

**INTEGRATED SAFEGUARDS DATASHEET
APPRAISAL STAGE**

I. Basic Information

Date prepared/updated: 06/12/2007

Report No.: AC3028

1. Basic Project Data

Country: Africa	Project ID: P104523	
Project Name: IGAD Regional HIV/AIDS Partnership Program (IRAPP) Support Project		
Task Team Leader: Frode Davanger		
Estimated Appraisal Date:	Estimated Board Date:	
Managing Unit: AFTHV	Lending Instrument: Specific Investment Loan	
Sector: Other social services (100%)		
Theme: HIV/AIDS (P);Regional integration (S)		
SPF Amount (US\$m):	0.00	
GEF Amount (US\$m.):	0.00	
PCF Amount (US\$m.):	0.00	
Other financing amounts by source:		
Borrower	0.00	
<u>Africa Catalytic Growth Fund (ACGF)</u>	<u>15.00</u>	
	15.00	
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 type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Project Objectives

The development objectives of the project are to:

(i) Increase preventative action, and reduce misconception of cross border and mobile populations, refugees, IDPs, returnees and surrounding host communities concerning HIV/AIDS prevention, treatment and mitigation in selected sites in the IGAD Member States; and

(ii) Establish a common and sustainable regional approach to supporting these populations in the IGAD Member States.

3. Project Description

The proposed ACGF grant of US\$ 15 million would finance a four-year program. The direct beneficiaries are: a) refugees, IDPs, returnees, and surrounding host communities (in every IGAD country); and b) vulnerable cross-border and mobile populations. Indirect beneficiaries are those in the region who gain from better health policies, programs and service delivery as a result of cross-fertilization. The three components are as follows:

Component 1: Support to Refugees, IDPs, Returnees, Surrounding Host Communities and Cross-border and Mobile Populations

This component will have two sub-components: a) Refugees, IDPs, returnees and surrounding host populations; and b) Cross-border and Mobile Populations. The objective of this component is to scale up HIV/AIDS interventions in size and geographical areas for refugees, IDPs, returnees and surrounding host communities, as well as for vulnerable cross-border and mobile populations.

For sub-component (a) UNHCR would be the principal implementer of activities, using the approach developed for the Great Lakes Initiative on HIV/AIDS (refugee areas to be targeted along with the surrounding communities). A full range of services will be provided depending on the country and refugee/IDP site situation, but can include prevention, care, treatment and mitigation services, principally through provision of services and goods. Activities will be closely monitored and evaluated using linked behavioral and biological surveillance surveys and sentinel sites so that if successful IGAD countries and donors will support replication and further scaling up of interventions. Over the four year period, the support for the refugee areas is estimated at US\$4.5 million.

The refugee/IDP sites to be supported in Year 1 have been identified by national authorities in collaboration with UNHCR based on clear selection criteria developed by IGAD. Additional sites may be selected, but only if additional resources become available. The additional refugee sites would only be existing sites with some ongoing programs on HIV/AIDS. Therefore there will be no land acquisition under this project. National level planning workshops will take place in each country, involving the key implementing partners in the refugee area (and possibly with the surrounding communities), national HIV/AIDS authorities, UNHCR, and MOH, and this exercise will be lead by the national authorities in each of the member state. The detailed budgeted work plans for the first 12 months would then be submitted to IGAD for its review and approval. Quarterly progress reports submitted by UNHCR to the member states and IGAD would ensure that bottle-necks would be addressed early on, and that lessons learned could be shared among the countries.

IGAD and UNHCR already have an established Memorandum of Understanding (MOU), which is a part of the Operations Manual. A Management Contract between IGAD and UNHCR will set the terms and conditions for the financing of UNHCR activities. The Management Contract has been drafted and will be submitted to IDA for no-objection. Additional refugee and IDP sites can be added in subsequent years using the same methodology of identifying the camps, and will be included in annual work plans submitted to the Council of Ministers of Health and HIV/AIDS for approval. Annual plans will be submitted to the World Bank for no-objection on consolidated basis.

For sub-component b) on cross-border and mobile populations, key hot-spot areas would be identified for assistance, providing support through those NGOs and organizations identified as having substantial programs in areas which meet the selection criteria and are reaching the targeted community. The advance copy of the regional mapping assessment (situation analysis) conducted by IGAD provides a list of

organizations and government agencies that are working in the cross-border areas in each of the countries, what kind of services that are being provided (if any), which would be the basis for moving forward. In addition, during the Horn of Africa Partnership (HOAP) meeting in November 2006, some of the IGAD countries developed draft work plans for activities in the border areas, which should be further strengthened and taken into account when the countries and IGAD are identifying the key hot-spot areas. The mapping assessment and the draft work plans would therefore be the basis for one “situation analysis” for selecting hot-spots to be supported. This mapping assessment will be updated on an annual basis, in order to guide the selection of the hot-spot areas to be supported every year.

A list of potential interventions will be developed and included in the Operations Manual, which will be based on the regional mapping assessment conducted. This component will have a strong focus on M&E, in order to track the progress and learn from the innovative programs that will be supported. The proposed project would not expect to address all eligible sites but rather look to other interested donors to select and follow the same formula for additional sites addressing the CBMPs. This would enable other partners to support the overall HIV/AIDS program in the Horn of Africa in a comprehensive and coordinated manner. In addition, for the long term, it is estimated that for some of the targeted groups, the national programs could eventually take over the responsibility of targeting and financing activities for such groups (nomads, IDPs, and national vulnerable groups located along the border areas).

Component 2: Harmonization of the Health Sector Response to HIV/AIDS

This component will address the harmonization of the health sector responses to HIV/AIDS/STI and the collaboration and dialogue among health sector partners in the IGAD member states. The project will only address HIV/AIDS, and not target malaria or the avian flu.

Specifically, the objectives of this component are: (i) to provide a forum for interaction among IGAD countries in terms of information exchange, sharing of country experiences, and disseminating best practices and lessons learned from providing services to the project target population; (ii) to harmonize, to the practical extent possible, the HIV/AIDS/STI control related policies, programs, standards of services, treatment protocols, and supply management systems; (iii) to develop mechanisms for continuity of services across borders including referral systems for returning populations; and (iv) to develop and adopt a regional strategy for improved HIV/AIDS/STI prevention, treatment and care services directed to cross-border and mobile populations.

The reinforcement of capacity of HIV/AIDS related sector will be carried out within the first component of the project and the health component will support identification of the needs and the elaboration of the implementation plan. Therefore, a rapid survey of health facilities located in the border areas of each IGAD country will be conducted and findings will be used to develop a capacity strengthening plan.

Experts attending the Nairobi meeting (June 2006) recommended that the services provided across the border areas should be, to the practical extent possible, equivalent in terms of type, scope and quality of services to contribute to the establishment of the service continuity and to the equitable distribution of the workload between health facilities across the border areas.

The component will support the following activities:

• Periodic technical review meetings, study tours, and training programs aiming at exchanging information and sharing of experiences;

• Harmonization of programs, service delivery (including treatment protocols) and counselling, which is an essential condition to the service continuity for cross border and mobile populations including refugees. The effective and rational use of the harmonized treatment protocols will prevent the emergence of drug resistances and open the ways to the regional procurement policy of drugs and other medical supplies. To this effect, a review of the existing protocols and materials on selected topics, harmonized protocols and materials as well as their implementation plan will be conducted and then adopted by the IGAD country health authorities;

• Developing of mechanisms to ensure service continuity. It is obvious that the health facilities at the border areas, even after their reinforcement will not be able to provide some services which require a high experience and capacity such as ART treatment and the laboratory investigations. Therefore the component will support the establishment of referral mechanism assuring access to laboratory investigation and ART treatment and adherence. Service continuity will be achieved through identification and setting up of referral system allowing prolongation of a treatment started in one country in another without difficulty;

• The development of a comprehensive 5-Year Regional HIV/AIDS/STI Strategic Plan focused on the regional dimensions of HIV/AIDS/STI epidemic control that covers both the service delivery and communication aspects. The plan will also support the IGAD member countries in mobilizing additional resources to expand the program.

Collaboration and permanent dialogue among health sector partners will allow exchange of information and country experiences contributing thus to the improvement of service quality and to the establishment of the way forward in dealing with HIV and AIDS coordination programs among member states. Collaboration and dialogue should be established not only at the level of programme managers but also at the level of implementing agencies including those at the border areas (non formal meeting and information sharing process).

To ensure the effective implementation of this component, a Technical Working Group (TWG) on health response to HIV and AIDS will be established and composed of the National AIDS Coordinators in the IGAD member states. The TWG will meet regularly and will also provide ongoing support to implementation of the health component.

Component 3: Project Coordination, Management, Capacity Building and Monitoring and Evaluation (M&E)

This component would assist the sub-region in harmonizing, facilitating, coordinating and implementing HIV/AIDS containment programs, in particular for the cross-border areas. Monitoring and evaluation is a crucial and integral aspect in achieving HIV/AIDS reductions, and for improving on the project during implementation. This would be further strengthened during this proposed project and allow the region to define and refine national comprehensive HIV/AIDS M&E systems capable of addressing biological and behavioral surveillance, essential research, financial monitoring, and program activity monitoring, in particular in filling the gap of cross-border M&E. IGAD would become the central synthesizer of key HIV/AIDS M&E information in the region. An interactive website is being developed giving countries a chance of sharing information and key data, with a focus on the regional dimensions. This would be hosted and managed by IGAD, receiving much of the key data from the countries, but adding the program management data from the regional initiatives.

This component would also support the overall facilitation of the program, both by establishing a Program Facilitation Office (PFO), as well as supporting key capacity support for IGAD to fulfill its role as the facilitating organization for the Regional Partnership in the Horn of Africa. It would also provide direct support to the national HIV/AIDS authorities to support them in coordinating the efforts at the national level, so that this does not become an extra burden for already stretched programs at the national level. The TORs for this coordination “function” and how this can be supported is included in the Operations Manual.

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

The project covers the border regions of the IGAD member states: Djibouti, Eritrea, Ethiopia, Kenya, Somalia, Sudan and Uganda.

5. Environmental and Social Safeguards Specialists

Mr Serigne Omar Fye (AFTS1)

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: Potential safeguard issues under the proposed project relate to unsafe medical waste management which – if left unattended – would contribute to water, soil and air pollution as well as an increase in exposure to HIV/AIDS among health care workers, municipal staff dealing with waste management, and scavengers at open dump sites. The project will not operate in any disputed areas.

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

Future project activities will not have long-term and/or indirect impacts.

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

The discussion of alternatives was found not to be necessary given that this project will complement ongoing national HIV/AIDS activities.

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. Most of the IGAD member states have active medical waste management plans, which will be utilized for this regional initiative. In countries where there is no medical waste management plan or the plan is under development, the medical waste management plan of UNHCR will be utilized. Medical waste management plans exist for Djibouti, Eritrea, Ethiopia, Kenya and Uganda. These plans were disclosed in the infoshop on the following dates (Djibouti – 6/6/07, Eritrea – 6/6/07; Ethiopia – 6/6/07; Kenya – 5/30/07; Uganda – 6/8/07 and UNHCR 6/6/07). There is also a medical waste management plan being developed for Sudan, which will be disclosed prior to effectiveness of the project. In Somalia, UNHCR's medical waste management plan will be used.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people. Key stakeholders will include refugees, internally displaced people, returnees, and cross-border and mobile populations in each the seven IGAD member countries. They will benefit from project support for improvement in HIV/AIDS prevention, care, treatment, and mitigation approaches in widely scattered areas in all IGAD countries. The medical waste management plans of each country will be re-disclosed and linked on the IGAD website prior to appraisal, which begins on May 7, 2007. For the countries which do not have medical waste management plans, or where the plans are under development, the project will rely on UNHCR's internationally accepted medical waste management plans (as UNHCR will be the implementing partner in these areas). The UNHCR medical waste management plans have been posted in the infoshop and on the IGAD website (www.igad.org).

B. Disclosure Requirements Date

Environmental Assessment/Audit/Management Plan/Other:

Date of receipt by the Bank	06/04/2007
Date of "in-country" disclosure	06/12/2007
Date of submission to InfoShop	06/08/2007
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	

*** 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?	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?	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?	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:	Mr Frode Davanger	06/12/2007
Environmental Specialist:	Mr Serigne Omar Fye	06/12/2007
Social Development Specialist Additional Environmental and/or Social Development Specialist(s):		
<i>Approved by:</i>		
Regional Safeguards Coordinator:	Mr Warren Waters	06/12/2007
Comments:		
Sector Manager:	Mr John Nyaga	06/12/2007
Comments:		