

**INTEGRATED SAFEGUARDS DATA SHEET
APPRAISAL STAGE**

Report No.: ISDSA1106

Date ISDS Prepared/Updated: 03-Dec-2014

Date ISDS Approved/Disclosed: 26-Dec-2014

I. BASIC INFORMATION

1. Basic Project Data

Country:	India	Project ID:	P149340
Project Name:	Nagaland Health Project (P149340)		
Task Team Leader(s):	Patrick M. Mullen		
Estimated Appraisal Date:	15-Dec-2014	Estimated Board Date:	16-Mar-2015
Managing Unit:	GHNDR	Lending Instrument:	Investment Project Financing
Sector(s):	Health (55%), Water supply (10%), Sanitation (10%), Other Renewable Energy (15%), General information and communications sector (10%)		
Theme(s):	Decentralization (10%), Participation and civic engagement (10%), Indigenous peoples (10%), Health system performance (50%), Nutrition and food security (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:	60.00	Total Bank Financing:	48.00
Financing Gap:	0.00		
Financing Source			Amount
BORROWER/RECIPIENT			12.00
International Development Association (IDA)			48.00
Total			60.00
Environmental Category:	B - Partial Assessment		
Is this a Repeater project?	No		

2. Project Development Objective(s)

To improve health services and increase their utilization by communities in targeted locations in Nagaland.

3. Project Description

Component 1. Community action for health and nutrition. This component is designed to empower communities to oversee, manage and improve HNP services and their utilization. A results-based financing strategy will be used whereby funding will be provided to communities on the basis of progress on defined indicators of improved health and nutrition-related services and practices. In turn, communities will use the grants for activities and investments that are important to them and which have potential impacts on health and nutrition. The component will have a major focus on knowledge and skill building of Village Health Committees and other stakeholders at the community level, including women's groups and Village Councils..

Component 2. Health system development. This component will support improvements in the management and delivery of health services, including both targeted and system-wide investments. The project will finance investments to improve conditions for staff and patients in targeted health facilities, with the intention of contributing to improved staff motivation, better quality services and greater demand for services. For example, reliable lighting and functional and clean toilets in health facilities can help reduce barriers to access to health services, in particular for women and girls. The project will invest in off-grid electrical power solutions that will be adapted to the needs of each targeted health facility to assure a basic level of functioning (i.e. for lighting and high priority equipment), acting as back-up when grid power is not available. The project will invest in improved water supply in targeted health facilities which will entail repair and upgrading of piping and storage facilities linked to existing water supplies, as well as installation of roof-water harvesting facilities. The project will also support development of key components of the health system intended to improve the management and effectiveness of government health services in Nagaland. This will include investments in the areas of supply chain management, information and communications technology, health human resources and monitoring and evaluation.

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

Project activities at the community and health facility levels will be targeted in a coordinated manner to specific locations across Nagaland. This is one of the smallest Indian states with an area of just 16,579 square kilometers and a population of about two million. The state is predominantly mountainous with a rich floristic diversity. Nagaland is a "Special Category" state, with Article 371 (A) of the Constitution of India providing Naga customary law and procedure a special status. Scheduled Tribes form an overwhelming majority of the state's population (86.5% of the total and 93% of the rural population) spread over 11 districts and geographically difficult-to-reach areas with high dependence on public health care services. Geographic inaccessibility, added to poor infrastructure and weak institutional capacity, affect the quality of health care services in the state. Nagaland has a unique land tenure system with 93% of the land being privately owned and community organization having a say in land governance at the village level.

The project will support improvements in water supply and sanitation in targeted health facilities, as well as improvements in medical waste management. Limited civil works are proposed under this project, mostly upgrading of existing facilities, which will be carried out mostly within the premises of the existing health facilities or on government land adjacent to such facilities, which are mostly free from encumbrances in the rural areas. Any private land required shall be purchased and any squatters affected shall be relocated. The terrain and rocky substrata may pose some challenges in laying pipelines and building deep burial pits. About 20% of the state has wooded forests and the proposed project activities are unlikely to pose any significant harm to these, especially when

renewable sources of energy would be used. The majority of the population of the state is from tribal communities (16 major tribes) and consultation, as well as project support to community-level interventions, will ensure community engagement. An Environment and Social Assessment (ESA) has been completed to assess the social and environmental footprint of the project activities and an Environment and Social Management Framework (ESMF) to plan and implement the required mitigation measures have been reviewed and cleared by Bank.

5. Environmental and Social Safeguards Specialists

Anupam Joshi (GENDR)

Mehul Jain (GENDR)

Satya N. Mishra (GSURR)

6. Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	The project may have limited and localized adverse impacts due to construction activities and investments made by community groups. This policy is triggered to ensure that an environmental and social assessment identifies any potential adverse impacts and propose appropriate mitigation measures.
Natural Habitats OP/BP 4.04	No	The project does not pose any harm to critical and other natural habitats.
Forests OP/BP 4.36	No	Proposed investments will not result in any adverse forest management practices.
Pest Management OP 4.09	No	The project will not support procurement of pesticides and related equipment.
Physical Cultural Resources OP/BP 4.11	No	Civil works would be largely restricted to existing facilities. Only limited works may be taken up on common lands. No deep excavation is envisaged.
Indigenous Peoples OP/BP 4.10	Yes	As the majority of the population in Nagaland is from tribal communities, the project will be implemented in areas that are mainly inhabited by tribal communities. OP 4.10 has been therefore triggered and a Tribal Development Plan (TDP) has been prepared as a part of the Social Management Framework, requiring the project to take pro-active steps to ensure that its benefits accrue to members of tribal groups in a transparent, participative and culturally sensitive manner.
Involuntary Resettlement OP/BP 4.12	Yes	The Project will involve limited civil works, mostly in the form of upgrading of existing facilities. Any private lands required will be purchased and any affected squatters will be relocated as per the Resettlement Policy Framework (RPF) prepared as a part of the Social Management Framework for the Project.
Safety of Dams OP/BP 4.37	No	No dams are involved.

Projects on International Waterways OP/BP 7.50	No	The project does not involve works on any international waterways.
Projects in Disputed Areas OP/BP 7.60	No	The project is not in disputed areas.

II. Key Safeguard Policy Issues and Their Management

A. Summary of Key Safeguard Issues

<p>1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:</p> <p>Environment: There are no potential large-scale, significant or irreversible impacts associated with the proposed project. The project does entail a range of minor civil works for infrastructure repair and rehabilitation, but the risks and impacts associated with these activities will be localized and short-term. Based on the findings of the environmental assessment, it is clear that the management of biomedical waste is an issue in the state. The Environmental Management Plan (EMP) acknowledges this issue. However, Nagaland has a unique geographic accessibility, coupled with low population density. Owing to these reasons the quantum of biomedical waste generated at various facility types, differs greatly from the national average, thus, the regular interventions in collection and disposal may not work. Recognizing this, the client and task team have agreed to conduct a study to identify specific interventions for treatment and disposal that meet the needs of the state. In the interim, until the study is completed and its measures are adopted, the project will provide training and equipment to mitigate for the associated risks and to improve the existing collection, treatment and disposal systems.</p> <p>In terms of the investments on improvement of water and sanitation services, the client acknowledges that there is an issue with dependence on fresh water springs. The project will bridge the resource availability gap by investing in water conservation and harvesting measures.</p> <p>Social: The Social Assessment (SA) carried out for the Project underlines that Nagaland has a unique socio-cultural tradition marked by majority presence of indigenous (tribal) people, a legal-institutional system favorable to community participation, social heterogeneity marked by gender and social inequalities, and varying socio-economic status of tribal groups. The SA indicated that there are limited involuntary resettlement risks. The Social Assessment shows that the project carries no risk of major adverse social impacts. The project will largely benefit the tribal population and will be aligned with the World Bank's Operational Policy on Indigenous People (OP 4.10). Likely benefits include better health care services across different parts of the state and across different tiers of health care facilities. This will in turn help reduce the burden of illness and the risk of impoverishment due to out-of-pocket payments for health services.</p> <p>Limited civil works are proposed under this project, mostly upgrading of existing facilities, which will be carried out mostly within the premises of the existing health facilities or on government land adjacent to such facilities, which are mostly free from encumbrances in the rural areas. Any private land required shall be purchased and any squatters affected shall be relocated. Therefore, OP 4.12 (Involuntary Resettlement) has been triggered.</p>
<p>2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:</p> <p>Environment: There are no potential indirect and/or long term impacts anticipated due to the project. In fact, the investments will help in improving access to health facilities for the</p>

community and in the long run would improve the health outcomes of the state.

Social: The project will have no indirect or long term impacts that are negative. On the other hand, strengthening communitized health service management systems ensuring participation of women could contribute in improving gender parity, child nutrition and education, social capital, etc.

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

Environment: Interventions in infrastructure are limited to having localized adverse impacts within the premises of the existing facilities. These investments are primarily for upgrading and rehabilitating existing infrastructure and may not require an option analysis. However, the investments into water supply and sanitation infrastructure and/or infrastructure for energy will be made after assessing the available technology options available for the existing site conditions.

Social: The Project design has taken into consideration options that will generate minimum adverse social impacts and has proposed basic improvements in the existing health facilities. All the civil works will be carried out mostly within existing health facility premises or on adjacent lands ensuring “zero or minimum resettlement impacts”. Social screening will be carried out for each sub-project considering least impact alternatives.

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.

At the state PMU one nodal officer each will be designated to oversee the effective implementation of the investments in bio-medical waste management and in water and sanitation. These officers will facilitate dialogue between the PMU and the district officials. Additionally a State level working group on bio-medical waste management will be instituted under the chairmanship of an officer of at least Joint Director rank. The working group will be responsible for the planning, capacity building, implementation, monitoring and assessment of all interventions related to bio-medical waste management.

Social: Based on the Social Assessment carried out through stakeholder consultations, a Social Management Framework has been prepared which includes: (i) a Resettlement Policy Framework (RPF) compliant with OP 4.12, (ii) a Tribal Development Plan (TDP) compliant with OP 4.10, and (iii) Gender and Social Inclusion (GSI) Guidelines.

The Resettlement Policy Framework (RPF) provides for (i) purchase of private land required for the project through transparent and community-based process on willing buyer-willing seller basis, and (ii) extending rehabilitation assistance to the displaced squatters. The RPF provides for preparation and execution of site specific resettlement action plans (RAP) by the Department of Health and Family Welfare through the concerned Deputy Commissioners (Revenue Department).

The Tribal Development Plan (TDP) emphasizes (a) free, prior informed consultation with beneficiaries, (b) sensitivity to socio-cultural traditions of the tribal communities of Nagaland, (c) community-based implementation architecture, (d) special information, education and communication strategies, and (d) special attention to the needs of the backward tribal communities in specific regions.

Gender and Social Inclusion Guidelines in the SMF emphasis special attention to ensuring participation of women and socially vulnerable people in the project.

The Social Management Framework will be implemented by the Department of Health and Family

Welfare. The Resettlement Policy Framework (RPF) will be implemented by the DHFW through the Revenue Department, which will carry out the land purchase where private land is required. Social screening will be carried out by the Chief Medical Officers (CMO) at the District level and RAPs will be prepared based on land survey carried out through the revenue department. The CMO will prepare and implement RAPs to relocate the affected squatters as necessary. At the health facility level, there shall be Village Health Committees (VHC) which will include representatives from village councils, health facilities, women organization, and the church. The PMU will have a social specialist responsible for planning and monitoring the SMF implementation. At the village level, women community facilitators will be hired to ensure community participation. The DHFW has limited exposure to management of social and environment safeguards and will be supported with capacity building and sustained implementation support by the Bank.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.

Consultations with various stakeholder groups (such as members of the community including members of women's societies; members of village councils; officials from the municipal corporation, Nagaland Pollution Control Board; officials from various types of health facilities) was done during the assessments. Additionally a stakeholder consultation workshop was organized with the various stakeholders to share the findings and get feedback on the draft environmental and social assessment and management plan. Several consultation and dissemination workshops organized by the Department of Health and Family Welfare. Different cadres of health staff and officials, staff of other state government departments and institutions, and representatives of non-governmental organizations (NGOs), faith-based groups, women's groups and Village Councils and Village Health Committees were consulted. The final drafts of Environment Management Framework and Social Management Framework were prepared with incorporating suggestions and feedback received from various stakeholders. The EMF and SMF (which includes Resettlement Policy Framework, Tribal Development Plan and Gender and Social Inclusion Guidelines) have been disclosed on the Nagaland Health and Family Welfare Department's website on www.nrhm Nagaland.in.

The SMF includes a consultation framework providing for continuous consultations with and participation of primary stakeholders through active involvement of Village Health Committees, including capacity-building and results-based grants under Component 1.

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other	
Date of receipt by the Bank	18-Nov-2014
Date of submission to InfoShop	25-Nov-2014
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	
"In country" Disclosure	
India	22-Nov-2014
<i>Comments:</i> As suggested by Bank, The government of Nagaland has posted the EMF and SMF documents on the department website: www.nrhm Nagaland.in	
Resettlement Action Plan/Framework/Policy Process	
Date of receipt by the Bank	18-Nov-2014

Date of submission to InfoShop	25-Nov-2014
"In country" Disclosure	
India	22-Nov-2014
<i>Comments:</i> As suggested by Bank, The government of Nagaland has posted the EMF and SMF documents on the department website: www.nrhmnagaland.in. This is part of SMF.	
Indigenous Peoples Development Plan/Framework	
Date of receipt by the Bank	18-Nov-2014
Date of submission to InfoShop	25-Nov-2014
"In country" Disclosure	
India	22-Nov-2014
<i>Comments:</i> As suggested by Bank, The government of Nagaland has posted the EMF and SMF documents on the department website: www.nrhmnagaland.in	
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:	

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 [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
If yes, then did the Regional Environment Unit or Practice Manager (PM) review and approve the EA report?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Are the cost and the accountabilities for the EMP incorporated in the credit/loan?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
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 [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
If yes, then did the Regional unit responsible for safeguards or Practice Manager review the plan?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
If the whole project is designed to benefit IP, has the design been reviewed and approved by the Regional Social Development Unit or Practice Manager?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
OP/BP 4.12 - Involuntary Resettlement	
Has a resettlement plan/abbreviated plan/policy framework/process framework (as appropriate) been prepared?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
If yes, then did the Regional unit responsible for safeguards or Practice Manager review the plan?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
The World Bank Policy on Disclosure of Information	
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]

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 [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
All Safeguard Policies	
Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Have costs related to safeguard policy measures been included in the project cost?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]

III. APPROVALS

Task Team Leader(s):	Name: Patrick M. Mullen	
<i>Approved By</i>		
Practice Manager/ Manager:	Name: Albertus Voetberg (PMGR)	Date: 26-Dec-2014