

**INTEGRATED SAFEGUARDS DATA SHEET
CONCEPT STAGE**

Report No.: AC1253

Date ISDS Prepared/Updated: March 17, 2005

I. BASIC INFORMATION

A. Basic Project Data

Country: Kenya	Project ID: P081712
Project Name: KE-MAP 2 (HIV/AIDS)	Task Team Leader: Michael Mills
Estimated Appraisal Date: June 27, 2005	Estimated Board Date: October 27, 2005
Managing Unit: AFTH1	Lending Instrument: Specific Investment Loan
Sector: Health (100%)	Theme: Health system performance (P); Decentralization (S); Public expenditure, financial management and procurement (S)
Safeguard Policies Specialists in the task team: Kristine Schwebach, S. Omar Fye	
Loan/Credit amount (\$m.): IDA: 20	
Other financing amounts by source: (\$m)	

B. Project Objectives [from section 2 of PCN]

The Kenya National AIDS Strategic Plan priority areas for 2005/06 - 2009/10 are: (a) prevent new infections, (b) improve the quality of life of those infected and affected, and (c) mitigate the socio-economic impact of the epidemic. The project development objective of the proposed project (KHADREP 2) is to assist the Government of Kenya in its implementation of the KNASP. The project purpose is prevent new infections, improve the quality of life of those infected and affected, and mitigate the socio-economic impact of the epidemic. The specific targets for the KHADREP 2 will be taken from the overall targets for the KNASP, and will be determined as part of the continuing preparation activities for the project, and will depend particularly on: (i) the extent of IDA funding available; (ii) the planned duration of the project; and (iii) the design of the planned Health SWAP (which would address the procurement of medical supplies and commodities through the Ministry of Health) also programmed for FY06.

C. Project Description [from section 3 of PCN]

The existing allocation in the IDA lending program for the KHADREP 2 is only \$20 million, compared with \$50 million under the KHADREP. This is an inadequate amount in view of the needs of the KNASP, the activities which other agencies are unwilling or unlikely to support, and the critical role needing to be played by IDA. It is proposed that the funding for KHADREP 2 should be at least at the same level as the first KHADREP. However, if this amount cannot be increased, then it is proposed that:

- the project duration be limited to just two years;
- the NACC's operational costs are fully funded at about \$3 million annually;

- the remaining funds are split primarily between the public sector subcomponent and the community-activities subcomponent;
- within the public sector component, emphasis is placed on mainstreaming a few core programs in three or four key ministries (such as the Ministry of Education, Science and Technology, the Ministry of Health, the Ministry of Home Affairs and the Ministry of Agriculture);
- a highly targeted approach is taken to the continued support for community initiatives, using a “positive” list;
- there is a line item in the project for some very limited procurement of goods and supplies; and
- support for AIDS treatment (ARTs) is left entirely to other funding sources.

If, however, funding for the KHADREP 2 could be increased, then the table below shows the proposed project duration and usage of the funds under different scenarios. The main variable under the higher funding scenarios would be the availability of more significant support for activities at the community level. As noted earlier, there is already a massive funding gap for community-based activities that have already been designed, and implementation capacity already exists as about \$15-20 million is already being spent by the NACC on community-based activities annually, with demand and capacity increasing rapidly. If funding for the new project could be increased to \$50 million (the same as the KHADREP), then \$24 million could easily be spent on community-based activities in the proposed four-year period of the project. On the other hand, if funding for the new project could be increased to at least \$40 million, then \$20 million could and would easily be spent in the proposed three-year period of the project.

		KHADREP	Proposed New Project			
		\$m	\$m	\$m	\$m	\$m
Duration (years)			2	3	3	4
Components						
	Public Sector	8.7	6.5	10	10	13
	NACC	8.9	6	9	9	12
	Community Initiatives	30	6.5	10	20	24
	Goods & Supplies		1	1	1	1
	Unallocated	2.4				
	Total IDA:	50	20	30	40	50

It is also proposed that KHADREP 2 should be regarded as a MAP 3 project and processed as a “repeater”, in line with the criteria.

D. Project location (if known)

National in scope, with regards to impact as a result of capacity building. On the ground activities will take place throughout the country, though it is expected that there would be particular focus in the districts (such as Western District and Nyanza) where there is the highest incidence of HIV/AIDs.

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

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

The National AIDS Coordination Committee (NACC) will be coordinating the implementation of this project. NACC has been building its capacity for the past 5 years with the implementation and oversight of the MAP I which is now coming to an end.

II. SAFEGUARD POLICIES THAT MIGHT APPLY

Applicable?	Safeguard Policy If Applicable, How Might It Apply?
<input checked="" type="checkbox"/>	<u>Environmental Assessment (OP/BP 4.01)</u> This project may fund home-based health care for people with HIV/AIDS. Due to this care, a medical waste plan is needed. However, this project is being processed under the Accelerated Implementation Process for HIV/AIDS projects, and therefore a Medical Waste Plan is not needed prior to project appraisal, approval and implementation. Instead, it will be stated in the PAD and Legal Documents, especially the DCA, that no activities which involve generation of medical waste will be funded until a medical waste plan has been completed, to the satisfaction of the World Bank, and appropriately disclosed.
<input type="checkbox"/>	<u>Natural Habitats (OP/BP 4.04)</u>
<input type="checkbox"/>	<u>Pest Management (OP 4.09)</u>
<input type="checkbox"/>	<u>Involuntary Resettlement (OP/BP 4.12)</u>
	There will be no construction of clinics or health facilities, and therefore 4.12 is not triggered.
<input type="checkbox"/>	<u>Indigenous Peoples (OD 4.20)</u> Although this is a national project, on the ground activities will be focused predominately in highly populated districts with the highest incidence of HIV/AIDS. Therefore there will not be negative impacts on indigenous peoples in Kenya who mostly live in low population density areas.
<input type="checkbox"/>	<u>Forests (OP/BP 4.36)</u>
<input type="checkbox"/>	<u>Safety of Dams (OP/BP 4.37)</u>
<input type="checkbox"/>	<u>Cultural Property (draft OP 4.11 - OPN 11.03)</u>
<input type="checkbox"/>	<u>Projects in Disputed Areas (OP/BP/GP 7.60)*</u>
<input type="checkbox"/>	<u>Projects on International Waterways (OP/BP/GP 7.50)</u>

Environmental Assessment Category:

A B C FI TBD (to be determined)

III. SAFEGUARD PREPARATION PLAN

- A. Target date for the Quality Enhancement Review (QER), at which time the PAD-stage ISDS would be prepared. A QER is tentatively planned for end-April, 2005, but this is subject to confirmation.
- B. For simple projects that will not require a QER, the target date for preparing the PAD-stage ISDS
Not Applicable.

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

- C. Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing¹ should be specified in the PAD-stage ISDS.

This project may fund home-based health care for people with HIV/AIDs. This project is being processed under the Accelerated Implementation Process for HIV/AIDs project and therefore a Medical Waste Plan is not needed prior to project appraisal, approval and implementation. Instead, it will be stated in the PAD and Legal Documents, especially the DCA, that no activities which involve generation of medical waste will be funded until a medical waste plan has been completed, to the satisfaction of the World Bank, and appropriately disclosed. AFTH1 accepts the transfer of safeguards responsibility from this point onward.

The Government is in the process of beginning the drafting of a National Medical Waste Management Plan. It is expected to be completed by project effectiveness.

IV. APPROVALS

<i>Signed and submitted by:</i>		
Task Team Leader:	Michael Mills	Date 3/17/2005
<i>Approved by:</i>		
Regional Safeguards Coordinator:	Name Thomas Walton	Date 3/17/2005
Comments		
Sector Manager:	Name Dzingai Mutumbuka	Date 3/17/2005
Comments		

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.

