareness of the risks of SEA/GBV and how to address them in projects	Annual campaigns	MoH county governments	To be spearheaded Safeguards team	5000000
	6.2 Raise awareness among development partners of requirements and attention to SEA/GBV. GBV/SEA awareness among existing partners including CSOs	continuous	PMT,	To be spearheaded by the social safeguards team	100,000
7. Ensure Budget Is Available to Implement Task Force Recommendations	7.1 Provide required budget to cover incremental costs associated with SEA prevention and response measures (to cover 2-year period).	Before project, timely disbursements	WB, Treasury, MoH	Timely submission of budgets/AWPs to WB and treasury for approvals	N/A

Recommendation	Key Actions	Timeline	Resp. Unit	Comments	Cost KES
	7.2 Conduct periodic reviews of risk levels in projects to capture lessons on implementation.	Annual	PMT led by Safeguards team. M&E Teams MoH	Teamwork between PMT, safeguards and M&E Teams MoH	
Total					15, 410,000

CONCLUSIONS AND RECOMMENDATIONS

40. The Project activities, target VMGs in marginalized areas some of which are remote with high reported cases of SEA-SH. The communities are low income and dependent on humanitarian supplies, which together with the low literacy levels lead to exposure of the more vulnerable groups-mainly women, girls, boys to cases of SEA-SH,
41. The project activities, will result in social change, including changes in power relations, especially gender relations, because of the BREHS currently under development. Additionally, some labor influx will result from these efforts and gender-based violence concerns will therefore exist. Overall, SEA-SH risks associated with the project are **Substantial** and will be controlled through the execution of this Plan.
42. The project must have a zero-tolerance policy for SEA-SH instances among project personnel and must take aggressive measures for prevention and public awareness. Have a well-coordinated and integrated multi-agency response structure ready to act if any SEA-SH cases are reported. Have a GRM coordinated by the Social Safeguards specialist at the PMT and VMG focal persons at the county and facility levels in the project with clear reporting channels to manage SEA-SH-related complaints in a secure, private manner that prioritizes survivors. The Plan is a live document and will be revised as the project develops, particularly as the subprojects become more distinct. At both the national and county levels, the PMT oversees carrying out the Plan.
43. It is recommended that the project sets aside resources amounting to about **KES 15,410,000** to enable timely implementation of this Plan. The resources cover human, financial and physical.