

**INTEGRATED SAFEGUARDS DATASHEET
APPRAISAL STAGE**

I. Basic Information

Date prepared/updated: 11/13/2008

Report No.: AC3335

1. Basic Project Data

Country: Barbados	Project ID: P106623	
Project Name: Barbados Second HIV/AIDS Project		
Task Team Leader: Joana Godinho		
Estimated Appraisal Date: February 26, 2008	Estimated Board Date: August 7, 2008	
Managing Unit: LCSHH	Lending Instrument: Specific Investment Loan	
Sector: Health (100%)		
Theme: HIV/AIDS (P);Population and reproductive health (P);Health system performance (S)		
IBRD Amount (US\$m.):	35.00	
IDA Amount (US\$m.):	0.00	
GEF Amount (US\$m.):	0.00	
PCF Amount (US\$m.):	0.00	
Other financing amounts by source:		
<u>Borrower</u>		59.39
		59.39
Environmental Category: C - Not Required		
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 type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Project Objectives

The project would support the implementation of the 2008-2013 Barbados National HIV/AIDS Strategic Plan, specifically to increase:

- Adoption of safe behaviors, in particular amongst the most vulnerable groups.
- Access to prevention, treatment and social care, in particular for the most vulnerable groups.
- Capacity of organizational and institutional structures that govern the NAP.
- Use of quality data for problem identification, strategy definition and measuring results.

3. Project Description

Component 1: Prevention and Care (US\$ 88.06 million)

This component would contribute to the implementation of the 2008-2013 Barbados National HIV/AIDS Strategy, specifically of the following three programs:

- National Program Coordination and Monitoring. This program aims at strengthening the ability of the public and private sectors and civil society to coordinate, monitor and evaluate their activities and use data to continually increase the quality of their programs. Specific activities would include (i) building capacity that would help the GOB and civil society increase their ability to formulate a vision, policies, strategies, and plans of action; mobilize financial resources; and conduct operations relevant to HIV/AIDS; (ii) strengthening surveillance; and (iii) addressing the critical issue of M&E within the HIV/AIDS Program. An existing Public-CSO Grant System (Annex 6) would be further developed under this program.
- Scaling up Prevention Efforts. This program aims at increasing access to preventive services, particularly (i) behavior change communication, (ii) HIV/AIDS and STI prevention and treatment, and (iii) condoms, with a special focus on key populations at higher risk. These activities are often difficult politically or culturally to start, but once started are relatively easy to maintain. Prevention activities would be implemented in close cooperation between public agencies and civil society organizations.
- Diagnosis, Treatment and Care. The goal of this program is to increase the length and quality of life of PLHIV. The program aims at increasing PLHIV access to diagnostic services, treatment services (ART and treatment for opportunistic infections) and social care and support (counseling, support groups, drug addiction therapy, and home care), as follows: (i) testing services would be expanded into community organizations, including those working with vulnerable groups; (ii) treatment would be decentralized on a phased basis to the polyclinics that provide free government health services to the entire island; and (iii) referral systems to social care would be strengthened, including assigning each PLHIV to a social worker.

Component 2. Institutional Strengthening (US\$ 4.39 million)

This component would finance training and technical assistance on M&E, management, surveillance, prevention, diagnosis, treatment and care of HIV/AIDS and other STIs, to support the implementation of the Strategic Plan. The objective of this component is to strengthen agencies and civil society organizations through training and technical assistance that cannot be funded under the regular program. While routine surveillance, seroprevalence and behavioral surveys, and quality audits would be carried out under Component 1, the second component would include non-routine training and technical assistance to review the surveillance system, and put in place sero- and behavior surveillance and quality audits and assist with standardization of data collection methodologies, particularly in the case of behavior surveillance. Component 2 would follow Bank procurement rules, and disburse over the life of the project against SOEs.

Potential risks and mitigation

The overall project risk is considered to be low. Barbados' economy grew by 4.3% of GDP in 2007, compared to an average growth rate of 3.1% over the last 5 years. Authorities tightened macroeconomic policies in 2006 and achieved a balanced budget. Macroeconomic prospects are generally favorable.

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

Whole country.

5. Environmental and Social Safeguards Specialists

Mr Gunars H. Platais (LCSSEN)

Ms Noortje Denkers (LCSHH)

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 Environmental Assessment (OP/BP/GP 4.01) safeguard policy would not be triggered. Considering that this is a follow on project, with no new construction envisaged, no new environmental assessment is required. The environmental assessment was updated in relation to ongoing health care waste management activities. Even though project activities would result in increases in health care waste, this added volume would be accommodated by the health care waste management system that was put in place with support from the first project. The second project would monitor the proper disposal of health care waste by health care providers supported by the new project.

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. Barbados has highly trained professionals who can provide the training necessary to ensure compliance with international standards on Bio-medical Waste Management. This

expertise however is distributed throughout different entities (Ministry of Health, Queen Elizabeth Hospital, Department of Solid Waste and the Ministry of Environment) and is overcommitted. Their ability to provide continuous training is questionable. The project will support the training necessary to increase and maintain a HCWM system that is compatible with National and International standards that comply with the Safeguard policies.

Barbados will ensure that health service providers targeted under the project submit evidence that their existing or planned health care waste management, storage and disposal system can adequately accommodate any additional waste that would occur as a result of the expanded coverage. Where sufficient capacity does not exist, the project will finance activities as needed to ensure adequate disposal of all health care waste related to the project.

A number of activities are anticipated in the continued implementation of the Health Care Waste Management system. These activities include but are not limited to: 1) implementing a rigorous manifest system (first in the QEH and subsequently across the country); 2) establishing a capacity building program which is continuous (accommodate new staff and introduce new knowledge on HCWM to current staff); 3) preparing a practical manual with national guidelines on HCWM; 4) holding a stakeholder forum on HCWM (include representatives from the entire chain of the health care waste stream – from doctors to janitors); 5) installing the incinerator; and 6) enforcing health care waste separation. These activities would provide monitorable results, which would contribute to an improved health care waste management system in Barbados.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.
N/A

B. Disclosure Requirements Date

Environmental Assessment/Audit/Management Plan/Other:

Was the document disclosed prior to appraisal?	N/A
Date of receipt by the Bank	
Date of "in-country" disclosure	
Date of submission to InfoShop	
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?	
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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:

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

The World Bank Policy on Disclosure of Information

Have relevant safeguard policies documents been sent to the World Bank's InfoShop? N/A

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? N/A

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:	Ms Joana Godinho	03/20/2008
Environmental Specialist:	Mr Gunars H. Platais	04/01/2008
Social Development Specialist	Ms Noortje Denkers	04/01/2008
Additional Environmental and/or Social Development Specialist(s):		
<i>Approved by:</i>		
Regional Safeguards Coordinator:	Mr Reidar Kvam	04/01/2008
Comments:		
Sector Manager:	Mr Keith E. Hansen	11/13/2008
Comments:		