

**INTEGRATED SAFEGUARDS DATA SHEET
CONCEPT STAGE**

Report No.: AC2737

Date ISDS Prepared/Updated: 02/15/2007

I. BASIC INFORMATION

A. Basic Project Data

Country: Madagascar	Project ID: P103606
Project Name: Madagascar Health SWAP	
Task Team Leader: Mukesh Chawla	
Estimated Appraisal Date: March 22, 2007	Estimated Board Date: May 29, 2007
Managing Unit: AFTH3	Lending Instrument: Adaptable Program Loan
Sector: Health (100%)	
Theme: Child health (P);Other communicable diseases (P);Health system performance (P);Population and reproductive health (P);Nutrition and food security (S)	
IBRD Amount (US\$m.):	0.00
IDA Amount (US\$m.):	10.00
GEF Amount (US\$m.):	0.00
PCF Amount (US\$m.):	0.00
Other financing amounts by source:	
BORROWER/RECIPIENT	5.00
Financing Gap	0.00
	5.00

B. Project Objectives [from section 2 of PCN]

The project development objective (PDO) of the proposed Madagascar Health SWAp is to contribute to the strengthening of the health system, including financing, delivery and management, in order to improve the access and utilization of health services, especially in rural and remote areas, and scale-up the production and delivery of health programs with an emphasis on endemic infectious diseases, reproductive health (including family planning sexually transmitted diseases, and HIV/AIDS) and nutrition.

C. Project Description [from section 3 of PCN]

Core principles. The proposed Madagascar Health SWAp is fully aligned with the Madagascar Action Plan (MAP), which sets very ambitious targets in the areas of maternal and child mortality and fertility rate, malaria, tuberculosis, sexually transmitted diseases and HIV/AIDS control; and reduction of malnutrition in children under the age of five. Following the enunciation of these broad objectives for the health sector in the MAP, MOHFP has prepared a National Health Sector Strategy and Development Plan (Plan de Developpement du Secteur Sante, or PDSS) for the period 2007-2011, which constitutes the tools to increase the financial

resources available to the sector from all sources. The draft PDSS and sector strategy identify a number of key bottlenecks to increased access and use of health services and improvements in health indicators across the population of Madagascar, and identify four central areas of weakness: (i) poorly equipped health centers and low levels of capacity to produce and deliver health services, especially in rural and remote areas (managerial capacity at the level of communes is weak); (ii) uneven staffing of health facilities, especially in rural and remote areas (a large number of health centers, particularly in rural and remote areas, do not have adequate number of medically qualified staff); (iii) low levels of health financing and inefficiencies in resource allocation (Madagascar spent around US\$ 6 per capita on health care in 2005, significantly lower than the average for sub-Saharan Africa, excluding South Africa, of US\$15.4 per capita); and (iv) inadequate demand for health services and low levels of utilization (only 10 percent of the population reports an illness annually, and of this, only 40 percent seeks care from qualified medical personnel). The fundamental guiding principle of the proposed operation is that strengthening of the health system, including the private sector, is central to ensuring the production, financing and delivery of specific interventions such as those needed to reduce infant, child and maternal mortality, improve maternal health, dramatically reduce malaria, sexually transmitted diseases, and HIV-AIDS, and improve the nutrition status of children in Madagascar.

The PDSS and the sector strategy lay the foundations of a Sector-Wide Approach (SWAp) to support the development of the health sector in Madagascar. This approach represents a distinctive paradigm shift, especially as it moves away from "programmatic" support started with the PRSC series in 2003 towards a specific "sector" support. It is agreed by all development partners as well as the government that at this point the challenges in health are too specific and the sector is too fragmented to fully benefit from a pure PRSC budget support, and that a transition period is needed to harmonize policies and implementation and to improve MOHFP's stewardship capacity. Indeed, there is general agreement among the Government and a large number of development partners on a sector wide approach to the development and support of the health sector. The successful adoption of the Sector Wide Approach is expected to yield a number of development benefits, starting from stronger country ownership & leadership all the way to greater focus on results. In addition, the SWAp process will encourage and foster coordinated and open policy dialogue, guide allocation of resources based on priorities, and facilitate scaling-up of benefits to entire sector. It will also enhance sector-wide accountability with common fiduciary standards, and strengthen the country's capacity, systems and institutions.

Lending instrument and financing. The proposed project will be financed through a Sector Investment Loan (SIL) of an amount equivalent to US\$10 million, implemented over a 30-month period from July 2007 to December 2009. The initial IDA financing will be pooled with contributions from the AfDB, and supported through parallel financing by other development partners, including BAD, JICA, UNICEF, UNFPA, USAID, and WHO. The European Union will continue to provide Direct Budget Support to the Government of Madagascar, which also indirectly supports the health sector. At the end of the two-and-a-half years of implementation, additional financing would be sought to continue support to the medium-term objectives of the MAP and PDSS strategy that are presently elaborated through 2011.

Project components. The primary focus of the Madagascar Health SWAp is to strengthen the health system and increase its capacity to provide the necessary production, financing, delivery and management support for delivery of services necessary to meet the eventual objectives of reducing child and maternal mortality, controlling illnesses due to malaria, sexually transmitted diseases, and HIV-AIDS. Accordingly, the Madagascar Health SWAp will be designed along a matrix of measures strengthening the health systems intersecting with line interventions of measures to bring about improvements in health outcomes. The Madagascar Health SWAp will thus support systemic components directed to improving health financing, delivery and management. Specifically, the project will have 5 components: (i) Strengthening Delivery of Health Services; (ii) Development and Management of Human Resources in the Health Sector; (iii) Innovations in Health Financing, including Resource Mobilization and Resource Allocation; (iv) Improving Demand and Utilization of Health Services; and (v) Monitoring and Evaluation of Interventions and Results, including strengthening of the existing health surveillance system. Activities undertaken under these components are expected to result in significant improvements across a range of demand-side, supply-side and institutional aspects of the health system, especially in the production and delivery of quality services in rural and remote areas, in both public and private sectors. Visible results are expected in the deployment, effectiveness and morale of health teams at service delivery points, in particular in remote areas, accompanied by less obvious but important changes in the nature of support provided to them by district, regional and central level managers. Teams at the regional and district levels and in health care service delivery points will work together to plan, implement and monitor their programs in compliance with national priorities and strategies, and will be encouraged to systematically use quality assurance methods to solve problems, work collaboratively with local authorities, NGOs and other partners, and draw upon resources from outside of the health budget to address health problems in their communities.

D. Project location (if known)

The proposed Madagascar Health SWAp will be implemented nationally.

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

The borrower's institutional capacity for implementing safeguard policies is adequate as evidenced by the implementation of an existing medical waste management plan under the on-going multisectoral HIV/AIDS prevention program.

F. Environmental and Social Safeguards Specialists

Mr Paul-Jean Feno (AFTS1)

II. SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies Triggered	Yes	No	TBD
Environmental Assessment (OP/BP 4.01)	X		
A Medical Waste Management Plan will be disclosed prior to appraisal.			

Safeguard Policies Triggered	Yes	No	TBD
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	

Environmental Category: B - Partial Assessment

III. SAFEGUARD PREPARATION PLAN

A. Target date for the Quality Enhancement Review (QER), at which time the PAD-stage ISDS would be prepared: 03/01/2007

B. For simple projects that will not require a QER, the target date for preparing the PAD-stage ISDS: N/A

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.

The Medical Waste Management Plan was already disclosed under the HIV/AIDS project in May 2004. It was re-disclosed prior to appraisal of the second HIV/AIDS project in 2006 and it will be re-disclosed in the country and in the Infoshop prior to the appraisal of the Health SWAp.

The SMU has agreed to accept transfer of the safeguard responsibilities.

IV. APPROVALS

<i>Signed and submitted by:</i>		
Task Team Leader:	Mr Mukesh Chawla	02/15/2007
<i>Approved by:</i>		
Regional Safeguards Coordinator:	Mr Warren Waters	02/15/2007
Comments:		
Sector Manager:	Ms Laura Frigenti	02/15/2007
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.

