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INTEGRATED SAFEGUARDS DATASHEET
APPRAISAL STAGE

I. Basic Information

Date prepared/updated: 02/23/2012 Report No.: AC6635

1. Basic Project Data

Original Project ID: P090615	Original Project Name: Second Multisectoral STI/HIV/AIDS Prevention project
Country: Madagascar	Project ID: P128169
Project Name: Second Multisectoral STI/HIV/AIDS Prev II Additional Financing Project	
Task Team Leader: Jumana N. Qamruddin	
Estimated Appraisal Date: March 12, 2012	Estimated Board Date: May 31, 2012
Managing Unit: AFTHE	Lending Instrument: Specific Investment Loan
Sector: Health (100%)	
Theme: Population and reproductive health (25%);Nutrition and food security (25%);HIV/AIDS (25%);Child health (25%)	
IBRD Amount (US$m.): 0 IDA Amount (US$m.): 6 GEF Amount (US$m.): 0 PCF Amount (US$m.): 0 Other financing amounts by source: BORROWER/RECIPIENT 0.00 0.00	
Environmental Category: B - Partial Assessment	
Simplified Processing Simple [] Repeater []	
Is this project processed under OP 8.50 (Emergency Recovery) or OP 8.00 (Rapid Response to Crises and Emergencies)	Yes [ ] No [X]

2. Project Objectives

The original project's development objectives are "to support the Government of Madagascar's efforts to promote a multi-sector response to the HIV/AIDS crisis and to contain the spread of HIV/AIDS on its territory".

The proposed Additional Financing (AF) will expand the scope of the Project to deliver an integrated package of the most essential and cost-effective health, nutrition and HIV/AIDS interventions to vulnerable groups, including pregnant women and children under five as well as the most-at-risk populations for HIV/AIDS, thus helping to mitigate some of the negative impacts of the country's current political crisis on the well-being of the population.

Therefore, as part of the Additional Financing, the Project Development Objective will be modified to the following: "to contribut to an increase in utilization of maternal and child health, nutrition and HIV/AIDS services and activities in project areas."

3. Project Description

The Project aims to strengthen capacity to carry out the national response to HIV/AIDS and sexually transmitted infections (STIs), a key risk factor for and contributor to the spread of HIV/AIDS, and seeks to improve the quality of life of persons living with HIV/AIDS through increased access to quality medical care and non-medical support services. There is a strong focus on at-risk and vulnerable groups.

The Additional Financing will finance the following activities:

Part 2: Health and Nutrition Services

(i) Delivery of health and nutrition services at health facility and community levels through a maternal and child health package, support to SECCALINE community nutrition sites, and technical assistance at district level

(ii) NGO contracts for delivery of STI/HIV/AIDS knowledge and behavior change

(iii) NGO contracts for support to delivery of health and nutrition services through the development and implementation of a performance-based pilot targeted to health facility teams and community health workers.

(iv) Identified health commodities and support to medical waste management plan

Part 4: Monitoring and Evaluation

(i) Support for monitoring functions through expanded mobile phone system; independent verification agency contract;

(ii) Support for technical supervision functions of UGP, PNNC, SE/CNLS, and MOH related to project activities

(iii) Support for evaluation through periodic surveys and studies as well as final evaluation

Part 5: Project management and capacity building

(i) Support to Operational costs of PIU

(ii) Support to limited operational costs of SE/CNLS & PNNC as relating to essential functions required for activities

(iii) Support to Capacity building activities

4. Project Location and salient physical characteristics relevant to the safeguard analysis

At the National level, the project will target the most vulnerable and high-risk segments of the population in regions with the poorest health outcomes.

5. Environmental and Social Safeguards Specialists

Mr Paul-Jean Feno (AFTEN)

6. Safeguard Policies Triggered	Yes	No
Environmental Assessment (OP/BP 4.01)	X	
Natural Habitats (OP/BP 4.04)		X
Forests (OP/BP 4.36)		X
Pest Management (OP 4.09)		X
Physical Cultural Resources (OP/BP 4.11)		X
Indigenous Peoples (OP/BP 4.10)		X
Involuntary Resettlement (OP/BP 4.12)		X
Safety of Dams (OP/BP 4.37)		X
Projects on International Waterways (OP/BP 7.50)		X
Projects in Disputed Areas (OP/BP 7.60)		X

II. Key Safeguard Policy Issues and Their Management

A. Summary of Key Safeguard Issues

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:
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Activities proposed for the additional financing (AF) are similar to those already completed under the parent project. The proposed AF will mainly support such activities as strengthening human and institutional capacity; support to priority health programs to control major diseases or to address health issues; and support to districts in local health service management. Therefore the safeguards Category B, remains unchanged. The same safeguard policy remains triggered for the Additional Financing. No major civil works will be undertaken and thus there are no negative environmental impacts envisaged in the proposed program. Improvement of the health services improves the population's access to health services. The safeguard issues are the same than the MSPP, because the project involves risks associated with the handling and disposal of HIV infected materials. These risks potentially affect personnel in hospitals, health centers and municipalities who handle waste, families whose income derive from the triage of waste and also the general public, to the extent that waste is not disposed of on-site nor safely contained in protected areas. Therefore, the only safeguard triggered is the environmental assessment OP 4.01, which relates to the management of medical waste. Because of this issue a National Medical Waste Management Plan (MWMP) is required and was received by the World Bank on March 13, 2007 and disclosed in the country and Infoshop on 03/23/2007. The MWMP was updated on the indicators and implementation plans and re-disclosed on November 17, 2010 and remains valid

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:
n/a

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.
n/a

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.
The national policy on the medical waste management was been adopted in September 2005 by an interdepartmental decree No 2006-680 of the September 12, 2006 and approved by the Ministry of Environment. This policy primarily relates to solid waste with a summary description on the liquid waste, and contains the following elements:(i) global and specific objectives as regards medical waste management; (ii) the legal framework and law; (iii) waste characteristics with the prescribed elimination modes; (iv)norms, safety standards and measures to be adopted as well as critical equipment; and (v) a description of the monitoring system and an action plan with impact and results indicators. The bank's team supervision missions during the original project have assessed as satisfactory in terms of application and adoption of action plans proposed in national medical waste management plan. The project performance in its contribution on application and adoption of the national policy of the medical waste management was judged "Satisfactory". The tangible outcomes are namely: (i) 22 incinerators Montfort operational, with staffing and equipment of medical waste management to the health centers and the holding of training: 27% of physicians, 21% of the allied health; 10% of staff administrative and 11% of the support staff and (ii) training in universal precaution and management of waste in health in 16 regions personnel during the period of the project. The appropriation of the official memorandum No. 590/SANPF/SG 23 September 2008 on the commitment of the Ministry of Health to consider into the health sector budget the operational management costs related to the regular functioning of the medical waste management system within the health facilities supported. It was noted the allocation of 2% of the FANOME Fund for waste management.

The National Policy has developed the medical waste management protocol standard which must be adapted for each care center following theirs localization.

The diagnostic report presents that the health sector has put in place three departments to implement the policy: Service d'assainissment et de Genie Sanitaire (SAGS), Service des Vaccination (SV) et le Sous Programme Précaution Universelle (SPPU). Th SPPU is in charge of the characterization of the sorting and collection system of the medical waste in care service following the medical waste management typical in appendix 1 of the National Policy. The SAGS is in charge to design and implement the elimination equipment for each care center. This service has already set up removable incinerators, incinerators of Montfort, and simple incinerators. Since January 2007, it is created in the Ministry of health the National Coordination unit on the Management Quality System which is in charge of the monitoring and the evaluation of the implementation of the National Policy on the medical waste management. This coordination unit disposes an action plan detailed with the budget and indicator coherent. It is scheduled in the action plan adopted in the Health sector to complement the National policy on the Medical Waste Management with the liquid waste management of the care centers in Madagascar.

The Ministry of Health has demonstrated clear ownership of the problems related to management of medical waste. It has been an integral player in the development of this policy as well as IEC and training activities conducted at various levels.

The proposed additional financing will continue to contribute resources to the Medical Waste Management Plan (MWMP).Therefore, the safeguard document which is the National Medical Waste Management Policy approved by the Bank for the original project remain applicable for the proposed activities under the additional financing. Since this document does not require any modifications, re-disclosure is not necessary during the preparation of this proposed additional financing.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.
As during the preparation of original project, a National Medical Waste Management Policy has been prepared through a consultative process involving all stakeholders in the regional and national level in the health sector. The Ministry of Health included the status of implementation of the National Medical Waste Management Policy in its annual technical report of the sector.

B. Disclosure Requirements Date

Environmental Assessment/Audit/Management Plan/Other:	
Was the document disclosed **prior to appraisal?**	Yes
Date of receipt by the Bank	03/07/2005
Date of "in-country" disclosure	03/07/2005
Date of submission to InfoShop	03/07/2005
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	
Resettlement Action Plan/Framework/Policy Process:	
Was the document disclosed **prior to appraisal?**	
Date of receipt by the Bank	
Date of "in-country" disclosure	
Date of submission to InfoShop	
Indigenous Peoples Plan/Planning Framework:	
Was the document disclosed **prior to appraisal?**	
Date of receipt by the Bank	
Date of "in-country" disclosure	
Date of submission to InfoShop	
Pest Management Plan:	
Was the document disclosed **prior to appraisal?**	
Date of receipt by the Bank	
Date of "in-country" disclosure	
Date of submission to InfoShop	

*** If the project triggers the Pest Management and/or Physical Cultural Resources, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.**

If in-country disclosure of any of the above documents is not expected, please explain why:

n/a

C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting)

OP/BP/GP 4.01 - Environment Assessment	
Does the project require a stand-alone EA (including EMP) report?	No
If yes, then did the Regional Environment Unit or Sector Manager (SM) review and approve the EA report?	N/A
Are the cost and the accountabilities for the EMP incorporated in the credit/loan?	N/A
The World Bank Policy on Disclosure of Information	
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	No
Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?	No
All Safeguard Policies	
Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	Yes
Have costs related to safeguard policy measures been included in the project cost?	Yes
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	Yes

D. Approvals

Signed and submitted by:	***Name***	***Date***
Task Team Leader:	Ms Jumana N. Qamruddin	02/07/2012
Environmental Specialist:	Mr Paul-Jean Feno	02/07/2012
Social Development Specialist		
Additional Environmental and/or Social Development Specialist(s):		
Approved by:		
Regional Safeguards Coordinator:	Ms Alexandra C. Bezeredi	02/15/2012
Comments:		
Sector Manager:	Mr Jean J. De St Antoine	02/15/2012
Comments:		