

**INTEGRATED SAFEGUARDS DATA SHEET  
CONCEPT STAGE**

Report No.: AC843

**Date ISDS Prepared/Updated: November 1, 2004**

**I. BASIC INFORMATION**

**A. Basic Project Data**

Country: Ghana	Project ID: P088797
Project Name: GHANA MAP II	Task Team Leader: Eileen Murray
Estimated Appraisal Date: April 15, 2005	Estimated Board Date: September 12, 2005
Managing Unit: AFTH2	Lending Instrument: Sector Investment Loan
Sector: Health (75%);Central government administration (15%);Other social services (5%);Sub-national government administration (5%)	Theme: HIV/AIDS (P);Participation and civic engagement (S);Population and reproductive health (S);Health system performance (S);Gender (S)
Safeguard Policies Specialists in the task team: Edward Dwumfour	
Loan/Credit amount (\$m.): IDA: 25	
Other financing amounts by source:	(\$m)
UK: BRITISH DEPARTMENT FOR INTERNATIONAL DEVELOPMENT (DFID)	10
DANIDA	10

**B. Project Objectives**

In line with the Government's Strategic Framework, the main objectives of the project would be to improve the accessibility and use of prevention, care, and support services

- ③ In high prevalence areas, and
- ③ Among priority risk groups, and
- ③ To those affected by the pandemic, especially for people living with HIV/AIDS and orphans and other vulnerable children, in particular young children (0-8)(OVC).

To achieve the objectives the Project would support information, education and behavior change and communication activities. About 98 percent of the adult population of sexually active age is aware of HIV/AIDS according to the 2002 Ghana Demographic and Health Survey, and this is partially attributable to the current Ghana AIDS Response Project. Therefore, the information, education, and communication activities (IEC) would evolve and focus increasingly on behavior change and communication.

The Project would also support prevention of mother to child transmission of HIV/AIDS, voluntary counseling and testing, and prevention of transmission through the medical system. It could also fund anti-retrovirals. Finally it would support PLWHAs and pilot innovative models of care for OVCs and young children infected and affected by the pandemic at the community level.

The Project would enhance planning, management, and public participation at all levels to ensure its activities are successful. In particular, it would mobilize, coordinate, and target available financial resources to ensure that each district and region in Ghana designs, implements, and monitors a strategy to prevent HIV infection. It would also provide treatment, care, and support to PLWHAs and OVCs. Young children (0-8) have distinct early child development (ECD) needs, which would be addressed under the proposed project. The Project would monitor implementation by commissioning independent evaluations of the efforts of implementing partners, through biological and behavioral surveillance, and through routine reporting on the accessibility, coverage, and use of essential HIV/AIDS services. The Project would then use the M&E system for strategic decision making and in particular for planning. Moreover the Project would stimulate participation in the fight to stabilize the pandemic among CBOs, NGOs, ministries, departments, and agencies, and in the private sector, and promote the exchange of information among these organizations.

The project team would reach agreement with the development partners on the outcome indicators to be monitored to ensure consistency among programs and avoid costly parallel monitoring and evaluation efforts. These indicators would be selected from such HIV/AIDS program indicators as mobilization of resources, coordination and targeting, participation, prevention (e.g., percentage of commercial sex workers targeted by the project who report using condoms during their last sexual encounter), treatment and care, mitigation of impact, and monitoring and evaluation.

### **C. Project Description**

The proposed project would contain three broad components, which embrace closely related subcomponents.

#### **(A). Support for Multisectoral HIV/AIDS Responses.**

*The public-sector response.* The Ministry of Health (MOH) was excluded from the on-going project because it received funds from other sources. The proposed Project would enable the MOH to deliver services to people identified through the voluntary counseling and testing and prevention of mother to child transmission programs --which are supported by the Health SWAP.

The proposed Project would also fund other ministries, departments, and public agencies so that they can continue IEC activities and prepare or implement workplace HIV/AIDS policies and action plans. It would also support, when requested, care for ministry and public agency staff infected with HIV, and voluntary counseling and testing.

*The decentralized government response.* The proposed Project would work with Ghana's decentralized governments: the district assemblies. In particular, the Project would help districts prepare their own AIDS plans and help build the financial, managerial and technical, capacity to implement community based activities initiated during the on-going MAP. Moreover, the Project would support piloting of conditional cash transfers for the basic education and health needs of orphans and other vulnerable children, such as those under eight years of age..

*The nonpublic-sector response.* Under the proposed Project, NGOs, CBOs and faith-based organizations would continue to engage in prevention and care activities, such as IEC, VCT, prevention of mother-to-child transmission, early child development interventions, peer education, organizing associations of PLWHAs, and providing training, and hospice care. With project support, traditional leaders and faith-based organizations could implement mid-size pilot programs for orphans and vulnerable children, including young children (0-8). The proposed Project would also include funds for HIV-AIDS activities in the private sector, which started late in the implementation of the predecessor project, as well as for preparation of a well-articulated private-sector strategy.

(B) Capacity Building and Knowledge Management.

The Ghana AIDS Commission has been successful in engaging thousands of stakeholders in the public and nonpublic sectors and in disbursing funds. Nevertheless, the Commission must continue to provide training and enhance the communications network on HIV/AIDS (including Web sites). The Project will support the Commission's effort to create a platform for sharing experiences and best practices and to provide incentives to expand effective programs.

(C). Coordination, Administration, and Monitoring

The Ghana AIDS Commission is responsible for coordinating the activities of the proposed Project and of donor HIV/AIDS efforts (with support from the Ministry of Health) . The project team will look for ways to ensure that the Commission does not continue to be overburdened by implementation related matters at the expense of the coordination of the National Response. The Commission will continue to focus on partner coordination in many ways (dissemination of information on the various partner programs, agreement on annuals work programs and budgets for the Commission, etc.) Thus, one option under consideration is to revisit the Commission's organizational structure, which could be divided into two units: coordination of the national response and program implementation.

The proposed Project would finance most of the Commission's activities. Increased resources would be made available for M&E at all levels to ensure that it can continue to provide timely disaggregated information on the types of sub-projects, service providers, etc.

#### D. Project location

*[Guideline: If the location is not yet identified, please indicate if there are alternative locations under consideration or how the location is to be determined during project preparation]*

Project activities will be implemented nationwide.

#### E. Borrower's Institutional Capacity for Safeguard Policies

*[Guideline: Based on past experience and other available information]*

Experience from the implementation of projects in the Health and HIV/AIDS Sector clearly indicates that the Occupational Health and Environmental Unit of the Ghana Health Service has the institutional capacity to properly prepare and implement relevant safeguard policies and action plans. This Unit also taps into the knowledge bases of Ghana's 2 teaching hospitals and other concerned stakeholders. Recommendations from the Environmental Assessment for the Health Sector Wide Approach SWAP (which included HIV/AIDS) are currently being implemented by this Occupational Health and Environmental Unit. This Unit has been successful in mobilizing the key stakeholders to ensure full buy in of the Waste Management Plan.

The Occupational Health and Environmental Unit of the Ghana Health Service currently has 3 full-time staff. The head of the unit is a public health physician with training in occupational and environmental health. The second is a public health physician and the third is a biochemist also trained in toxicology. This unit oversees other staff trained in occupational health which are based in the Western Region, Kumasi, and in the Korle-Bu Teaching Hospital in Accra..

Key Line Ministries such as the Ministry of Local Government and Rural Development, the Inspectorate Division of the Ministry of Employment and Manpower Development and the Environmental Protection Agency all have staff which are involved in occupational and environmental health and who collaborate with the Occupational Health and Environmental Unit of the Ghana Health Service.

## II. SAFEGUARD POLICIES THAT MIGHT APPLY

Applicable?	Safeguard Policy If Applicable, How Might It Apply?
<input checked="" type="checkbox"/>	<a href="#">Environmental Assessment (OP/BP 4.01)</a> An environmental assessment was carried out as part of the environmental assessment program for the Health Sector. A Waste Management Policy is in effect which among other things includes recommendations for health facilities on waste management disposal.
<input type="checkbox"/>	<a href="#">Natural Habitats (OP/BP 4.04)</a>
<input type="checkbox"/>	<a href="#">Pest Management (OP 4.09)</a>
<input type="checkbox"/>	<a href="#">Involuntary Resettlement (OP/BP 4.12)</a>

<input type="checkbox"/>	<a href="#">Indigenous Peoples (OD 4.20)</a>
<input type="checkbox"/>	<a href="#">Forests (OP/BP 4.36)</a>
<input type="checkbox"/>	<a href="#">Safety of Dams (OP/BP 4.37)</a>
<input type="checkbox"/>	<a href="#">Cultural Property (draft OP 4.11 - OPN 11.03)</a>
<input type="checkbox"/>	<a href="#">Projects in Disputed Areas (OP/BP/GP 7.60)*</a>
<input type="checkbox"/>	<a href="#">Projects on International Waterways (OP/BP/GP 7.50)</a>

**Environmental Assessment Category:**

A  B  C  FI  TBD (to be determined)

### III. SAFEGUARD PREPARATION PLAN

**A. Target date for the Quality Enhancement Review (QER)**

Not applicable.

This project is going to be processed as a repeater project using the new Guidelines for processing such operations which were revised on September 13, 2004

**B. For Simple Projects that will not require a QER, the target date for preparing a PAD Stage ISDS**

The PAD stage ISDS will be prepared by November 2004.

**C. Time-frame for launching and completing the safeguard related studies that may be needed.**

The Medical Waste Management Plan produced for the Health Sector will be re-disclosed under the project after consultations with public, private, and civil society organizations then disclosed in-country and at the Info Shop prior to project appraisal.

The project team has accepted the responsibility for this being a transferred project.

### IV. APPROVALS

*Signed and submitted by:*

\* By supporting the proposed project, the Bank does not intend to prejudice the final determination of the parties' claims on the disputed areas

<b>Task Team Leader:</b>	<b>Eileen Murray</b>	<b>November 1, 2004</b>
<i>Approved by:</i> <b>Regional Safeguards Coordinator:</b>	<b>Tom Walton</b>	<b>November 2, 2004</b>
<b>Comments</b> <b>Sector Manager:</b>	<b>Alexandre Abrantes</b>	<b>November 1, 2004, 2004</b>
<b>Comments</b>		