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INTEGRATED SAFEGUARDS DATASHEET
APPRAISAL STAGE

I. Basic Information

Date prepared/updated: 11/01/2006 Report No.: AC2430

1. Basic Project Data

Country: India	Project ID: P078538
Project Name: National AIDS Control Project III	
Task Team Leader: Cornelis P. Kostermans	
Estimated Appraisal Date: July 28, 2006	Estimated Board Date: January 23, 2007
Managing Unit: SASHD	Lending Instrument: Specific Investment Loan
Sector: Health (100%)	
Theme: Health system performance (P);HIV/AIDS (P);Population and reproductive health (P);Other communicable diseases (S);Child health (S)	
IBRD Amount (US$m.): 0.00 IDA Amount (US$m.): 250.00 GEF Amount (US$m.): 0.00 PCF Amount (US$m.): 0.00 Other financing amounts by source: BORROWER/RECIPIENT 982.00 Bill and Melinda Gates Foundation 317.00 UK: BRITISH DEPARTMENT FOR INTERNATIONAL DEVELOPMENT (DFID) 80.00 US, GOV. OF 0.00 UN CHILDREN'S FUND 0.00 William Jefferson Clinton Foundation 25.00 Financing Gap 805.00 2,209.00	
Environmental Category: B - Partial Assessment	
Simplified Processing Simple [] Repeater [X]	
Is this project processed under OP 8.50 (Emergency Recovery) Yes [ ] No [X]	

2. Project Objectives

The project aims to support the Government of India to achieve its goal of halting and reversing the HIV/AIDS epidemic by 2011 through the integration of prevention and care, support and treatment programs. This would be achieved through four main program strategies:

1. Preventing new infections in high-risk groups and vulnerable populations;
2. Increasing the proportion of persons receiving care, support and treatment among those living with HIV/AIDS (PLHIV);
3. Strengthening the infrastructure, systems and human resources for prevention and treatment programs at district, state and national levels; and
4. Establishing a nationwide strategic planning, program management, monitoring and evaluation (M&E) system.

3. Project Description

Component 1, Prevention of new infections, includes the following sub-components: (a) saturation of targeted interventions (TIs) for high-risk groups/areas by (i) generating demand and access to condoms, (ii) strategic communications integrating advocacy, behavior change, project support, and mobilization of community resources, (iii) fostering an enabling environment to change legal, policy and structural barriers, (iv) providing services for sexually-transmitted infections (STIs), (v) ensuring focused behavior-change communication (BCC)/harm-reduction interventions with injecting drug users (IDUs), (v) promoting effective strategies for men who have sex with men (MSM) and transgender people, (vi) strengthening linkages between TIs and care, support and treatment, and (vii) increasing ownership and pro-active participation of civil society in program design and implementation; (b) scaling-up interventions among the general population by (i) raising awareness and public dialogue, (ii) assuring safe blood supplies, (iii) developing a sustainable condom market, (iv) focusing prevention activities on women, children, adolescents and youth, (v) identifying self-risk and expanding voluntary counseling and testing services, (vi) mainstreaming workplace interventions, and (vii) instituting special efforts for migrants, refugees and cross-border areas.

Component 2: Care, support and treatment (CST). Under NACP3, the Government plans to expand the care, support and treatment of people affected by HIV by (i) systematically addressing stigma and discriminatory attitudes and practices, (ii) improving access to treatment of opportunistic infections (OI), (iii) gradually increasing the number of PLHIV receiving anti-retroviral treatment (ART), (iv) integrating and balancing prevention with CST, (v) expanding voluntary counseling and testing, prevention of parent to child transmission (PPTCT) and post-exposure prevention (PEP) programs, (vi) supporting community care and support programs, (vii) instituting programs for orphans and affected children, and (viii) cooperating with networks of PLHIV.

Component 3: Strengthening capacity at district, state and national levels. To decentralize and scale-up program activities additional capacity will be built at various levels. The most important interventions currently planned are (i) a review of all positions and job descriptions in order to hire staff with appropriate skills, (ii) sustained technical and training support to public/private agencies, CBOs, NGOs, and networks of PLHIV, (iii) building capacity to facilitate mainstreaming of HIV programs into the regular programs of the Ministry of Health and Family Welfare (MOHFW) and other Government ministries (such as Education and Transport), and creation of better partnerships with the private sector, development partners and other stakeholders, and (iv) specific training for prevention and CST for all involved in such programs.

Component 4: Strategic information management. Monitoring and evaluation will assist in tracking the HIV epidemic, relevant bio-behavioral factors, program activities, and the overall adequacy and effectiveness of the country's response to HIV. The NACP3 will (i) establish an enhanced nationwide strategic information, monitoring and evaluation system, (ii) improve sero-surveillance, and surveillance of behavior, STIs and other markers such as OI, Hepatitis B, C, etc., and (iii) support evaluation and a program of operations research to follow-up or pilot innovations in the program.

Component 5: Creating an enabling environment. Prevention, care, support and treatment of HIV/AIDS can be made more effective by creating an enabling environment that respects the human rights of those infected and affected by HIV. Thus, the program will (a) seek Greater Involvement of People Living with HIV/AIDS (GIPA) by (i) supporting and strengthening the capacity of PLHIV networks in all districts/states by 2010, (ii) developing institutional structures within the National AIDS Control Organization (NACO) and the States' AIDS Control Societies (SACS) to plan, implement and monitor GIPA, (iii) facilitating linkages between PLHIV groups, (iv) creating an enabling environment for GIPA; (b) combat stigma and discrimination by (i) systematically involving PLHIV in service delivery, (ii) advocating and promoting media support for the proposed HIV/AIDS Bill, (iii) training service providers and counselors periodically, and (iv) advocating a rights-based approach to HIV with elected representatives; (c) address legal, ethical and human rights issues by (i) creating links between AIDS and human rights organizations and strengthening legal networks, (ii) developing a Code of Ethics and ensuring ethical standards are adhered to in research, (iii) reviewing existing laws and disseminating HIV/AIDS legislation, (iv) sensitizing and training law enforcement authorities, and (v) establishing minimum standards for prevention, care, support and treatment.

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

India - Countrywide. To date the National AIDS Control Programme (NACP) has been largely urban-based. In this third phase (NACP3) it will expand into rural, including tribal, areas.

5. Environmental and Social Safeguards Specialists

Ms Meera Chatterjee (SASES)
Ms Ruma Tavorath (SASES)

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:
Environment. AIDS-related preventive and treatment activities generate wastes such as sharps (infected needles and syringes, surgical equipment, intravenous sets) infected blood, HIV test kits used in testing centers, blood banks and laboratories, and pharmaceutical wastes. If these wastes are not managed and disposed properly, they could have direct environmental and public health implications. Healthcare workers (HCWs) are at great risk as most blood-borne occupational infections occur as a result of injuries (due to accidents or unsafe practices) from sharps contaminated with HIV-infected blood. Systematic management of such clinical waste from source to disposal is therefore integral to preventing infections and controlling the HIV epidemic.
Indigenous Peoples: As the NACP3 will extend HIV prevention, care, support and treatment efforts into rural and tribal areas (particularly those that are particularly vulnerable to the spread of HIV), India's tribal people (who account for about 8 percent of the country's total population) stand to benefit from it. The program is not expected to have any negative impacts on tribal people. To ensure positive impacts, the program will implement strategies that are based on the specific needs and circumstances of tribal people (e.g., their remore locations, migratory occupations, healh-seeking behavior, varing exual practices, etc.). These strategies would be culturally compatible and acceptable to those involved.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:
Environment. The possible spread of infection due to poor practices at healthcare facilities and in their environs would conflict with the overall objective of the HIV/AIDS program, which is to prevent and eventually halt the spread of HIV.
Indigenous Peoples: In the long-term, the program would be expected to reverse the spread of HIV/AIDS among tribal people through increased awareness and improved availability of prevention, care, support and treatment services.

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

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.
Environment. NACO commissioned a study to focus on the risk of HIV transmission in health-care facilities owing to inadequate and unsafe infection control and waste management practices, and to assess current infection control and waste management practices. Through primary and secondary qualitative and quantitative data and a field based survey in three states, it was found that awareness and implementation of infection control practices are reasonably good. Healthcare workers are provided training and consumables to perform their tasks. However, the waste management component (HCWM) remains weak, as it tends to be dependent on the host (usually Government-

run) facilities in which the testing centers are located. Systems for reporting, monitoring and evaluating HCWM are also weak. An Infection Control and Waste Management (ICWM) Plan has been developed which details the various steps for waste management as required under the Government of India's (GOI) Biomedical Waste (Management and Handling) Rules, including waste segregation, treatment and disposal. The Plan also highlights infection control measures to be practiced by healthcare workers involved in testing and treatment activities. A generic Action Plan and time-frame for implementation are provided, which would be used by state-level authorities to develop their own schedule for action. Recognizing the need to integrate the HCWM activities under NACP3 with similar activities in other programs, the Plan recommends integration of activities between the SACS, the Departments of HFW, and nationally-funded programs such as those ror Reproductive and Child Health, Tuberculosis Control, etc. The Plan is to be approved by NACO and the Bank, and disclosed before Appraisal. It needs to be agreed with NACO that a final revised ICWM Plan will be approved and disclosed before Negotiations. The ICWM Plan, its dissemination strategy, and proposed budgetary allocations will need to be included in the GOI's Project Implementation Plan (PIP) before Negotiations.

Indigenous Peoples. To develop appropriate program strategies and an implementation plan for the program in tribal areas, a social assessment was carried out by the Borrower, including social data collection and analysis, and primary and secondary consultations with tribal people and organizations. Key findings of the SA include: low awareness and knowledge of HIV/AIDS and STIs among tribal people, except in the northeast; wide variation in sexual and marital practices which have a bearing on partner infection; very low access to modern health facilities and use of traditional healers or unqualified pratitioners; and high vulnerability among youth and those who come into contact with 'outsiders'. The resultant Tribal Action Plan (TAP) is to be an integral part of the project, and will be legally covenanted. The TAP includes actions to (a) integrate tribal and social development issues in the NACP at every level from village health plans to national policy; (b) increase the access of tribal people to the range of services provided under NACP; and (c) work with other government departments, local development partners, and public and private sector enterprises to improve HIV prevention and CST for tribal people; and (d) systematize knowledge of HIV/AIDS among tribal people. The specific actions include: measures to recognize the vulnerability of tribal people in policy; establishing VCTCs and other AIDS-related programs in tribal areas, and linking these with other health programs to improve access to a wider range of health services; increasing awareness campaigns and condom distribution in tribal areas and diversifying communication and social marketing strategies; and involving corporates and departments of tourism in various aspects of service elivery in tribal areas where they are active; disaggregating data, mapping, improving surveillance, and increasing studies and operations research on tribal populations.

As the program will expand newly into rural and tribal areas as part of the scaling-up of preventive and care, support and treatment activities, increasing implementation capacity is a central feature. The TAP includes specific measures to increase national, state and local capacities to implement and monitor activities for tribal people/in tribal areas. Some of these measures are: increasing social development expertise (especially on tribal people) in NACO and the SACS, sensitizing staff to cultural differences and equity

(including gender) issues, training health workers to reach out and provide services to tribal groups, and involving tribal leaders, traditional practitioners and youth in the program.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.
During the Environment Assessment, the consultant team visited government-run primary, secondary and tertiary health-care facilities, Voluntary Counselling and Testing Centers (VCTCs), blood banks, ART and STD Clinics (and associated laboratories) in three states. The stakeholders consulted included State AIDS Committees, Departments of Health and Family Welfare, Medical Officers at the district and state levels, and health-care workers at the facilities. The team also had discussions with local communities including patients, peer educators, commercial sex workers, NGOs and private waste management organizations. NACO also organized a Stakeholder Consultation to discuss the draft ICWM Plan in which many representatives of the above groups participated.

Indigenous Peoples. Among the project's key stakeholders are tribal people who are infected or affected by HIV/AIDS, or who are at risk of such infection. Important among these are migrant workers and their families. Throughout India, many tribal people are involved in seasonal agricultural work, construction, or domestic work in places distant from their homes. Tribal areas near cities such as Mumbai, and through which truck routes pass are also vulnerable. A special stakeholder group is the IDUs who are concentrated in the northeast of the country. The social assessment (SA) interacted with these groups, as well as with organizations working with them, in a sample of six states and districts in different parts of the country. Secondary consultations were held at the national level, and project preparation also included the establishment of an NACP Planning Team and 14 Working Groups wh also interacted with tribal and non-tribal people across the country. The draft SA report was disclosed in May 2006 on an AIDS Solution Exchange website that is widely known and interactive, and feedback was received through this mechanism, during the consultative workshops, and from reviewers. The revised SA report and Tribal Action Plan will be made available on this site as well as through the SACS and other local organizations, with appropriate summaries in local languages.

B. Disclosure Requirements Date

Environmental Assessment/Audit/Management Plan/Other:	
Date of receipt by the Bank	06/30/2006
Date of "in-country" disclosure	10/24/2006
Date of submission to InfoShop	07/13/2006
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	
Indigenous Peoples Plan/Planning Framework:	
Date of receipt by the Bank	10/27/2006
Date of "in-country" disclosure	11/01/2006

Date of submission to InfoShop	07/26/2006

*** 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?	Yes
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?	Yes
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?	N/A
The World Bank Policy on Disclosure of Information	
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	No
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?	No
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?	

D. Approvals

Signed and submitted by:	***Name***	***Date***
Task Team Leader:	Mr Cornelis P. Kostermans	07/07/2006
Environmental Specialist:	Ms Ruma Tavorath	07/05/2006
Social Development Specialist	Ms Meera Chatterjee	07/05/2006
Additional Environmental and/or Social Development Specialist(s):		
Approved by:		
Regional Safeguards Coordinator:	Mr Frederick Edmund Brusberg	07/10/2006
Comments:		
Sector Manager:	Ms Anabela Abreu	07/12/2006
Comments:		