

## INTEGRATED SAFEGUARDS DATA SHEET CONCEPT STAGE

Report No.: AC3295

**Date ISDS Prepared/Updated: 12/06/2007**

### I. BASIC INFORMATION

#### A. Basic Project Data

Country: Burundi	Project ID: P109964
Project Name: Burundi Second Multisectoral HIV/AIDS Project	
Task Team Leader: Montserrat Meiro-Lorenzo	
Estimated Appraisal Date: March 3, 2008	Estimated Board Date: June 11, 2008
Managing Unit: AFTH3	Lending Instrument: Specific Investment Loan
Sector: Other social services (65%);Health (25%);General information and communications sector (10%)	
Theme: HIV/AIDS (P)	
IBRD Amount (US\$m.):	0.00
IDA Amount (US\$m.):	20.00
GEF Amount (US\$m.):	0.00
PCF Amount (US\$m.):	0.00
Other financing amounts by source:	
<u>BORROWER/RECIPIENT</u>	0.00
	0.00

#### B. Project Objectives [from section 2 of PCN]

Although the proposed operation will contribute to achieve the NHAS objectives, its limited size forces to adopt realistic specific development objectives (DO). Thus the DO of the IDA-financed operation are to: (i) increase the utilization of efficacious prevention services and practices among high risk groups; (ii) increase the proportion of persons living with HIV/AIDS receiving care, support and treatment. The National strategy includes specific indicators for each of these objectives, and a few have been selected for the PPF request. A final agreement on key indicators that includes the scorecard indicators approved by ACTafrica will be agreed upon before appraisal.

#### C. Project Description [from section 3 of PCN]

Since the financing gap for the National Plan is substantial, both the Government and IDA have selected a limited set of activities for IDA financing. The Grant would be a Specific Investment Loan supporting activities from the National HIV/AIDS Plan (2007-2011) selected on the bases of appropriateness for Burundi's epidemic as per ongoing survey results, proven cost-effectiveness, and complementarity to activities financed by other donors, mainly the Global Fund. By focusing on capacity building, development and improvement of processes and

systems, and prevention activities for high risk groups, IDA funds would enable the Borrower to use the GF funds more efficiency. The Grant will have a unified category only so that reallocation can be easily done in case potential financing for some critical activity fails to materialize. The team considered a programmatic loan and budget support but the weakness of Burundi's financial management capacity, as experienced in the management of HIPC funds, suggest that a SIL would be more appropriate in current conditions.

Project components will follow the four axes of the National Program. Specifically, IDA funds will finance the following selected activities under the following four components:

Component 1: Reduction of HIV transmission through reinforcement and extension of effective preventive activities. This component will focus on a few activities in two of the three programs included in the first axe of the NHAS. Specifically it will finance interventions to reduce sexual transmission in high risk groups, and will promote male circumcision in the general population. It will also finance the extension of MTCT services to the whole territory.

Component 2: Improvement of life conditions of persons living with HIV/AIDS. Again this component will support only two of the three subprograms in the second axe of the NHAS. This component will support the expansion of ARV treatment and opportunistic infection prophylaxis and treatment to HIV+ people to the whole country. The extension of services will be done through a new system of performance-based services with public and private health facilities at peripheral level that provide ARVs and care for opportunistic infections. It will also help develop and launch community-based home care services.

Component 3: Reduction of poverty and other determinant factors of HIV/AIDS vulnerability. While this goal, which corresponds to the third axe of the NHAS, is certainly worthwhile, the SEP/CNLS is not the best placed institution to deal with the widespread issue of poverty in Burundi. Therefore financing for interventions under this component will be limited to small grants to families living with HIV/AIDS to increase treatment compliance and increase their capacity to nourish themselves, in order to improve the impact of drugs, and to finance legal support to double orphans and widowed women. Activities can be channeled through civil-society groups or via the developmental commune councils once those will be constituted, in application of the decentralization law.

Component 4: Improvement of the national response management and coordination. This component will finance of activities under two of the three strategic programs included in the NHAS fourth strategic axe. Namely, the grant resources will be used to finance: (i) part of the SEP/CNLS coordination and fiduciary activities; (ii) maintain and improve the current monitoring and evaluation system; (iii) investment and part of recurrent costs to decentralize/devolve the execution of activities to the provincial authorities and Ministries. Financing of activities under this last point will increase the financial and institutional sustainability of HIV/AIDS control interventions while, also helping to progressively limit the SEP/CNLS function to its original coordination mandate, away from its current execution role.

The proposed Grant would permit consolidation of recent gains on the ground and allow for the scaling-up of the local integrated response to HIV/AIDS and other well-performing HIV

prevention activities. It would also allow the strengthening of the quality of current interventions and the strengthening of key public agencies, in particular the MOH. The support to the MOH would follow the National health strategy, ensuring a coordinated and harmonized approach to health services. During Project Preparation the team will assess whether indigenous groups are particularly affected by HIV/AIDS and will ensure that any social enhancement measures deemed necessary to benefit them will be integrated in the overall project design/implementation and reflected in the PAD.

The implementation arrangements under the additional financing would be virtually the same as for the ongoing project, as they are working well. The only difference will be the creation of a dedicated MOH sub-account. This sub-account would be managed by the general directorate of resources of the MOH. This directorate direction will hire an accountant, an assistant accountant and a procurement specialist to manage those resources in accordance with IDA procedures. Annual disbursements to that account will be agreed upon at the latest in the month of October of the previous year, after approval by the SEP/CNLS and IDA of an annual work plan and performance indicators. In terms of decentralization of local personnel to provincial level, the Project would follow the current practice of provincial accounts to be justified regularly.

#### **D. Project location (if known)**

The Project will cover the whole country. However, in a concentrated epidemic, targeted interventions in high-risk areas and high-risk groups in Burundi are the most effective way.

#### **E. Borrower's Institutional Capacity for Safeguard Policies [from PCN]**

The only Policy triggered under the first Project was related to medical waste management. Progress on medical waste management realized under the first Project was limited by civil conflict and low country capacity. The waste management assessment and action plan carried out under the previous operation has been updated to reflect the changing country situation. The results of the updated assessment and the plan to mitigate potential negative effects have been approved by ASPEN and will be made public prior to appraisal. Activities included in this plan will be financed under component 2 of the Credit.

There is a very low probability that the operation includes some minor rehabilitation of existing facilities, which will in no case involve land acquisition and or involuntary resettlement. No civil works are planned under the project. However, were minor rehabilitation may be required under Component 2, such as painting the walls or improving a roof, works contracts will include, as it has been done in other Projects, clauses for the adequate provision of waste materials, use of non-toxic construction materials and respect for cultural property. Those clauses will be submitted for ASPEN review and approval.

#### **F. Environmental and Social Safeguards Specialists**

Mr Serigne Omar Fye (AFTEN)

### **II. SAFEGUARD POLICIES THAT MIGHT APPLY**

Safeguard Policies Triggered	Yes	No	TBD
Environmental Assessment (OP/BP 4.01)	X		

The Concept Note recognizes that progress on medical waste management realized under the

<b>Safeguard Policies Triggered</b>	<b>Yes</b>	<b>No</b>	<b>TBD</b>
first Project was limited. An action plan for adequate disposal of biologically hazardous materials has been updated and approved by the team's environmental specialist			
<b>Natural Habitats (OP/BP 4.04)</b>		X	
<b>Forests (OP/BP 4.36)</b>		X	
<b>Pest Management (OP 4.09)</b>		X	
<b>Physical Cultural Resources (OP/BP 4.11)</b>		X	
<b>Indigenous Peoples (OP/BP 4.10)</b>		X	
<b>Involuntary Resettlement (OP/BP 4.12)</b>		X	
<b>Safety of Dams (OP/BP 4.37)</b>		X	
<b>Projects on International Waterways (OP/BP 7.50)</b>		X	
<b>Projects in Disputed Areas (OP/BP 7.60)</b>		X	

**Environmental Category:** B - Partial Assessment

### **III. SAFEGUARD PREPARATION PLAN**

- A. Target date for the Quality Enhancement Review (QER), at which time the PAD-stage ISDS would be prepared: 01/15/2008
- B. For simple projects that will not require a QER, the target date for preparing the PAD-stage ISDS: N/A
- C. Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing<sup>1</sup> should be specified in the PAD-stage ISDS.  
The waste management plan has been updated and approved by the team safeguards specialist. It will be shared with the regional ASPEN coordinator and country authorities for approval. The approved waste management plan will be disclosed in the country and through the info-shop prior to appraisal.

The Concept Note recognizes that progress on medical waste management issues realized under the first Project was limited. An action plan for adequate disposal of biologically hazardous materials has been updated. No land will be acquired. All the issues raised by ASPEN will be adequately reflected in the PAD and the ISDS at PAD stage.

The SMU has agreed to accept transfer of the safeguard responsibilities.

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<sup>1</sup> Reminder: The Bank's Disclosure Policy requires that safeguard-related documents be disclosed before appraisal (i) at the InfoShop and (ii) in-country, at publicly accessible locations and in a form and language that are accessible to potentially affected persons.

#### **IV. APPROVALS**

<i>Signed and submitted by:</i>		
<b>Task Team Leader:</b>	<b>Ms Montserrat Meiro-Lorenzo</b>	<b>12/06/2007</b>
<i>Approved by:</i>		
<b>Regional Safeguards Coordinator:</b>	<b>Mr Warren Waters</b>	<b>12/06/2007</b>
<b>Comments:</b>		
<b>Sector Manager:</b>	<b>Ms Laura Frigenti</b>	<b>12/06/2007</b>
<b>Comments:</b>		