

INTEGRATED SAFEGUARDS DATA SHEET

CONCEPT STAGE

Report No.: 83462

Date ISDS Prepared/Updated:
April 10, 2014

I. BASIC INFORMATION

A. Basic Project Data

Country:	DRC	Project ID:	P150651
Project Name:	DRC: Prevention and Mitigation of SGBV in North and South Kivu		
Task Team Leader:	Natacha Lemasle		
Estimated Appraisal Date:	N/A	Estimated Board Date:	N/A
Managing Unit:	AFTCS	Lending Instrument:	IPF
Sector(s):	Social Development		
Theme(s):	Health and other social services		
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:	4,000,000	Total Bank Financing:	4,000,000
Total Cofinancing:	0	Financing Gap:	0
Financing Source			Amount
State and Peace Building Fund			4,000,000
Total			4,000,000
Environmental Category	C		
Is this a Repeater project?	No		
Is this a Transferred project?	No		

B. Project Objectives

1. The Project Development Objective is to achieve improved provision of services that promote treatment and prevention of SGBV in North and South Kivu. The project aims at contributing to increased social cohesion at the family and community level by specifically addressing issues of stigmatization and rejection of survivors of SGBV, who represent a particularly vulnerable group.

C. Project Description

2. The proposed project will build upon lessons learnt from the previous project and pilot innovative approaches that will inform the Great Lakes Women's Health and Empowerment Project. The proposed project will focus on: (i) piloting innovative support to address the needs of children and adolescent survivors, (ii) piloting activities designed to target both men and women, empower men as agents of change, and take the needs of men survivors into account, (iii) contributing to increasing the capacity of local NGOs intervening in the field of SGBV in South Kivu, and (iv) empowering Provincial authorities to monitor the quality of services, with a view of setting the grounds for a future accreditation mechanism. In particular, the proposed project will strengthen local government and local institutions through collaboration with the Provincial Health and Gender authorities, and the strengthening of CBOs.
3. Project activities include:

- (i) Component 1. Prevention and Service Provision

- Sub-component 1. A. Prevention*

This component will include prevention and sensitization activities through economic empowerment of women in the community (savings and loans associations, business skills training, group discussions including female members and their spouses on household decisions through the Economic And Social Empowerment, EASE, program in South Kivu), community education (including sessions conducted by male leaders in the community to encourage behavioral change among their peers, and piloting of the Engaging Men through Accountable Practice (EMAP), and support to CBOs (economic empowerment, training for SGBV referral).

- Sub-component 1. B. Access to basic services*

This component will focus on access to basic services for survivors, including medical, psychological, and legal services, with a specific emphasis on piloting new initiatives to respond to the specific needs of children and men. Legal support will be provided through local NGOs that will receive capacity building support through training both on management, legal aspects, and modalities of sensitive interactions with SGBV survivors. To ensure the provision of services in emergency situations, the project would also fund a mobile emergency team, designed to quickly deploy and provide a rapid assessment and response after an attack.

- Component 2. Local ownership on addressing SGBV

There is currently a high demand, from the Provincial Ministries of Health, Gender, Family and Humanitarian Affairs Health Ministry, the National Program of Mental Health, and UN agencies for monitoring and improving the quality of services provided to survivors of SGBV. Providers of psychosocial and legal services to SGBV survivors are numerous in South Kivu with varying quality and limited control from national or provincial authorities. Component 2 aims at elaborating, testing, and implementing tools, in close collaboration with the Provincial Ministries of Health,

Gender, Family and Humanitarian Affairs Health Ministry, and the National Program of Mental Health, to evaluate and monitor the quality of local organizations and institutions that provide psychosocial and legal services to survivors of SGBV. Component 2 will be piloted in South Kivu.

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

12. Activities for sub-components 1.A. and 1.B. will be implemented in both North and South Kivu (except for the EA\$E program that will only be funded in South Kivu), in a total of 26 communities. Component 2 will be piloted in South Kivu. Potential localized adverse environmental and social impact of the project is expected to be extremely limited. The project is not expected to have any long term or indirect negative social or environmental impact.
13. While the project's environmental and social risks and potential adverse impacts are expected to be very minor at most, a spectrum of management and mitigation measures exists, which builds on previously established, well tested, functional mechanisms. The project's concrete environmental risks would be (i) increase of medical waste generation in existing clinics and health centers; and (ii) environmental footprint / impacts of small scale economic empowerment activities. The main social risk would be unequal access of SGBV victims from the Batwa minority to the project's services and benefits. The identified, minor risks will be addressed in the following manner:
14. **Potential Environmental Impacts:** The project will provide referrals for survivors of SGBV to better access health services in North and South Kivu, but the project will not fund medical services or drugs, or directly support hospitals or health centers. Also, the implementing partner already is, under other sources of funding, providing such referrals. For this reason, the proposed project is not foreseen to induce a significant increase in the number of patients referred to existing facilities, and thus *no increase of medical waste quantities* that could not be handled under the current system. Moreover, medical waste management has been addressed by previous projects (through medical waste management procedures put in place through DfID and USAID-funded health projects in South Kivu that follow the WHO¹ and DRC Government² guidelines) and is currently managed without major challenges.
15. The project's small-scale economic empowerment activities using the VSLA methodology will mainly support advisory and business development services, training in basic management and business skills, as well as facilitating access to

¹ Safe management of wastes from health-care activities, WHO, 2013

http://www.healthcarewaste.org/fileadmin/user_upload/resources/Safe-Management-of-Wastes-from-Health-Care-Activities-2.pdf

² "Cartes sur l'hygiène hospitalière", A l'intention des prestataires de soins, des gestionnaires et des usagers des centres de santé 1ère édition", created by the Ministry of Health as part of Integrated Health Program funded by USAID

finance and markets. VSLA start-up kits include office supplies, notebooks, ledgers, a calculator, and cash box. From these activities no adverse environmental impacts are expected.

16. The project will provide yearly small sub-grants to CBOs, to ensure a small income to sustain their referral and psychosocial support to survivors of SGBV, through small scale economic activities. Support to 26 CBOs (13 in North Kivu and 13 in South Kivu) will include seeds and tools as well as small equipment and material for sawing, embroidery, knitting, and literacy classes. The support to small-scale activities will not include land acquisition, and will define a list of ineligible materials and activities, such as e.g. pesticides, toxic chemicals, chainsaws, or any other tools and materials that could be used for deforestation or cause harm to the environment. The implementing partner, the International Rescue Committee (IRC), has a long experience, including under a previous project funded by the World Bank, of working with CBOs and of monitoring the environmental impact of CBO activities. During the project it was verified during several field missions that no product or material that could be harmful to the environment were provided to CBOs under these previous activities.
17. **Access to Project's Benefits by Indigenous Peoples:** The proposed project will continue to implement measures successfully applied by the original project to ensure full participation of Indigenous Peoples in the project. Experience from the previous Bank-funded project implemented by IRC in the *Addressing GBV in South Kivu Project* (2010-2012) shows that Indigenous Peoples are well represented among direct project beneficiaries. For example between August 2010 and September 2012, 11 percent of direct project beneficiaries were Batwa, while the estimated proportion of Batwa in the South Kivu population is around 10 percent.³
18. A brief Indigenous Peoples Plan (IPP) will be prepared to ensure there is free, prior and informed consultation leading to broad community support and that full inclusion of Indigenous Peoples in the project will continue to be actively promoted. This will be achieved by working through CBOs encompassing different ethnic groups within the communities, including Batwa. CBOs will continue to be trained and sensitized to ensure that Batwa in their communities are specifically targeted to receive support through the project. In addition, areas with higher density of Indigenous Peoples will be specifically targeted for prevention and sensitization campaigns by organizing specific awareness raising events for the Batwa after consulting with Batwa women and girls on topics that would be most appropriate and needed for their peers. Batwa women and girls will be encouraged to take part in the CBO social and economic activities in their localities to enhance solidarity amongst community women. The IPP will also address mitigation of any adverse impacts, culturally appropriate benefit-sharing, grievance redress, and monitoring and evaluation of impacts on Indigenous Peoples.

³ G. Hall and H. A. Patrinos, eds., *Indigenous Peoples, Poverty, and Development*, Cambridge University Press, 2012: 123.

E. Borrowers Institutional Capacity for Safeguard Policies

19. The project, as the previous project on *Addressing GBV in South Kivu* (2010-2012), will be implemented by IRC. Safeguards management and mitigation measures are building on well tested, functional existing mechanisms designed as part of the *Addressing GBV in South Kivu Project*.
20. The IRC has worked in DRC since 1996, initially with programs in eastern DRC to respond to the humanitarian crisis in the region. The IRC's WPE program in eastern DRC began in 2002 in South Kivu and expanded in 2007 to North Kivu. Ten years of program implementation and monitoring and evaluation data have contributed a wealth of experience and learning that is used to continually update and adapt approaches. In particular, IRC has a long experience, including under the previous project funded by the World Bank, of working with CBOs and of monitoring the environmental impact of CBO activities. During the previous project no product or material that could be harmful to the environment were provided to CBOs, and monitoring of CBOs was done regularly to ensure no CBO subproject had adverse social or environmental impacts.
21. Medical waste management has been addressed by previous projects (through medical waste management procedures put in place through DfID and USAID-funded health projects in South Kivu that follow the WHO and DRC Government guidelines) and is currently managed without major challenges.
22. Experience from the previous Bank-funded project shows that IRC successfully ensured the inclusion of Indigenous Peoples among direct project beneficiaries. Between August 2010 and September 2012, 11 percent of direct project beneficiaries were Batwa (the estimated proportion of Batwa in the South Kivu population is 10 percent).

F. Environmental and Social Safeguards Specialists on the Team

Mr Antoine Lema (AFTCS), Wolfhart Pohl (OPSFC)

II. SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered ?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	No	The only potential environmental risks concerns medical waste that may be generated from the incremental increase of visits to medical clinics. The project will not fund medical services or drugs, or directly support hospitals or health centers. Also, the implementing partner already is, under other sources of funding, providing such referrals. For this reason, the proposed project is not

		foreseen to induce a significant increase in the number of patients referred to existing facilities, and thus <i>no increase of medical waste quantities</i> that could not be handled under the current system. Moreover, medical waste management is being addressed by previous projects (through medical waste management procedures put in place through DfID and USAID-funded health projects in South Kivu that follow the WHO ⁴ and DRC Government ⁵ guidelines) and is currently managed without major challenges.
Natural Habitats OP/BP 4.04	No	
Forests OP/BP 4.36	No	
Pest Management OP 4.09	No	
Physical Cultural Resources OP/BP 4.11	No	
Indigenous Peoples OP/BP 4.10	Yes	An Indigenous Peoples Plan will be prepared to ensure there is free, prior and informed consultation leading to broad community support, mitigation of any adverse impacts, culturally appropriate benefit-sharing, grievance redress, and monitoring and evaluation of impacts on Indigenous Peoples.
Involuntary Resettlement OP/BP 4.12	No	
Safety of Dams OP/BP 4.37	No	
Projects on International Waterways OP/BP 7.50	No	
Projects in Disputed Areas OP/BP 7.60	No	

III. SAFEGUARD PREPARATION PLAN

A. Tentative target date for preparing the PAD Stage ISDS: May 1, 2014

B. Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing should be specified in the PAD-stage ISDS: June 1, 2014

⁴ Safe management of wastes from health-care activities, WHO, 2013

http://www.healthcarewaste.org/fileadmin/user_upload/resources/Safe-Management-of-Wastes-from-Health-Care-Activities-2.pdf

⁵ “Cartes sur l’hygiène hospitalière”, A l’intention des prestataires de soins, des gestionnaires et des usagers des centres de santé 1ère édition”, created by the Ministry of Health as part of Integrated Health Program funded by USAID

23. Preparation of the IPP has already commenced, and the draft document will be submitted by April 28 for review, and clearance for disclosure by the RSA. In addition, at this time the appraisal stage ISDS will be prepared as draft version and submitted alongside the draft IPP. The targeted consultation period for the IPP is during the second and third week of May 2014. The target date for the finalization and disclosure of both documents, ISD and IPP, is June 1st, 2014.

IV. APPROVALS

Task Team Leader:	Name: Natacha Lemasle	
<i>Approved By:</i>		
Regional Safeguards Coordinator:	Name: Alexandra Bezeredi	Date: 04/24/2014
Sector Manager:	Name: Ian Bannon	Date: 04/10/2014