

INTEGRATED SAFEGUARDS DATA SHEET CONCEPT STAGE

Report No.: ISDSC8303

Date ISDS Prepared/Updated: 02-Sep-2014

Date ISDS Approved/Disclosed: 22-Sep-2014

I. BASIC INFORMATION

A. Basic Project Data

Country:	India	Project ID:	P149340
Project Name:	Nagaland Health Project (P149340)		
Task Team Leader:	Patrick M. Mullen		
Estimated Appraisal Date:	03-Nov-2014	Estimated Board Date:	16-Mar-2015
Managing Unit:	GHNDR	Lending Instrument:	Investment Project Financing
Sector(s):	Health (60%), Water supply (10%), Sanitation (10%), Other Renewable Energy (10%), General information and communications sector (10%)		
Theme(s):	Health system performance (90%), Decentralization (10%)		
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		

B. Project Objectives

The project development objective (PDO) is to improve health services and increase their utilization by communities in targeted locations in Nagaland.

C. Project Description

Component 1. Community-level capacity development and investments. This component will encompass support to community engagement and management of health services, as well

community-level interventions in several sectors with an impact on HNP services and outcomes. The component will support capacity-building of Village Health Committees as well as provide results-based financial resources for the community to make investments to improve HNP services and in areas with the potential to affect HNP outcomes.

Component 2. Improvements in health facility power supply, water supply and sanitation. This component will finance investments in off-grid electricity supply, water supply and sanitation in targeted health facilities.

Component 3. Health system development. This component will support development of key components of the health system that will improve the management and effectiveness of government health services in Nagaland. This will include development of the health supply chain management system and of information and communication technology systems to improve health service management and quality. The project will also work to address health human resource constraints, making investments in training as well as supporting implementation of a health human resource strategy that is currently being developed. Improvements in medical waste management will be supported.

D. 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. The project will support improvements in water supply and sanitation in targeted health facilities, as well as improvements in medical waste management. The limited civil works proposed under this project, mostly upgrading of existing facilities, will be carried out within the premises of the existing rural health facilities or on government land adjacent to such facilities, which are free from encumbrances in rural areas. Therefore, these civil works will not involve land acquisition and are not likely to generate any resettlement risks. The potential impacts of these activities would be limited and local. 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 initiated to assess the actual social and environmental footprint of the project activities and to prepare an Environment and Social Management Framework (ESMF) to plan and implement the required mitigation measures.

E. Borrowers Institutional Capacity for Safeguard Policies

The implementing institution, the state Department of Health and Family Welfare, is not familiar with the Bank's safeguards requirements and this operation would require building capacity to identify and manage safeguards risks. However, adequate oversight arrangements will be put in place to address social and environment safeguards risks that will primarily relate to medical waste management and ensuring that the tribal population benefits from project interventions through participatory planning and implementation.

The governance and management architecture of the project will have three levels: (i) Project Steering Committee; (ii) Project Executive Committee; and (iii) Project Management Unit. The

Project Steering Committee, chaired by the Chief Secretary, will provide overall approval of the project strategy and activities, oversight of implementation, and policy-level coordination between sectors. Further, a Project Executive Committee, chaired by the Commissioner and Secretary, Health and Family Welfare, will provide regular oversight and approvals necessary for the implementation of project activities, notably fiduciary-related clearances. A Project Management Unit, with a senior officer of the Department of Health and Family Welfare as Project Director, will be to manage implementation of the project. The Project Management Unit would be strengthened with technical support staff in addressing medical waste management and other environmental and social safeguards issues. In addition, an environmental and social assessment is being undertaken which includes, among others, an ESMF with guidelines for ensuring that potential adverse impacts are avoided, minimized, and mitigated where unavoidable. The mitigation plans will provide specific roles and responsibilities for implementation, follow up and monitoring. Since community engagement is central to the project, part of safeguards management would be through community institutions for which the project will invest in building capacity.

As the majority of population in Nagaland are from tribal communities, the project will be implemented in areas that are mainly inhabited by tribal communities. OP 4.10 (Indigenous Peoples) is therefore triggered, requiring the project to take pro-active steps to ensure that its benefits accrue to members of tribal groups. The government has in place constitutional provisions, laws and institutions for protection of tribal people's rights and for ensuring their welfare and development. The project will include participatory planning and implementation of project activities with free, prior, informed consultation with communities. Nagaland has an advanced system of participatory local services oversight and management through "communitisation" instituted by state legislation (2002) that transferred responsibility for local health, education, water, sanitation, forests, roads and power services to Village Councils and sector-specific Committees. This included transfer of assets as well as financial resources, notably funds for salaries. In the health sector, Village Health Committees are responsible for management of local health services. This system will ensure effective application of OP 4.10 without establishment of any additional institutional mechanisms and with capacity building. Training and ongoing support to Village Health Committees will improve their capacity to oversee and to manage health services as well as to manage implementation of project-financed investments. The project will support increased representation by women and foster the involvement of women's self-help groups.

The project involves carrying out physical activities including: (a) rehabilitating/renovating health facilities limited to the existing premises; (b) installing solar panels on either rooftops or on government land adjoining the health facilities, (c) installing rainwater harvesting and sanitation equipment/facilities within or around health facilities, (d) possible small scale projects such as water source rehabilitation to be done by Village Health Councils under Component 1 of the project. The Project will involve limited civil works, mostly in the form of upgrading of existing facilities, which will be carried out within the premises of the existing rural health facilities or on government land adjacent to such facilities, which are free from encumbrances in rural areas. These civil works will not involve any land acquisition and are not likely to generate any resettlement risks. However, whether to trigger OP 4.12 shall be decided based on the final outcome of the ESA being undertaken. Based on a reconfirmation of ESA findings through field visits, by the time of Appraisal an ESMF shall be prepared, complying with the applicable Bank safeguards policies. The ESMF will include an Indigenous People's Framework (IPF), and Gender and Social Inclusion strategy. If the ESA so requires, ESMF will also include a Resettlement Policy Framework (RPF). The project will be implemented through grassroots level community mobilization ensuring equal participation of women and men from all community groups. The summary of the ESMF will be translated and

disclosed in the local language in Nagaland.

The client will establish required capacity within the project implementation arrangements to carry out the ESMF. The ESMF will be finalized with free, prior, informed consultations locally, and will be disclosed on the state government's website and through the World Bank Infoshop before Negotiations. Project support in improving the health system may entail risks related to medical waste management, while there may be risks related to disposal of wastes produced by any civil works. The project is classified as Environmental Assessment category 'B'.

F. Environmental and Social Safeguards Specialists on the Team

Satya N. Mishra (GSURR)

Anupam Joshi (GENDR)

Mehul Jain (GENDR)

II. SAFEGUARD POLICIES THAT MIGHT APPLY

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 involvement of 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 population in Nagaland are from tribal communities, the project will be implemented in areas that are mainly inhabited by tribal communities. OP 4.10 is therefore triggered, requiring the project to take proactive steps to ensure that its benefits accrue to members of tribal groups.
Involuntary Resettlement OP/BP 4.12	TBD	The Project will involve limited civil works, mostly in the form of upgrading of existing facilities, which will be carried out within the premises of the existing rural health facilities or on government land adjacent to such facilities, which are free from encumbrances in rural

		areas. These civil works will not involve any land acquisition and are not likely to generate any resettlement risks. However, whether to trigger OP 4.12 shall be decided based on the final outcome of the Social Assessment being undertaken.
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.

III. SAFEGUARD PREPARATION PLAN

A. Tentative target date for preparing the PAD Stage ISDS: 30-Sep-2014

B. 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 project proposes to undertake an environmental and social assessment (ESA). No additional (separate) assessments are proposed. A framework approach for managing environmental and social impacts would be followed. It will include a mitigation plan related to medical waste management. In addition, the relevant EHS Guidelines would be applicable to the project. Although resettlement associated with civil works to be financed by the project is not likely, assessment and reporting procedures may need to be put in place.

The SA and EA will be conducted and finalized by September 30, 2014, and the revised and updated Bio-Medical Waste Management plan will be finalized and disclosed by Government of Nagaland after review by World Bank team by September 30, 2014.

IV. APPROVALS

Task Team Leader:	Name: Patrick M. Mullen	
Approved By:		
Regional Safeguards Coordinator:	Name: Francis V. Fragano (RSA)	Date: 22-Sep-2014
Practice Manager/ Manager:	Name: Albertus Voetberg (PMGR)	Date: 22-Sep-2014

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.