

**INTEGRATED SAFEGUARDS DATASHEET
APPRAISAL STAGE**

I. Basic Information

Date prepared/updated: 12/02/2010

Report No.: AC5863

1. Basic Project Data

Original Project ID: P088751	Original Project Name: DRC Health Sector Rehabilitation Support Project	
Country: Congo, Democratic Republic of	Project ID: P122251	
Project Name: DRC additional financing malaria control		
Task Team Leader: Jean-Jacques Frere		
Estimated Appraisal Date: November 22, 2010	Estimated Board Date: December 20, 2010	
Managing Unit: AFTHE	Lending Instrument: Emergency Recovery Loan	
Sector: Health (100%)		
Theme: Malaria (100%)		
IBRD Amount (US\$m.):	0.00	
IDA Amount (US\$m.):	80.00	
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
Environmental Category: B - Partial Assessment		
Simplified Processing	Simple <input type="checkbox"/>	Repeater <input type="checkbox"/>
Is this project processed under OP 8.50 (Emergency Recovery) or OP 8.00 (Rapid Response to Crises and Emergencies)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

2. Project Objectives

The Project Development Objective (PDO) of the project is to ensure that the target population of selected health zones has access to, and utilize a well-defined package of quality essential health services (EHS). The original project supported 83 health zones in 10 districts in the provinces of Bandundu, Equator, Kinshasa, Katanga and Maniema encompassing a population of 9.4 million. The project was restructured in April 2010 and the geographic scope was expanded to an additional 70 health zones previously supported under an IDA-financed Emergency Multisectoral Reconstruction and Rehabilitation Project (EMRRP) which closed on December 31, 2009, increasing the beneficiary population from 9.4 to 18.9 million.

The PDO will remain unchanged from the original project. However, new PDO indicators to measure the outcomes related to the Additional Financing activities will be added to rigorously measure the project's outcomes on scaled-up malaria-related interventions. As the activities under the original grant will continue until 31 December 2011, the indicators pertaining to the original project will remain while the end-project

target will be revised to take into account the additional grant and extended project duration. In addition, the outcomes of the provincial-wide mass LLIN distribution campaigns will be measured through a pre- and post- impact evaluation.

3. Project Description

The original project has four components:

1) Expand Access and Utilization of a Proven Package of Essential Health Services to Selected Districts and Health Zones (US\$104.0 million): The project supports implementation of the Ministry of Health's (MOH) Package of essential primary health care services through performance-based contracts with non-governmental organizations (NGOs). The contracts were initially signed with five NGOs but an additional six were added reflecting the project's geographical expansion.

2) Boost Malaria Control Interventions (USD 30.0 million): Malaria Control interventions under the original project include: (i) IPT for pregnant women; (ii) ACT for first-line treatment for malaria; and (iii) scaling up coverage of LLINs. Technical assistance and operational research were included in the original project but were discontinued as a result of project restructuring. M&E related to malaria control is integrated in Component 3 below.

3) Strengthen capacity for oversight and evidence-based management of the health system (USD 12.0 million): Under this component, there are two essential activities: (i) building capacity for M&E through contracting of a firm as an External Evaluation Agency (EEA); and (ii) strengthening institutional capacity of provincial and district health administrations through a contract with an international NGO.

4) Project Coordination (USD 4.0 million): This component supports a Project Coordination Unit (PCU) within the MoH as well as the costs for an annual Project Review Forum. Initially the Bureau Central de Coordination (BCECO) in the Ministry of Finance (MoF) was responsible for fiduciary management, but with the recent restructuring this responsibility was fully transferred to the HSRSP-PCU.

Additional Financing:

Activities supported by the Additional Financing will amplify malaria control interventions implemented under Component 2 to scale up the project's impact and development effectiveness. Key interventions include: (i) contribution to the government's LLIN mass distribution campaign in the provinces of Katanga, South Kivu and Nord Kivu; (ii) provision of malaria-related preventive, diagnostic and treatment services in HSRSP target health zones; and (iii) strengthening management capacity at central, provincial and district level and improving M&E systems.

The Additional Financing requires a further extension of the project closing date by 18 months, bringing the closing date to 30 June 2013. The project was once extended by 18 months from the original closing date of 30 June 2010 to 31 December 2011 in order to compensate for start-up delays. This would bring the total extension period to 36 months.

Institutional arrangements will remain unchanged with HSRSP-PCU responsible for overall implementation including fiduciary management. Implementing NGOs will have their contracts amended to accommodate the additional tasks associated with the Additional Financing. Procurement and disbursement arrangements will also follow the same arrangements as the original project.

Provision of LLINs: UNICEF will provide a comprehensive package of services (acquisition of LLINs, distribution support and education, communication campaign). UNICEF has demonstrated competence in procuring and distributing large numbers of LLINs during the past mass distribution campaigns in DRC, and has a long-term agreement with prequalified suppliers of bed nets who can assure availability and large quantities. They therefore can ensure predictability as well as a competitive unit cost. Taking into account the large quantity of LLINs and time required to organize the mass distribution campaigns The Operations Policy Review Committee has provided its clearance on the principle to go through direct contracting with UNICEF.

The proposed additional grant of US\$80 million would bring the total project amount to US\$230 million. Below is the financing allocation by component of the project including the proposed additional financing (US\$ million) :

- i. Expand Access and utilization of EHS (104.0)
 - ii. Malaria Control and Interventions (103.2)
 - iii. Capacity Strengthening for Health System Management (16.8)
 - iv. Project Coordination (6.0)
- Total (230.0)

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

1. The original project supported 83 health zones in 10 districts in the provinces of Bandundu, Equator, Kinshasa, Katanga and Maniema encompassing a population of 9.4 million. The project was restructured in April 2010 and the geographic scope was expanded to an additional 70 health zones previously supported under an IDA-financed Emergency Multisectoral Reconstruction and Rehabilitation Project (EMRRP) which closed on December 31, 2009, increasing the beneficiary population from 9.4 to 18.9 million. Activities to be supported under the Additional Financing will include: (i) provision of approximately 8.4 million long-lasting insecticidal nets (LLINs) as part of the provincial-wide mass distribution campaigns in the Provinces of Katanga, South Kivu, and North Kivu ; (ii) continued delivery of routine malaria services to pregnant women and under-one year of age children in the HSRSP target health zones, including preventive, diagnostic, and treatment services; and (iii) support to health system, through capacity building to health care providers to improve their case management and treatment skills, technical and operational support to the National Malaria Control Program and other functions within the MoH. Improved monitoring and evaluation (M&E) mechanism will also be a focus of the AF.

5. Environmental and Social Safeguards Specialists

Mr Paul Jonathan Martin (AFTEN)

Mr Antoine V. Lema (AFTCS)

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: The Additional Financing will not affect the project's environmental category. As was the case with the original project, the Additional Financing will not finance insecticides and/or larvicides.

No large scale, significant or irreversible environmental impacts will be induced by the Additional Financing project activities. Capacity building, strengthening and provision of malaria diagnostic and treatment services and distribution of mosquito nets are the three activities supported by the Additional Financing. These activities are a continuation of the original project. No civil works will be supported by the Additional Financing. The original financing supported minor civil works that consisted of rehabilitation of existing health sector buildings, principally small clinics, and the construction of four new small clinics and a maternity ward in Katanga Province. The most recent ISDS confirms that the rehabilitations carried out under the original grant are of minor scale and follows the local environmental management guidelines remaining contracts from the original financing do not exceed \$150,000 each, and include standard clauses for environmental management to address potential, site, and construction specific environmental impacts during construction. At the time of the presentation of the original Project to the Board, the need to prepare an environmental and social management framework (ESMF) was not anticipated. Since the minor rehabilitation and construction works carried out under the original financing had no negative environmental impact and complete and appropriate mitigation clauses were inserted in the contracts, it is therefore not required to prepare an ESMF and no remedial action plan is necessary. An environmental and social audit of civil works and social operations carried out under the original financing will, nevertheless be carried out by February 25 2011, and potential adverse impacts, if any, will be promptly remediated.

The Strategic Framework for the Pygmy Development Program (December 2009), supported by the Bank and endorsed by the DRC Government, informed the Additional Financing to prepare an IPPF in the aim to ensure proper documentation of inclusion and social benefits for indigenous people. The Indigenous Peoples# (IPs) safeguard policy (OP 4.10) is therefore triggered in recognition of the fact that the Batwa people (indigenous pygmy communities) are located within the health zones supported by the project, including selected activities financed under the original financing and the Additional Financing. An Indigenous Peoples Planning Framework (IPPF) will be prepared under the remaining part of the original financing and the Additional Financing. Terms of reference for the IPPF have been prepared and disclosed at Info-shop (prior to technical discussions) were confirmed by the negotiations. The IPPF will be prepared and disclosed not later than February 25, 2011. Indigenous Peoples have benefited from the original financing as well as all other citizens in the project targeted areas, and they have not been adversely affected by the activities carried out under the original financing. Ongoing project activities will continue, as suspending them would cause health hazards and potential medical harm to all beneficiaries, including Indigenous Peoples, and increase political risks.

The IPPF will set out: (a) the types of programs and subprojects likely to be proposed for financing under the project; (b) the potential positive and adverse effects of such programs or subprojects on Indigenous Peoples; (c) a plan for carrying out the social assessment for such programs or subprojects; (d) a framework for ensuring free, prior, and informed consultation with the affected Indigenous Peoples# communities at each stage of project preparation and implementation (see paragraph 10 of this policy); (e) institutional arrangements (including capacity building where necessary) for screening project-supported activities, evaluating their effects on Indigenous Peoples, preparing an Indigenous Peoples#s Plan (IPPs), and addressing any grievances; (f) monitoring and reporting arrangements, including mechanisms and benchmarks appropriate to the project; (g) disclosure arrangements.

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

The project activities, including those planned under the additional financing, will not generate any indirect or long-term environmental impacts, however the implementation of the project may cause an increase in the volume of hazardous medical waste generated. Inappropriate handling and disposal of medical waste and inadequate management of the respective disposal sites in urban or peri-urban areas would present a health risk if left unchecked.

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.

While the HSRSP did not develop its own Medical Waste Management Plan (MWMP), the project benefited from the Plan that was prepared in the context of another World

Bank funded HIV/AIDS (MAP) project. In accordance with World Bank guidelines the MWMP under the MAP was developed in 2004, in close collaboration with the Ministry of Health, national institutions and agencies involved in monitoring environmental protection, representatives of civil society and grassroots communities. Analysis of the findings of the study yielded a number of recommendations, which served as guiding principles in the formulation of a Work Plan for the implementation of a health care waste management plan for the DRC. This plan started in November 2004 and was implemented for an initial period of five years covering the project's duration. The MAP financed training of health care professionals, traditional birth attendants/traditional healers, and community workers on the handling and management of medical waste (including on separation, transport and disposal of hazardous medical waste). The MAP also financed the revision of existing health sector guidelines on appropriate management of medical waste at medical facilities and at disposal sites to include the relevant sections regarding HIV/AIDS.

An audit of the implementation of the MWMP under the HSRSP was completed in September, 2010 by an independent consultant. The audit resulted in an update (September 2010) of the MWMP including malaria specific actions and suggested a number of recommendations which are currently being adopted by the HSRSP, including (i) a series of training and awareness raising activities, (ii) establishment of Hygiene Committees at facility level, and (iii) implementation of an action plan designed to ensure the more effective application of the MWMP. These recommendations will also be reflected in the project implementation manual.

Almost all the physical works undertaken by the project have been for rehabilitation of existing health facilities, with no environmental impacts. The three small (less than \$150,000) contracts issued for the construction of four new clinics and a maternity ward incorporate standard clauses for the management of minor, temporary environmental impacts during construction.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people. All stakeholders including municipal authorities, Parliament, Health Facility authorities, both at national and provincial levels, private health practitioners, civil society associations and NGOs were consulted during the MAP preparation in 2003. Additional consultations were held, including consultative workshops, on medical waste management problems. During these workshops, a draft copy of the environment assessment on the medical waste management plan was presented to all stakeholders for comments, which were incorporated in the final draft. The MWMP was disclosed in the Democratic Republic of Congo on December 23, 2003 and re-disclosed in DRC in December, 2004 as well as at the Bank's Infoshop on January 6th, 2005. The MWMP was subsequently presented to the HSRSP implementing partners in 2007 and incorporated their contracts with the MoH include an article on implementing MWMP's recommendations. The HSRSP-PCU is committed to conducting regular supervision to ensure the implementing partners' compliance with these recommendations.

In addition, once the above-referenced IPPF is prepared and approved, it will be disclosed at InfoShop and in-country.

B. Disclosure Requirements Date

Environmental Assessment/Audit/Management Plan/Other:

Was the document disclosed prior to appraisal?	Yes
Date of receipt by the Bank	11/08/2004
Date of "in-country" disclosure	12/08/2004
Date of submission to InfoShop	12/01/2010
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?	No
Date of receipt by the Bank	02/25/2011
Date of "in-country" disclosure	03/15/2011
Date of submission to InfoShop	03/02/2011

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:

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?	No
Are the cost and the accountabilities for the EMP incorporated in the credit/loan?	No

OP/BP 4.10 - Indigenous Peoples

Has a separate Indigenous Peoples Plan/Planning Framework (as appropriate) been prepared in consultation with affected Indigenous Peoples?	No
If yes, then did the Regional unit responsible for safeguards or Sector Manager review the plan?	No
If the whole project is designed to benefit IP, has the design been reviewed and approved by the Regional Social Development Unit or Sector Manager?	Yes

The World Bank Policy on Disclosure of Information

Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes
--	-----

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?	Yes
--	-----

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

<i>Signed and submitted by:</i>	<i>Name</i>	<i>Date</i>
Task Team Leader:	Mr Jean-Jacques Frere	11/23/2010
Environmental Specialist:	Mr Paul Jonathan Martin	11/23/2010
Social Development Specialist	Mr Antoine V. Lema	11/30/2010
Additional Environmental and/or Social Development Specialist(s):		
<i>Approved by:</i>		
Regional Safeguards Coordinator:	Ms Alexandra C. Bezeredi	11/30/2010
Comments:		
Sector Manager:	Ms Eva Jarawan	11/30/2010
Comments:		