



# Concept Environmental and Social Review Summary

## Concept Stage

### **(ESRS Concept Stage)**

Date Prepared/Updated: 08/25/2021 | Report No: ESRSC02250



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Project ID	Parent Project ID (if any)
Bangladesh	SOUTH ASIA	P174439	
Project Name	Bangladesh - Improving Services Quality of Hospital Network and Financial Protection for the Poor		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	10/18/2021	12/21/2021
Borrower(s)	Implementing Agency(ies)		
Ministry of Finance	Ministry of Health and Family Welfare		

**Proposed Development Objective**

To support the Government of Bangladesh to improve quality and utilization of clinical services for priority conditions, and expand coverage of health protection schemes.

Financing (in USD Million)	Amount
<b>Total Project Cost</b>	<b>250.00</b>

**B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?**

No

**C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]**

The project comprises three components: (i) health system strengthening; (ii) improving quality of services for priority illnesses and (iii) improving and expansion of health protection schemes for the poor.

As a transitional arrangement between the 4th National Program for Health, Population and Nutrition and the new 5th National Program for Health, Population and Nutrition, the project will be implemented at central and local levels over five years, with an estimated investment of US\$ 250 million.



#### **D. Environmental and Social Overview**

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

To maximize and evaluate the overall impact of the designed interventions under the project, the Division of Barisal has been selected as the implementation location, using the following technical criteria: (i) needs (based on high disease burden and gaps in service delivery quality); (ii) commitment to reform/innovation proposed under the project (approximated by a relatively high share of public spending on health); (iii) existence of other complementary projects. For ensuring enhanced technical assistance as well as other implementation support activities, the ease of access in terms of proximity and enhanced supervision support has also been taken into consideration of the division selection. Health services at different tier facilities like community clinics, union sub-centers/rural dispensaries/union health and family welfare centers, Upazila Health Complexes and district/general hospitals will be improved through institutionalizing a system to address inadequate human-resources to deliver high-quality care across all tiers and geographic areas, supporting innovation in practice and expansion of primary, preventive and promotive care with newer delivery models that prioritize community engagement. Besides, the project will identify and support innovations in terms of improving service coverage and quality, coverage of health protection taking place in other parts of the country.

Barisal is a low-lying coastal region, and in some areas of the division there are different degrees of soil and groundwater salinity problems due to rising seawater levels and reduced freshwater flows. This will impact water availability for drinking and sanitation.

In Bangladesh, a hospital generates about 1.9 kg medical waste/bed/day or 0.5 kg medical waste/patient/day. Medical waste amount depends on type of health facility, caseload, and medical waste management practices. Generally, infectious material accounts for 15 percent of total amount waste. For community clinics, the clinics are responsible for collection and disposal of medical waste. For hospitals, city corporation is responsible. Waste generated from operation theatres were mainly disposed in City Corporation (CC) bins by the sweepers and cleaners. Amongst the national regulations the Medical Waste Management Rules, 2008 gives guidelines for the segregation, collection and disposal of medical waste while the Hazardous Waste (e-waste) Management Rules, 2021 provide the guidelines for management of e-waste. However, only 62 percent of healthcare facilities have necessary waste management equipment and standards.

As per Bangladesh National Building Code (BNBC) 2020 and Fire Prevention and Extinction Rules, 2014 provide the basis for fire safety plans and systems; and emergency response plans in Bangladesh. While a few district hospitals have fire equipment, studies shows many hospitals and community clinics are lacking in fire control, fire suppression and fire safety planning and mechanisms and safe building exit provisions.

The project adopted framework approach and Environmental and Social Management Framework (ESMF) will be prepared for the project as procedure for preparing site specific ESIA along with the Environmental and Social Management Plans (ESMPs) before commencement of the respective subprojects. Due diligence will be carried out by preparing various ESF instruments for the Project (SEP, ESMF, ESCP, Waste Management Plan , Human and Occupational Resource Management Procedure) and assisting in implementation and monitoring of the same in the field. The ESMF of the project will be prepared to include the risks, impacts associated with the project activities and subsequent mitigation measures especially as related to worker OHS and emergency response and evacuation. The



project shall use appropriate waste management rules to prepare the plan. A system-level improvement is required since in the absence of such a waste management facility, biomedical waste is

**D. 2. Borrower’s Institutional Capacity**

Implementation of the proposed project will be the responsibility of the Ministry of Health and Family welfare (MOHFW) through its existing structures. Regular monitoring of project progress will be built into the design, in the form of appropriate indicators, targets, information systems, and review mechanisms. Baseline, mid-term and end-line evaluation will be included and fully financed as part of the project. The project will rely on the existing institutional and implementation arrangements that are in place to manage the sector and to implement the government’s Fourth Health, Nutrition and Population Sector Program. The MOHFW is responsible for the implementation of the sector program as a whole, including the activities in specific operational plans (OPs) to be supported by the proposed project.

MOHFW is a long time Bank client since 1998 and is currently implementing the Health Sector Support Program (HSSP) for improving health service delivery particularly in the Chattogram and Sylhet Divisions. The health division is quite familiar with Bank safeguard policies and has a reasonable track record of implementing safeguard policies in Bank-financed projects. They have also experience with ESF in the recent preparation of COVID-19 Emergency Response and Pandemic Preparedness Project (P173757) and it’s AF. The Environment and Social Consultants were hired in the PMUs of these projects. However, an ES capacity assessment will be carried out by the Bank ESF team during project preparation and the Environmental and Social Management Framework (ESMF) will propose the deployment of adequate staffing and resources from the client side for this proposed project. The ESMF will also suggest the development of a long-term E&S capacity building program of the agency to be supported under the project as well as to ensure the overall environmental and social risk management at the implementation stage. To mitigate the risks, the agency will be adequately resourced with personnel and expertise on clearly-defined ToRs to be included in the ESMF as well. Due to COVID 19 pandemic and countrywide lockdown, the team has to conduct a detailed virtual review, and based on that it is concluded that the implementing agencies have both knowledge and capacity gaps to implement projects following ESF. There will be a need for further training to the staff and upcoming resources from the government, and continued capacity building assistance from the Bank side on ESF. During the project preparation, the capacity of the implementing agencies will be assessed as part of Environmental and Social Management Framework (ESMF) and detailed recommendations on training and capacity building will be made. The areas of capacity strengthening for relevant ESSs will be identified and agreed actions will be recorded in the Environmental and Social Commitment Plan (ESCP).

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**II. SCREENING OF POTENTIAL ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS**

**A. Environmental and Social Risk Classification (ESRC)** Substantial

**Environmental Risk Rating** Substantial

Environmental risks stem from the following aspects: (i) health workers providing care for COVID-19 patients are at risk of infection during the COVID-19 outbreak; (ii) OHS risks to health care workers including exposure to hazardous materials/waste and radiation; (iii) inadequacy in medical waste management and infection control measures may cause risks for health workers and the communities surrounding health facilities and pollution in surrounding environment (iv) repair and rehabilitation works (v) waste disposal using incinerators including potential fugitive dust and vapor emissions and (vi) risk of fire due to the potential on-site storage, handling, and presence of



chemicals, pressurized gases, boards, plastics, and other flammable substrates. Based on health facility assessment, areas that need improvement have been identified to be delivery room, maternal and child ward, theater, ICUs, triage, WASH component, incinerator site etc. Two options are under consideration for medical waste disposal: (a) for district hospital, a larger capacity incinerator will be provided in the hospital premises. It will be installed within the premise of the hospital (b) centralized medical waste management – through PPP or Private sector. Countermeasures include (i) provision of adequate supplies for infection control and safety protocols; (ii) setting up hospital infection control committee or task force and implementing hospital infection surveillance; (iii) training of staff on hospital infection prevention and control based upon the principle of universal precaution and practical measures on how to reduce generation of medical waste; (iv) improving WASH as well as modifying other structures for better infection control results following WHO and UNICEF standards; (v) exploring centralized solid medical waste management and contracting out medical waste collection, storage and processing in compliance with national standards or WHO recommendations on medical waste management (vi) environmental impact assessment for repair and renovation works, and support countermeasures against identified negative environmental impacts (vii) application of improved combustor designs, operating practices, and air-pollution control equipment of incinerators and monitoring of waste feed stream composition and (viii) installation and maintenance of fire safety systems (such as smoke alarms and sprinkler systems) and development of facility fire prevention or emergency response and evacuation plans. It is anticipated that the MWM is the key risk. The proposed project may procure and install medical waste treatment units (integrated autoclave with built in shredder and sterilizer) at Divisional and districts HCFs to ensure bio-safety measures and medical waste management and safe disposal systems. Considering the context over which the project will be implemented, type and nature of project activities, potential environmental impacts, the low capacity of the Borrowers to handle waste as the function and responsibility is scattered around various directorates , and the mitigation measures to be taken the environmental risk of the project is rated as Substantial. This proposed risk classification will be reviewed on a regular basis and updated (if necessary). Any change to the classification will be disclosed on the World Bank’s website.

**Social Risk Rating**

Substantial

The project will bring social benefit by providing better medical and environmental health services to Bangladesh people in selected areas. Certain targeted people will benefit from the expanding of the coverage of health protection schemes. The major social risks of the project relate to inclusion of all stakeholders who come from diverse social backgrounds. For a project of this nature, reaching all project beneficiaries inclusive of all socio-economic backgrounds for health service delivery, will be a major challenge and could potentially lead to widening the health care access gap for the poor, vulnerable, and marginalized segments of society, especially if faced with resource constraints in the rural areas and in small ethnic minority (IP) communities in the Division. Moreover, risks associated with multitude of stakeholders currently engaged in the health sector in Bangladesh, including public (MoHFW, Ministry of Local Government, Rural Development and Cooperatives, Ministry of Women and Children’s Affairs, Ministry of Social Welfare etc.), private, NGOs, CSOs, and sectors such as railways which run their own health service provision will be also challenging. Further, social impacts may also include management of labor and potential risk related to SEA/SH. However, the expected impacts are predictable, site specific and likely to have minimal adverse impacts which are mitigatable with the capacity strengthened to address the issues within the Implementing Agencies. The mitigation measures will be ensured through implementation of appropriate Stakeholder Engagement Plan, Environmental and Social management Framework and Human and Occupational Resource Management Procedure . Given the project description at this stage, and based on the experience of the ongoing health project, and the nature of social impacts of the project, the social risk for the proposed project is rated as Substantial.

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## **B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered**

### **B.1. General Assessment**

#### **ESS1 Assessment and Management of Environmental and Social Risks and Impacts**

##### ***Overview of the relevance of the Standard for the Project:***

ESS 1 is relevant because of envisaged environmental risks from generation of medical wastes, wastewater discharges from the health facilities, and air emissions from incinerators and the major social risks of the project relate to inclusion of all stakeholders who come from diverse social backgrounds. Social impacts may also include management of labor and potential risk related to SEA/SH. There will also be risks and impacts related to infrastructure repair and renovation; and rehabilitation of health facilities.

However, they are localized and short-term. With enhanced capacity of the staff to manage E&S impacts, these risks and impacts are expected to be mitigated adequately. The project is expected to take place within the footprint of existing facilities and is not expected to involve any land acquisition or involuntary resettlement. No large-scale labor influx is expected as the magnitude of construction limited to repair, renovation and small extension of the existing facilities.

Since the specific sites/health facilities where repair and rehabilitation will take place will not be known by project appraisal stage, an ESMF will be prepared and disclosed prior to appraisal. The ESMF will be informed by an overall E&S assessment of health services including the medical waste management, fire systems and emergency response procedures, and OHS practices of the project area. The ESMF will provide guidelines for screening of targeted Healthcare facilities (HCF) for environmental and social risks and based on the E&S screening results, further HCF specific ESIA and ESMPs will be prepared during the implementation of the project. The ESMF will include checklist and screening forms as well as template for the ESMP for the project to follow. During the implementation, Medical Waste Management Plan (MWMP) will also be prepared as per the country rules, prior to the commencement of the specific work in accordance with the ESMF. A generic Terms of reference for the ESIA along with generic ESMP template will be provided in the ESMF. The ESMF will also provide recommendations on the capacity building of the implementing agencies' staff members.

##### **Areas where “Use of Borrower Framework” is being considered:**

The project will follow the World Bank's Environmental and Social Framework and its relevant Environmental and Social Standards along with the national and state level regulations.

#### **ESS10 Stakeholder Engagement and Information Disclosure**

This ESS is relevant. The stakeholders of the project will encompass a broad range of actors: besides the implementing agencies, they will include representatives of officials in MOHFW, health service providers at various levels, city corporation, communities, service providers such as Bangladesh Diabetes Association, Universities, development partners, local government stakeholders, civil society, NGOs, media, local/neighborhood associations/clubs, youth groups/associations, private health institutions, pharmacists' association, etc. Stakeholder engagement, consultation and communication, including grievance redress and disclosure of information will be required throughout the project life. The Implementing Agency will prepare a Stakeholder Engagement Plan (SEP), and the draft of which will be disclosed during preparation allowing enough time for review and feedback from



interested parties and project affected people. The final version of the SEP will be disclosed prior to appraisal but will remain a living document.

Primary beneficiaries will be the patients, in particular, those with non-communicable diseases, health workers will benefit from the project improved knowledge, better protection for preventing hospital infection. Community members near health facilities, with less risk related to the exposure to hazardous medical waste, or because of open burning, contamination of underground water sources.

Due to COVID19 travel restriction and social distancing, most of the consultation for preparing the first draft of the SEP will be conducted in a virtual manner following the World Bank's 'Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings,' March 20, 2020. Further consultation with community will be carried out once the situation improves. Consultations will be carried out in English and local languages, in addition, all E&S documents or their executive summaries will be translated in local language (Bangla).

Grievance Redress Mechanisms (GRM) will be set up to address grievances and receive feedback from all stakeholders and beneficiaries in a timely manner and following due process. The GRM will be cognizant of and follow required levels of discretion, and cultural appropriateness, especially when dealing with cases of sexual harassment and GBV. The GRM will be accessible to all stakeholders, especially poor, vulnerable people and communities that will fall under the ESS 7 criteria. Specific worker GRMs relevant to ESS2 will also be set up.

## **B.2. Specific Risks and Impacts**

**A brief description of the potential environmental and social risks and impacts relevant to the Project.**

### **ESS2 Labor and Working Conditions**

This ESS is relevant. The project is expected to engage direct workers (staff of the department of health and family welfare, the institutes, hospitals, healthcare facilities and education/training institutes who will be working at the PIU or in other capacities as full time staff assigned to the project) and contracted workers (people hired on a contractual basis working on project preparation and implementation and laborers working in repair and renovations). The project will include minor repair and renovation work in a number of health facilities. Labor requirements are expected to be low and mostly supplied by local labor force who will be Contracted Workers (as per ESS2 definition). Required construction materials for very limited repair and refurbishment work will be sourced from legal business entities with permits and no primary supplier will be required. No Community workers will be required for the project construction. Major labor related risks will associate with child/forced labor, working conditions, and occupational and health and safety aspects.

The use of child labor will be forbidden in accordance with ESS2, and any hazardous work situation including handling and transportation of bio-medical waste will be prohibited for any person under the age of 18. The project may outsource minor works to contractors and codes of conduct, Human and Occupational Resource Management Procedure (it is the preferred term by the client for the Labor Management Plan and it has been used in past projects with agreement with the RSA and LEGEN) and OHS (Occupational Health and Safety) measures will be included in



their standard contracts. The project will also provide training to the IA officials, personnel and labors on waste management practices and OHS related practices.

A project-specific Human and Occupational Resource Management Procedure(HORMP) will be prepared and disclosed before project appraisal which will cover issues with all types of workers. This procedure will also include the assessment and required mitigation measure to ensure health and safety of the workers (OHS measures). The salient points will be addressed in the ESMF and HORMP and appropriate requirements will be incorporated in Management of Contractors documents. A separate workers GRM will be developed as per the requirement of ESS2.

### **ESS3 Resource Efficiency and Pollution Prevention and Management**

ESS3 is relevant. Potential impacts may arise due to improper waste management including medical waste, infectious waste, human waste, liquid waste and e-waste etc. Use of plastic-based materials in health facilities may lead to generation of high volumes of plastic wastes of various types and add to land pollution. Similarly, inappropriate disposal of e-waste may also pose risk. Furthermore, disposal of wastewater generated in the facilities may act as hazard for transmission of disease and chemical toxicities due to dissolved chemicals such as laboratory re-agents, disinfectants, corrosives etc. At the same time, health facilities which are major water consumers may present potential opportunities for water conservation.

The ESMF will assess the potential pollution impact and provide recommendations for systemic improvement of medical waste management. Medical waste generated due to COVID-19 testing, treatment, and any fatalities will be managed as per the WHO and Government of Bangladesh protocols. The ESMF will provide the recommendations to effectively and efficiently manage the bio-medical waste (both solid and liquid waste), and other types of wastes such as e-waste and general solid waste as applicable. E-waste management requirements will be included in the ESMF and e-waste management plan as per Hazardous Waste (e-waste) Management Rules, 2021 under the Bangladesh Environment Conservation Act, 1995 and good international industry practices (GIID) will be developed during implementation as needed. The implementing agency will ensure the execution of the waste management plans throughout the project implementation period. The implementing agency will also ensure sustainable design for minor renovation of health infrastructure. Liquid waste will be required to be treated before discharging in to any stream or natural water bodies.

WHO and UNICEF standards will be restrictedly followed. Minimally, the gaps in water supply, sanitation facility, sewage system in the health facilities to be supported by the project will be assessed and gaps identified. Action plan will be developed and implemented. The expected outcomes include availability of safe running water; functioning and clean toilettes with adequate sewage management systems, liquid medical waste processed before discharge, etc.

Sources of air emissions at health care facilities may include exhaust air from heating, ventilation, and air conditioning (HVAC) systems, ventilation of medical gases and fugitive emissions released from sources such as medical waste storage areas, medical technology areas, and isolation wards. Furthermore, Incinerators are potential source of fugitive dust and vapor emissions to the environment, and the greatest potential fire hazard. Mitigation measures such as the application of improved combustor designs, operating practices, and air-pollution control equipment and monitoring of waste feed stream composition will be included in the ESMF.



#### **ESS4 Community Health and Safety**

This ESS is relevant. Given the planned provision of healthcare services, the communities may be exposed to health and safety hazards if these wastes are not properly managed and treated. Also, small repair activities may expose communities to minor noise, air pollution and potential SEA/SH risks. The SEA/SH risk of the project had been assessed and the risk rating is moderate. The risk of fire in health care facilities is significant due to the storage, handling, and presence of chemicals, pressurized gases, boards, plastics, and other flammable substrates. Life and Fire Safety (LF&S) measures to be prepared, adopted and implemented will be included in the ESMF and other relevant project E&S instruments to manage specific risks and impacts to the community arising from project activities, including behavior of project workers, installation and maintenance of fire safety systems and development of facility fire prevention or emergency response and evacuation plans etc. Special emphasis will be given for LF&S measures for ICU patients as per IFC LF&S good practices, LF&S measures for ICU patients include staff capacity and training and the proposed order of engineering “shelter-in-place” solutions and evacuation procedures as the last resource.

Further, a Grievance Redress Mechanism (GRM) will also be enacted to address issues with grievances by all stakeholders. The World Bank’s EHS guidelines will also be followed in the preparation of the ESMF and all relevant plans.

#### **ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement**

This ESS is not currently relevant. The project is not expected to require any land acquisition nor restriction use of land as Government owned land will be used. And the project will not cause any adverse impacts to squatters/encroachers. However, the relevance of the ESS5 will be revisited during the project preparation and recorded in the A-ESRS.

#### **ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources**

This ESS is currently not relevant. The project is expected to take place within the footprint of existing facilities and there is no indication that the proposed project will have any adverse impacts on biodiversity, natural habitats or living natural resources. Any adverse impacts arising due to waste management in healthcare facilities shall be addressed through ESS1.

#### **ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities**

Relevant. There are Rakhains live in Patuakhali and Barguna districts in Barisal division. They practice Buddhism, have a distinct language, self-identify themselves as IPs and are included in the most recent list of the Ministry of Culture of the government of Bangladesh as small ethnic group. No specific direct negative impacts on IP/vulnerable communities are envisaged at the moment. The project will not exclude ethnic minority group. The only inclusion criterium is poverty level/household income. For example, under Component 3, the targeted beneficiaries are “below poverty line (BPL)”, and certain ethnic minority populations will fall into the criteria. Therefore, the project is designed to provide benefit only to ethnic minorities in the project area. Therefore, the inclusion of IP communities will be embedded in the project design (BPL), and there are no negative impact will be identified. The design and



implementation of the project in these communities will need differentiated approaches given their difference in language, culture, and social norms. Meaningful consultations with the small ethnic minorities to share information on project benefits will have to be done in a culturally appropriate manner—respecting the tradition and social environment these communities might be living under. Since the project will not (a) have adverse impacts on land and natural resources subject to traditional ownership or under customary use or occupation; (b) cause relocation of Indigenous Peoples Communities from land and natural resources subject to traditional ownership or under customary use or occupation; or (c) have significant impacts on Indigenous Peoples communities’ cultural heritage that is material to the identity and/or cultural, ceremonial, or spiritual aspects of the affected Indigenous Peoples Communities’ lives, free, prior and informed consent (FPIC) will be not required. An IPP will be developed for the project.

**ESS8 Cultural Heritage**

This standard is not relevant.

**ESS9 Financial Intermediaries**

This standard is not relevant as no financial intermediaries will be used.

**B.3 Other Relevant Project Risks**

No.

**C. Legal Operational Policies that Apply**

**OP 7.50 Projects on International Waterways** No

**OP 7.60 Projects in Disputed Areas** No

**III. WORLD BANK ENVIRONMENTAL AND SOCIAL DUE DILIGENCE**

**A. Is a common approach being considered?** No

**Financing Partners**

N/A

**B. Proposed Measures, Actions and Timing (Borrower’s commitments)**

**Actions to be completed prior to Bank Board Approval:**

- Preparation, consultation and disclosure of an ESMF
- Preparation, consultation and disclosure of the Stakeholder Engagement Plan (SEP)-

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- Preparation of a project-specific Human and Occupational Resource Management Procedure
- Preparation, consultation and disclosure of RPF (if applicable)
- Preparation, consultation and disclosure of IPP
- TORs for ESIA/ ESMPs for the site-specific/sub-projects to be implemented during project implementation
- Preparation of a Gender & SEA/SH Action Plan
- E&S audits of the associated facilities (if applicable)
- Institutional Capacity Assessment and Institutional Capacity Development Plan
- Preparation and disclosure of Environmental and Social Commitment Plan (ESCP)

**Possible issues to be addressed in the Borrower Environmental and Social Commitment Plan (ESCP):**

- Implementation of Stakeholder Engagement Plan (SEP)
- Implementation of Human and Occupational Resource Management Procedure (HORMP)
- Preparation, implementation and monitoring of ESIA/ESMP
- Implementation of the Gender & SEA/SH Action Plan
- Preparation, implementation and monitoring of RPF (if necessary)
- Implementation and monitoring of IPP
- Implementation of Institutional Capacity Development Plan for the IAs and setting up of an E&S Unit for the project in each IA

**C. Timing**

**Tentative target date for preparing the Appraisal Stage ESRS**

31-Oct-2021

**IV. CONTACT POINTS**

**World Bank**

Contact: Shiyong Wang Title: Senior Health Specialist

Telephone No: 473-4532 Email: swang1@worldbank.org

Contact: Bushra Binte Alam Title: Senior Health Specialist

Telephone No: 5764+4350 Email: balam@worldbank.org

Contact: Owen K. Smith Title: Senior Economist

Telephone No: 5785+79275 / 91-11-41479275 Email: osmith@worldbank.org

**Borrower/Client/Recipient**

Borrower: Ministry of Finance

**Implementing Agency(ies)**

Implementing Agency: Ministry of Health and Family Welfare



**V. FOR MORE INFORMATION CONTACT**

The World Bank  
1818 H Street, NW  
Washington, D.C. 20433  
Telephone: (202) 473-1000  
Web: <http://www.worldbank.org/projects>

**VI. APPROVAL**

Task Team Leader(s):	Bushra Binte Alam, Owen K. Smith, Shiyong Wang
Practice Manager (ENR/Social)	Christophe Crepin Recommended on 25-Aug-2021 at 09:49:31 GMT-04:00
Safeguards Advisor ESSA	Pablo Cardinale (SAESSA) Cleared on 25-Aug-2021 at 10:42:11 GMT-04:00