

APRIL 2026

Assessment Report

Regarding Avenue Group – 01 in Kenya

IFC Project number: 33475

About CAO

The Office of the Compliance Advisor Ombudsman (CAO) is the independent accountability mechanism of the International Finance Corporation (IFC) and Multilateral Investment Guarantee Agency (MIGA), members of the World Bank Group. We work to facilitate the resolution of complaints from people affected by IFC and MIGA projects in a fair, objective, and constructive manner, enhance environmental and social project outcomes, and foster public accountability and learning at IFC and MIGA.

CAO is an independent office that reports directly to the IFC and MIGA Boards of Executive Directors. For more information, see <http://www.cao-ombudsman.org/about-us>.



List of Acronyms

CAO	Office of the Compliance Advisor Ombudsman
E&S	Environmental and Social
ESPAG	E&S Policy & Operations – Accountability and Grievance Redress
IAM	Independent Accountability Mechanism
IFC	International Finance Corporation

1 Executive Summary

On August 22, 2025, a complaint was submitted to CAO by an individual resident of Nairobi, Kenya, regarding the operations of Avenue Hospital. The complaint raised concerns related to emergency medical care practices, billing and payment requirements, and the resulting financial impacts on the complainant's household. During CAO's assessment process, both the complainant and the company expressed interest in engaging in a CAO-facilitated dialogue process. In accordance with CAO's policy, the complaint has been transferred to CAO's Dispute Resolution function.

2 Background

2.1 The Complaint

On August 22, 2025, CAO received a complaint from an individual resident of Nairobi, Kenya (the "complainant"), relating to the operations of Avenue Hospital.

The complainant raised concerns regarding the provision of emergency medical care, billing and payment practices and the resulting financial impacts on his household. In particular, the complainant alleged that payment requirements affected access to timely emergency care, that the cost of treatment was not clearly communicated, and that the financial burden associated with the medical bills led to significant economic hardship.

CAO found the complaint eligible on October 17, 2025, and subsequently initiated its assessment process.

2.2 The Project

The complaint relates to IFC's investment in the Abraaj Global Health Fund (the "project"), an equity investment approved in 2016 (IFC Project No. [33475](#)). The fund was established to invest in healthcare service providers across emerging markets, with the objective of expanding access to quality and affordable healthcare.

As part of this investment, the fund has supported healthcare providers in multiple countries, including Kenya. Public disclosures indicate that Avenue Group, a private healthcare provider operating hospitals and clinics in Nairobi, is among the fund's portfolio companies.

In 2019, the fund's assets were acquired by the Evercare Health Fund, which is managed by entities affiliated with TPG. IFC remains a Limited Partner investor in the fund alongside other development finance institutions and impact investors. IFC's exposure to Avenue Group is therefore indirect, arising through its interests in the Evercare Health Fund, which owns Avenue Group.

The project was classified as FI-2-Limited project under IFC's Policy on Environmental and Social Sustainability.

3 Assessment Purpose & Methodology

3.1 Assessment Purpose

The aim of the CAO assessment process is to develop a thorough understanding of the issues and concerns raised by the complainants, gather information on the views of different stakeholders, and determine whether the complainants and IFC/MIGA's client would like to pursue a dispute resolution process facilitated by CAO, or whether the complaint should be handled by CAO's Compliance function for appraisal of IFC's environmental and social Performance Standards (see Appendix A for CAO's complaint-handling process).

CAO's assessment process does not entail a judgment on the merits of the complaint; rather, it seeks to understand the parties' perspectives and empower those involved to make informed decisions on how to address the issues raised.

3.2 Assessment Methodology

Figure 2 shows the approach and methodology to be applied in CAO's assessment process.

Through the assessment process, CAO aims to get a better understanding of the issues and determine whether the parties wish to address the complaint through a dispute resolution or compliance process. This assessment involves:

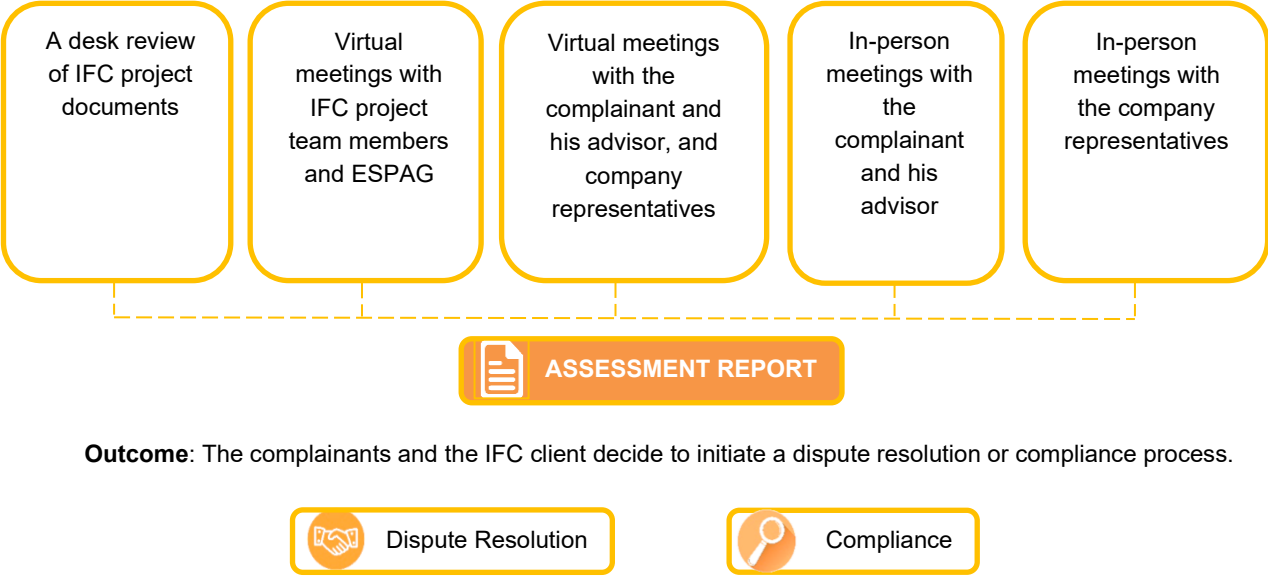


Figure 1. CAO Assessment Process

The assessment was conducted by the CAO team and included an in-person visit to Nairobi, Kenya. The CAO team communicated with the parties and collected information through in-depth online and in-person conversations.

This report summarizes the views heard by the CAO team from the parties and describes the next steps based on the decisions taken by the complainant and the company.

4 Complainants' Perspective

The complainant stated that his newborn child developed a serious medical condition shortly after birth and required urgent medical attention. He shared that they were subsequently shifted from their hospital in Thika at 11 p.m., to try and seek admission at other hospitals where they could receive treatment. However, each hospital they turned to, including one public hospital, claimed that they did not have the facilities required to treat the complainant's newborn child. He stated that the child was finally taken to Avenue Hospital in Nairobi for emergency care. According to the complainant, upon arrival at the hospital, the nurse that accompanied his child in the ambulance informed staff of the child's critical condition and sought immediate treatment. He shared that hospital staff asked him to make a deposit before treatment would be provided to his child. The complainant expressed that, in the context of a medical emergency, the request for payment created uncertainty about whether care would be available and placed him under significant pressure. He stated that he arranged for the deposit and provided it to the hospital, and only then was his child admitted and treated. He contended that emergency care should be provided immediately and unconditionally, without any reference to payment at the point of admission, and that the hospital's request for a deposit before providing treatment put him under a significant amount of stress.

The complainant further explained that his child and wife then received treatment over a number of days. However, he stated that he did not have a clear understanding of the costs that would be charged upfront, and that he was only provided with bills on a daily basis, based on what treatment had already been provided. The complainant explained that he later agreed with his wife that she would leave the hospital because of the increasing costs. The complainant also requested that his child be discharged early, against the doctor's advice, as the total cost was significantly higher than what he had expected. He contended that the hospital's billing practices lacked transparency and added to the stress his family was experiencing during this period.

On discharge, the complainant shared that they were instructed to return for a review session during which they would also need to consult a specialist who was also based at the hospital. On their return, the complainant stated they still could not afford the outpatient fees and discontinued their visits after going for two sessions. He contended that they were not offered any payment plans, nor referred to any other affordable options during the duration of their care, either while in-patient or outpatient. Furthermore, he shared that they were not informed of any policies or other support available to those who found themselves unable or struggling to pay off hospital bills and stated that he remains unaware of any patient charters provided by the hospital.

The complainant shared that the final bill amounted to a sum that he was unable to afford, and that he would only be able to pay it with external support. The complainant shared that he raised some funds from friends and family, but soon ran out of options, and as such utilized monies from an existing business loan to cover the hospital bill. He further explained that this plunged him into deep financial distress. He subsequently struggled to repay the loan through his small business, which was his only source of livelihood. According to the complainant, he attempted to service the loan, however the funds were inadequate. The loan servicing impacted his ability to cover other costs such as rent and school fees, which then led to his business being seized, eviction from their home, their other child dropping out of school and an urgent relocation upcountry. He

shared that these financial pressures led to the deterioration in his livelihood and that he continues to face challenges in restoring his income, in particular due to his credit record, and returning to his previous standard of living, while still trying to pay off his remaining loan balance.

The complainant also conveyed that, during the course of his child's treatment and at the time of discharge he felt unable to take his child home from the hospital without settling the outstanding bill. He stated that, although he was not physically restrained, the expectation that payment was required before leaving was clear as he was told that he needed to be 'cleared' by the accounts office before he could be cleared by the doctor for discharge at the ward. This, combined with uncertainty regarding the billing process, created a sense of pressure and limited his perceived ability to leave the hospital. The complainant described this experience as amounting to a form of patient detention.

5 IFC Client's Perspective

The company shared that its emergency care procedures require that all patients presenting in need of urgent medical attention are treated based on clinical need, irrespective of their ability to pay. During the CAO field visit, the company showed its emergency unit and explained that patients are first assessed and treated by clinical staff, with any billing discussions handled separately by administrative personnel and having no bearing on the decisions regarding medical care and course of treatment. The company further clarified that, at the time the complainant's child was presented to the facility, emergency services were located in a different building; however, they stated that the same emergency care procedures were followed. According to the company's records, the complainant's child received immediate medical attention and interventions, including oxygen, prior to any payment being made, which, in their view, refutes any assertion that care was not delayed or denied due to payment requirements. The company also noted the immediate medical attention upon arrival and the subsequent provision of specialized neonatal intensive care delivered a successful course of treatment and outcome for the patient and the family

The company also shared that it maintains billing practices intended to ensure transparency and patient awareness. They stated that patients receive itemized bills on a daily basis and may request clarification on any charges at any time. While acknowledging that the total cost of care may not be known at the outset due to clinical uncertainty, the company indicated that it provides ongoing updates throughout a patient's stay. The company further noted that it operates an emergency fund to support patients who are unable to pay for services; however, access to this support requires patients to inform the hospital of their financial difficulties and formally request assistance. In this case, the company stated that there is no record indicating that the complainant raised concerns about affordability or requested financial support during the course of treatment.

In relation to the allegation of patient detention, the company stated that it has no record indicating that the complainant or his child was prevented from leaving the facility due to non-payment. They explained that patients are informed that they may leave the hospital if they choose to do so, and that no patient is detained for financial reasons. The company noted that when patients indicate financial difficulty, this is documented and followed by discussions regarding payment options; however, no such record exists in this case. The company further shared that patient rights charters are visibly displayed within the facility, and that whistleblowing mechanisms are available to report concerns. According to the company, no complaints related to this matter were received through these channels.

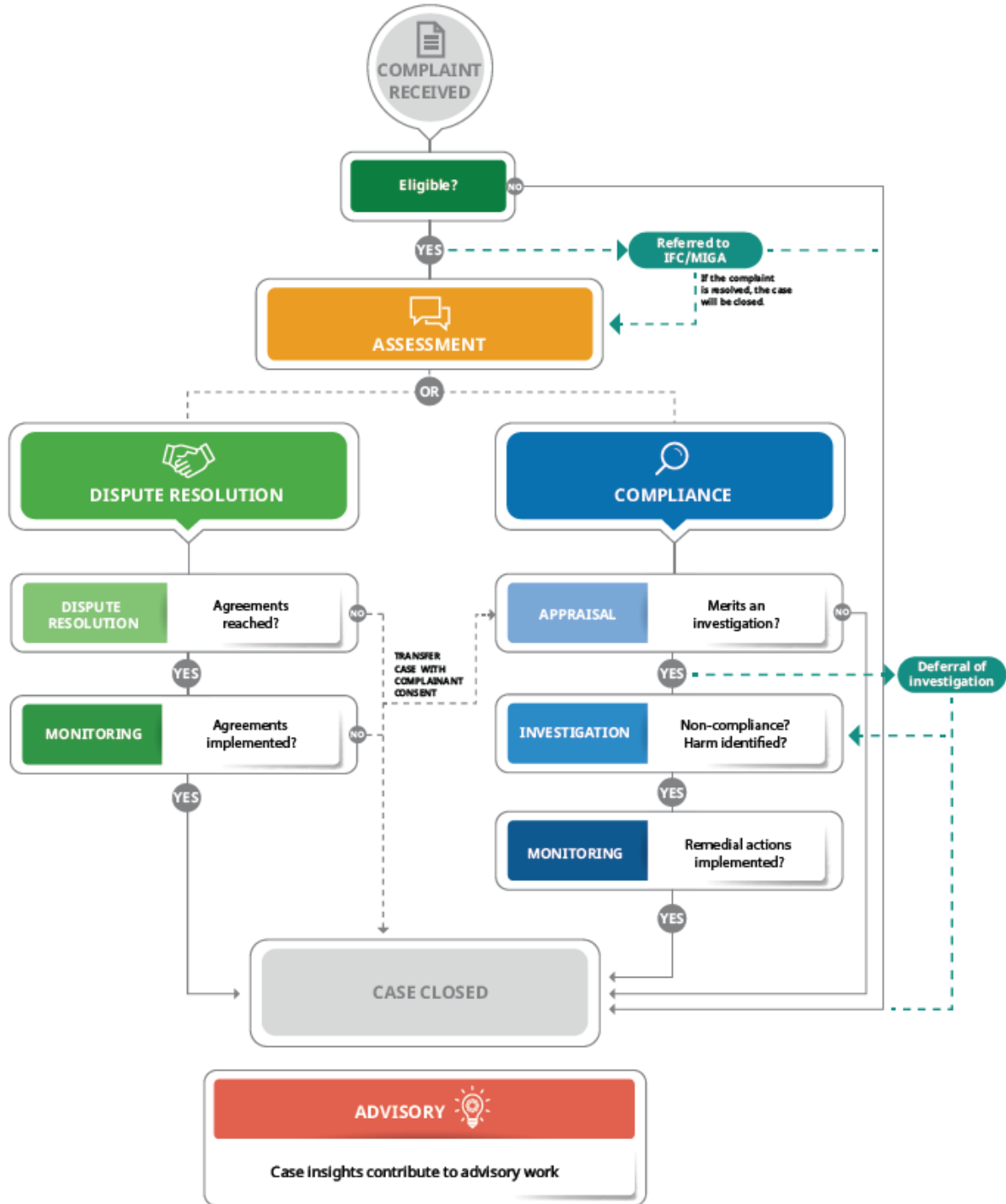
With regard to the duration of care, the company stated that the complainant's child remained in the neonatal intensive care unit for six days based on clinical advice, and that discharge prior to this period would have been against medical guidance and could have posed risks to the child's health. The company emphasized that clinical decision-making is separate from financial processes and that doctors do not engage in billing discussions. In their view, this separation ensures that medical care is not influenced by payment considerations. The company also indicated that members of the complainant's family expressed satisfaction with the quality of care provided and have since returned to the facility for treatment.

6 Conclusion & Next Steps

During the assessment process, both parties expressed an interest in engaging in a CAO-facilitated dialogue process. In accordance with CAO's policy, the complaint has been transferred to CAO's Dispute Resolution function.

Appendix A: CAO Complaint Handling Process

CAO Case-Handling Process



As per the IFC/MIGA Independent Accountability Mechanism (CAO) Policy, the following steps are typically followed in response to a complaint that is received:

- Step 1: **Acknowledgment** of receipt of the complaint.
- Step 2: **Eligibility:** A determination of the complaint's eligibility for assessment under the mandate of CAO (no more than 15 business days).
- Step 3: **Assessment:** Assessing the issues and providing support to stakeholders in understanding and determining whether they would like to pursue a consensual solution through a collaborative process convened by CAO's Dispute Resolution function or whether the case should be handled by CAO's Compliance function to review IFC's/MIGA's environmental and social due diligence. The assessment time can take up to a maximum of 90 business days, with the possibility of extension for a maximum of 30 additional business days if, after the 90-business day period, (1) the parties confirm that resolution of the complaint is likely or (2) either Party expresses interest in dispute resolution, and there is potential that the other Party will agree.
- Step 4: **Facilitating settlement:** If the parties choose to pursue a collaborative process, CAO's Dispute Resolution function is initiated. The dispute resolution process is typically based on or initiated by a Memorandum of Understanding and/or mutually agreed-upon ground rules between the parties. It may involve facilitation/mediation, joint fact finding, or other agreed resolution approaches leading to a settlement agreement or other mutually agreed and appropriate goals. The major objective of these types of problem-solving approaches will be to address the issues raised in the complaint, and any other significant issues relevant to the complaint that were identified during the assessment or the dispute resolution process, in a way that is acceptable to the parties affected.

OR

Compliance Appraisal/Investigation: If the parties opt for an investigative process, the complaint is transferred to CAO's Compliance function. The complaint is also transferred to the Compliance function when a dispute resolution process results in partial or no agreement. At least one Affected Community Member must provide explicit consent for the transfer, unless CAO is aware of concerns about threats and reprisals. CAO's Compliance function reviews IFC/MIGA's compliance with environmental and social policies, assesses related harm, and recommends remedial actions where appropriate following a three-step process. First, a compliance appraisal determines whether further investigation is warranted. The appraisal can take up to 45 business days, with the possibility of extending by 20 business days in exceptional circumstances. Second, if an investigation is warranted, the appraisal is followed by an in-depth compliance investigation of IFC/MIGA's performance. An investigation report will be made public, along with IFC/MIGA's response and an action plan to remediate findings of noncompliance and related harm. Third, in cases where noncompliance and related harm are found, CAO will monitor the effective implementation of the action plan.

- Step 5: **Monitoring and Follow-up**