INTEGRATED SAFEGUARDS DATA SHEET
APPRAISAL STAGE

Report No.: ISDSA12703

Date ISDS Prepared/Updated: 16-Apr-2015

Date ISDS Approved/Disclosed: 17-Apr-2015

I. BASIC INFORMATION

1. Basic Project Data

Country:	Africa	**Project ID:**	P149526
Project Name:	Sahel Malaria and Neglected Tropical Diseases (P149526)		
Task Team Leader(s):	John Paul Clark,Andy Chi Tembon,Haidara Ousmane Diadie		
Estimated Appraisal Date:	06-Apr-2015	**Estimated Board Date:**	28-May-2015
Managing Unit:	GHNDR	**Lending Instrument:**	Investment Project Financing
Sector(s):	Health (100%)		
Theme(s):	Health system performance (30%), Malaria (25%), Other communicable diseases (25%), Child health (20%)		
Is this project processed under OP 8.50 (Emergency Recovery) or OP 8.00 (Rapid Response to Crises and Emergencies)?	No		

Financing (In USD Million)

Total Project Cost:	121.00	Total Bank Financing:	121.00
Financing Gap:	0.00		

Financing Source	Amount
BORROWER/RECIPIENT	0.00
International Development Association (IDA)	121.00
Total	121.00

Environmental Category:	B - Partial Assessment
Is this a Repeater project?	No

2. Project Development Objective(s)

The project development objective is to: Increase access to and use of harmonized community-level services for the prevention and treatment of malaria and selected neglected tropical diseases in targeted border areas

3. Project Description

The proposed project will have three components: (1) Improve regional collaboration for stronger results across countries; (2) Support for Coordinated Implementation of Technical Strategies and Interventions, and; (3) Strengthen institutional capacity to coordinate and monitor implementation.

Component One: Improve regional collaboration for stronger results across countries

This component will support countries' efforts to harmonize policies and procedures and engage in joint planning, implementation and evaluation of program activities. Responsibility for key regional functions will be allocated among countries and regional implementation partners according to their comparative advantage. The key regional elements of this component will include:

- A regional committee comprised of national program managers and technical advisors will be established to (i) harmonize technical strategies, implementation and monitoring tools across countries, (ii) conduct joint planning of campaigns, cross-border activities and project evaluations; (iii) identify operational research priorities and disseminate lessons learned in the context of project implementation and evaluation. The Regional Committee will be convened by WAHO.
- Capacity building, including short and long-term training and technical assistance will be provided by regional institutions. The WHO Regional Office for Africa (WHO/AFRO), through the Inter-Country Support Team for West Africa (IST/WA) and the African Program for Onchocerciasis Control (APOC) will be the primary implementation partner for regional capacity building and technical assistance activities. WAHO and local institutions such as universities and research centers may also be engaged in training and technical assistance. For example, the Malaria Research and Training Center (MRTC) in Bamako is already providing some training and technical assistance to the three countries for implementation of malaria control strategies and there is potential scope to expand on this. Other opportunities to engage national institutions will be explored during project preparation.
- Regional networks for monitoring and evaluation, including drug and insecticide resistance monitoring will be established or strengthened to increase the usefulness (timeliness, simplicity and reliability) of the information generated by country monitoring and surveillance systems. Efficient communication networks and systems of computerized data management will be established/ upgraded for prompt reporting and feedback, exchange of information within and among countries and with regional and international authorities. The project will support a network of sentinel sites across the three countries to ensure early identification of changes in disease epidemiology or the efficacy of key interventions. Sentinel monitoring of certain indicators such as schistosomiasis prevalence and infection intensity will both provide an indication of impact on project beneficiaries but will also contribute to risk mapping and targeting of interventions. There is a potential for drug or insecticide resistance to reduce the efficacy of malaria and NTD interventions and reverse the gains in disease control that have been obtained to date. As such it is imperative for the region that any indication of emerging or increasing resistance is detected as early as possible. Working closely with the WHO/AFRO and Roll Back Malaria, the project will contribute to strengthening the existing network of sentinel monitoring sites in West Africa.
- Arrangements for regional pooled procurement of drugs for SMC and other essential commodities will be established. The primary reason for regional pooled procurement is to facilitate the well-coordinated delivery of drugs for SMC to all three countries in advance of the annual malaria transmission season to ensure simultaneous roll out of the intervention. In addition, pooled procurement has the potential to reduce transaction time and costs and result in savings through large quantity discounts. During project preparation several options for pooled procurement will be evaluated. One option would be the designation of WAHO as a procurement agent based on their experience and performance in regional procurement of HIV/AIDS drugs on behalf of ECOWAS member states. Another option would be to have the Centrale d'Achat des Médicaments Essentiels Génériques et des Consommables Médicaux (CAMEG) in Burkina Faso undertake procurement and

quality assurance of SMC drugs and other key commodities on behalf of all three countries taking into account findings of the recent assessment of CAMEG conducted by World Bank Procurement (GGODR). Other options, including procurement through a UN Agency or established competitively-bid contract frameworks will also be considered.

Component Two: Support for Coordinated Implementation of Technical Strategies and Interventions

This component will support countries' efforts to jointly control malaria and control and eliminate NTDs where possible through community-based interventions with particular emphasis on populations with poor access to services including populations living in border areas. These interventions will provide the means for decreasing the burden and transmission of these diseases within country, including imported cases, and generating positive externalities for neighboring states. The proposed project will contribute to the strengthening of health systems to facilitate effective and timely implementation of project interventions. The proposed interventions include: (i) community mobilization and intensive information, education and communications (IEC) campaigns; (ii) SMC for children 3-59 months of age; (iii) community-based biological diagnosis of malaria using rapid diagnostic tests (RDTs) and effective treatment of confirmed malaria with artemesinin-based combination therapy (ACT); (iv) integrated community-based treatment of the preventable NTDs, and; (v) surgical treatment of reversible disabilities from trachoma and lymphatic filariasis at the community level.

- Community mobilization and IEC is central to the success of all four of the proposed medical interventions as well as project monitoring and evaluation. Community and religious leaders, women's' groups and other local stakeholders will be engaged in project preparation and implementation to maximize buy-in and ownership of project objectives. Intensive IEC, including behavior change communication (BCC) will be conducted throughout project implementation to ensure demand for and uptake of other project interventions and normative behavior change (i.e. care seeking for young children with fever; hygiene practices for the management of lymphedema; etc.) to sustain the health gains generated.
- Seasonal malaria chemoprevention (SMC): The malaria control strategy for countries in the Sahel has very recently been strengthened by the introduction of a new and highly effective intervention, SMC, which is the presumptive monthly treatment of the high risk population with an effective drug combination during the rainy season. SMC is specifically suited to the Sahel where the malaria transmission season is short and intense. SMC has been shown to be extremely cost effective in controlled trials and initial roll-out; however few countries have begun to take the intervention to scale. This project will accelerate that process, further contributing to reductions in morbidity and mortality and moving countries closer to malaria elimination. Children aged 3 – 59 months in areas with seasonal malaria transmission will be given a combination of two relatively inexpensive and readily available anti-malarial drugs at regular one-month intervals during the rainy season which runs from June to October. As SMC campaigns will need to be implemented by all three countries at the same time each year, planning, procurement, training and evaluation will be coordinated at the regional level.
- Community-based diagnosis and treatment of malaria: Regional and country strategies for malaria control and elimination include community based diagnosis and treatment of malaria as a critical intervention for reaching the rural poor who have poor access to fixed health facilities. However, these strategies have not been taken to scale and the interventions have not reached the most remote and vulnerable communities. When malaria is undiagnosed and untreated it can progress to severe disease and death, particularly in you ng children. Project support for this intervention will complement presently inadequate domestic and external financing to ensurethat the

intervention reaches populations with poor access to services and those living in border areas. The project will promote and accelerate the integration of malaria diagnosis and treatment into community-based primary care approaches using rapid diagnostic tests (RDT) and treatment of confirmed cases of malaria with artesunate-based combination therapy (ACTs). As per national policies and protocols, children without malaria may be treated for other common infections or referred to a health center.

- Integrated treatment of neglected tropical diseases (NTDs): The drugs used for the treatment of the preventable NTDS are available through donations from the pharmaceutical industries to the WHO. Historically these diseases have been addressed though parallel mass treatment campaigns, but new policies are being adopted by countries in the region to integrate mass treatment of NTDS in an effort to increase efficiency, effectiveness, and reduce operational costs. The integrated mass treatment of NTDs will be delivered through the community health care delivery system and will be rolled out with support from this project. Integrated community MDA for NTDs represents exceptional value for money.
- Treatment of the reversible consequences of NTDs: Part of the public health problem presented by NTDs is related to impairment and disability from lymphedema (elephantiasis) and hydrocele for LF and trichiasis for trachoma. Management of the morbidity and disability in lymphatic filariasis and trachoma require a broad strategy involving both secondary and tertiary prevention. Secondary prevention includes simple hygiene measures, such as basic skin care, to prevent progression of lymphoedema to elephantiasis, which can be done through family and community home-based care. The management of hydrocele and trichiasis will require simple surgery, which can be provided at the community level by mobile surgical teams. Although each country is providing this service, coverage is extremely limited and the backlog of surgical candidate is very large. This is in part due to the limited number of qualified and trained health professional available to conduct the surgeries within each country. The project will promote the mobilization of multi-country teams to provide these services “campaign-style” once or twice each year in each country.

Component Three: Strengthen institutional capacity to coordinate and monitor implementation.
This component will provide support to country level implementing agencies and regional institution to perform core functions and insure that the project is well implemented, monitored and evaluated. During project preparation the Ministries of Health in the three participating countries, WAHO and WHO/AFRO will identify priority needs for institutional capacity and human resources. This component may be used to support the recruitment and training of key personnel including financial management, procurement, monitoring and evaluation as well as technical specialists at country level when required. It may also support capacity building and program costs for regional institutions involved in training and technical assistance in addition to secretariat functions such as convening and coordinating partners and stakeholders

4. Project location and salient physical characteristics relevant to the safeguard analysis (if known)

The project will be implemented in Burkina Faso, Mali and Niger.

5. Environmental and Social Safeguards Specialists

Medou Lo (GENDR)

Paivi Koskinen-Lewis (GSURR)

6. Safeguard Policies	Triggered?	Explanation (Optional)

Environmental Assessment OP/BP 4.01	Yes	The project will not support any investment (including civil works) that is likely to harm the natural environment. The project is classified as Environmental Category B. The safe collection, storage and disposal of medical waste generated under Component 2 are the key environmental issues in the project. All three countries have current (2011) Medical Waste Management Plans that are acceptable to the Bank. The Niger one is already updated, and those for Mali and Burkina Faso will be revised and updated during the implementation of the proposed project. The ToRs for the update of the said studies have been prepared, approved by the Bank and disclosed in-country and at the Bank InfoShop.
Natural Habitats OP/BP 4.04	No	The project does not affect or involve natural habitats.
Forests OP/BP 4.36	No	The project does not involve forests.
Pest Management OP 4.09	No	The project does not involve pest management.
Physical Cultural Resources OP/BP 4.11	No	The project does not affect or involve Physical Cultural Resources.
Indigenous Peoples OP/ BP 4.10	No	There are no Indigenous Peoples in the project area.
Involuntary Resettlement OP/BP 4.12	No	The project does not involve any land acquisition leading to involuntary resettlement, and/or losses restrictions of access to resources and livelihoods.
Safety of Dams OP/BP 4.37	No	N/A
Projects on International Waterways OP/BP 7.50	No	N/A
Projects in Disputed Areas OP/BP 7.60	No	There are no Disputed Areas in the project area.

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:
Increasing access to high quality interventions for the prevention and treatment of malaria and neglected tropical diseases will result in additional medical waste. Possible environmental risks include inappropriate handling and disposal of hazardous medical waste. The proposed project is not expected to generate any major adverse environmental impact. There are no civil works and no physical footprint that would trigger the policy on involuntary resettlement.
2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:

No potential adverse long term impact has been identified. Instead, the implementation of the National MWMPs will deliver significant environmental benefits by enhancing the capacity of the health facilities to handle and disposal safely their own medical waste.
3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.
N/A
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.
Each of the three countries has a National Medical Waste Management Plan (2011-2015) which is under implementation with a Bank financed project. They include action plans to prevent risks associated with medical waste. The one for Niger is already updated as part of the preparation of the Population and Health Support Project (P147638). Those for Mali and Burkina Faso will be revised and updated during the implementation of the proposed project, based on lessons learned from their implementations. Capacity to plan and implement a MWMP has been developed though the previous health project financed by the Bank. The current National MWMPs outline the capacity building needed for safe collection, storage and disposal of medical waste. The implementation of the Niger one has been assessed and the new implementation action plan (2016-2020) includes measures to further reinforce the capacity of the health workers and the health facilities to ensure safer medical waste management.
5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.
The key stakeholders identified are the Governments of Burkina-Faso, Mali, and Niger through their ministry of health, workers at the health facilities (public and private), local authorities, and civil society. In each country the National MWMP was shared with the stakeholders during a workshop. Press releases followed to ensure dissemination at the national level.

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other	
Date of receipt by the Bank	06-Apr-2015
Date of submission to InfoShop	12-Apr-2015
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	00000000
"In country" Disclosure	
Burkina Faso	03-Apr-2015
Comments: Disclosure in local newspaper of the ToRs for update of the MWMP	
Mali	09-Apr-2015
Comments: Disclosure in local newspaper of the ToRs for update of the MWMP	
Niger	17-Feb-2015
Comments: Disclosure in local newspaper of the MWMP	
If the project triggers the Pest Management and/or Physical Cultural Resources policies, 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:
For Burkina Faso and Mali, the ToRs for the update of the said studies were disclosed in-country, respectively, on April 3, 2015 and April 9, 2015, and at the Bank's InfoShop on April 12, 2015. For Niger, the National Medical Waste Management Plan, updated based on lessons learned from its implementation, was disclosed in-country on February 17, 2015 and re-disclosed under the proposed project at the InfoShop on March 31, 2015.

C. Compliance Monitoring Indicators at the Corporate Level

OP/BP/GP 4.01 - Environment Assessment			
Does the project require a stand-alone EA (including EMP) report?	Yes [ ]	No [ ]	NA [×]
The World Bank Policy on Disclosure of Information			
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes [×]	No [ ]	NA [ ]
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?	Yes [×]	No [ ]	NA [ ]
All Safeguard Policies			
Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	Yes [×]	No [ ]	NA [ ]
Have costs related to safeguard policy measures been included in the project cost?	Yes [×]	No [ ]	NA [ ]
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes [×]	No [ ]	NA [ ]
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	Yes [×]	No [ ]	NA [ ]

III. APPROVALS

Task Team Leader(s):	Name: John Paul Clark,Andy Chi Tembon,Haidara Ousmane Diadie	
Approved By		
Practice Manager/ Manager:	Name: Trina S. Haque (PMGR)	Date: 17-Apr-2015