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INTEGRATED SAFEGUARDS DATA SHEET
CONCEPT STAGE

Report No.: AC2183

Date ISDS Prepared/Updated: 10/05/2006

I. BASIC INFORMATION

A. Basic Project Data

Country: Ethiopia	Project ID: P098031
Project Name: HIV/AIDS Multi-sectoral AIDS	
Task Team Leader: Gebreselassie Okubagzhi	
Estimated Appraisal Date: December 4, 2006	Estimated Board Date: February 9, 2007
Managing Unit: AFTH3	Lending Instrument: Specific Investment Loan
Sector: Other social services (40%);Health (30%);General information and communications sector (20%);General education sector (10%)	
Theme: Other communicable diseases (P);HIV/AIDS (P);Other social development (S);Gender (S);Participation and civic engagement (S)	
IBRD Amount (US$m.): 0.00 IDA Amount (US$m.): 30.00 GEF Amount (US$m.): 0.00 PCF Amount (US$m.): 0.00 Other financing amounts by source: BORROWER/RECIPIENT 3.00 3.00	

B. Project Objectives [from section 2 of PCN]

The project will support the government of Ethiopia's long-term objective of reducing the HIV incidence rate and achieving universal access to prevention and treatment.

It will support a multisectoral enabling environment especially in the rural areas for prevention, care, mitigation and treatment by: (i) improving access to HIV/AIDS services to priority target groups including commercial sex workers in market towns; (ii) increasing community level interventions to reduce stigma and expand care and support for PLWHA & orphans; iii) enhancing prevention for girls between 15-24 years of age; and (iv) complementing other donor supported programs.

C. Project Description [from section 3 of PCN]

Many current support programs in Ethiopia have a rather short timeframe for their financial commitments. The risk of abrupt changes in the resource envelope, both positive and negative, could be mitigated to some extent by an EMSAP-II which would be designed in a flexible manner and for a longer project period. EMSAP-II would be financed with about US$30 million

and would be implemented according to the "three ones" approach, i.e., one national policy framework, one national coordinating authority, and one national M&E system.

The available data and information suggest that the epidemic in Ethiopia is expanding, with a rising trend in the rural areas and among females aged 15 to 24 years. EMSAP II would support prevention activities in rural areas and market towns and would target females where most of the new infections are reported to occur.

EMSAP II would consist of three components: (i) A National Program Coordination and Institutional Strengthening; (ii) Strengthening the Governmental Multi-Sectoral Response in priority line ministries; and (iii) improving and scaling-up civil society response in the priority areas and for priority groups.

D. Project location (if known)

The project will be implemented by regional and Woreda HIV/AIDS Prevention and Control Offices (HAPCOs), with the active participation of regional bureaus (Health, Education, Agriculture, Trade and Industry, Labor and Social Affairs, Women Affairs), NGOs, CBOs, PLWHA, Women, and Youth Associations at local levels. This is a country-wide program.

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

Ethiopia developed Medical Waste Disposal and Handling Management Guidelines in September 1997 and Infection Prevention Guidelines for Health Care Facilities in Ethiopia in February 2005. Injection Safety Guidelines are currently in preparation and nearing the final stage. The health facilities have structural designs which facilitate proper disposal of medical wastes. Each woreda office and their health centers have environmental health experts capable of supervising medical waste handling by their respective health facilities. The major challenge will be the availability of sufficient time and funds for the experts to supervise and ensure proper implementation of the agreed safeguard measures.

Schedule of Actions for the implementation of Safeguard policies:

-Finalize/submit Injection Safety guidelines	August 7, 2006
-Designate specific experts on environmental health at woreda health offices to supervise the implementation of Safeguard policies (including allocation of recurrent cost for supervision. Finalized	

Action: It is agreed that the sanitarian of the woreda health office will include safeguards supervision as part of its regular supervision scheme thus requiring no additional fund.

-Submission of quarterly safeguards assessment report by MOH to IDA. Not done	Satisfactory

It is agreed that the sanitarian of the woreda health office will include safeguards supervision as part of its regular supervision scheme thus rquiring no additional fund.

F. Environmental and Social Safeguards Specialists

Mr Gebreselassie Okubagzhi (AFTH3)
Mr Serigne Omar Fye (AFTS1)

II. SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies Triggered	Yes	No	TBD
Environmental Assessment (OP/BP 4.01)	X		
Environmental Category: B - Partial Assessment			
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	

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: 11/20/2006

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[1] should be specified in the PAD-stage ISDS.

Not Applicable.

Medical Waste Management Plan to re-disclosed in country and PIC prior to appraisal.

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

[1] 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

Signed and submitted by:		
Task Team Leader:	**Mr Gebreselassie Okubagzhi**	**09/22/2006**
Approved by:		
Regional Safeguards Coordinator:	**Mr Warren Waters**	**09/26/2006**
Comments:		
Sector Manager:	**Ms Trina S. Haque**	**09/26/2006**
Comments:		