Program Information Documents (PID)

Appraisal Stage | Date Prepared/Updated: 04-Feb-2019 | Report No: PIDA154142

BASIC INFORMATION

A. Basic Program Data

Country	Project ID	Program Name	Parent Project ID (if any)
China	P162349	Guizhou Aged Care System Development Program	
Region	**Estimated Appraisal Date**	**Estimated Board Date**	**Practice Area (Lead)**
EAST ASIA AND PACIFIC	28-Nov-2018	14-Mar-2019	Social Protection & Labor
Financing Instrument	**Borrower(s)**	**Implementing Agency**	
Program-for-Results Financing	People's Republic of China	Guizhou Provincial Department of Civil Affairs	

Proposed Program Development Objective(s)

The PDO is to increase equitable access to a basic package of aged care services and to strengthen the quality of services and the efficiency of the aged care system.

COST & FINANCING

SUMMARY (USD Millions)

Government program Cost	2,535.41
Total Operation Cost	1,664.32
Total Program Cost	1,664.32
Total Financing	1,664.32
Financing Gap	0.00

FINANCING (USD Millions)

Total World Bank Group Financing	350.00
World Bank Lending	350.00
Total Government Contribution	1,199.80
Total Non-World Bank Group and Non-Client Government Financing	114.52

Multilateral and Bilateral Financing (Concessional)	114.52

B. Introduction and Context

Country Context

1. **China's population is aging rapidly due to low fertility and longer life expectancy.** Today, China is beyond the midpoint of the demographic transition from an aging to an aged society.[1] It had 158 million people who were 65 years of age and above in 2017, equivalent to 11.4 percent of the country's population. The aging process will accelerate in the coming decades, with 26 percent of the population expected to be over 65 years of age by 2050. In addition, growth in the population of "older elderly" (80 years and above) will accelerate at an even more rapidly rate, with around 32.5 percent of the population expected to be in this group by 2050.

2. **China has gotten old before getting rich, and its aged care system is relatively underdeveloped.** In 2017, GDP per capita in China was USD 8827, equivalent to 15 percent of U.S. GDP per capita and 25 percent of average OECD GDP per capita. Most OECD countries had an extended transition from an aging to an aged society, such as 115 years in France, 69 years in the United State, 45 years in the United Kingdom, and 40 years in Germany. In contrast, China will complete this transition in just 25 years. During their longer aging transitions, OECD countries were able to establish and continue improving their aged care systems. In China, formal care for the elderly is relatively nascent, where the elderly has long relied on adult sons and daughters for support, formal care for the elderly is relatively nascent. Public expenditure on long-term care (LTC) is less than 0.05 of GDP, much lower than the average of 1.7 percent in OECD countries.

3. **Like the rest of the country, Guizhou—one of the poorest provinces of China—faces similar challenges in meeting the needs of its growing elderly population.** Guizhou's population has aged at a similar pace to the national average. In 2017, Guizhou had 3.72 million people aged 65 years and above, of which, more than 1 million required assistance and care services. The elderly share of the population was 10.7 percent in 2017 and is expected to reach 16.0 percent by 2030. More than half of the elderly population lives in rural areas, where they are spatially dispersed. Guizhou is also a mountainous province with many ethnic minorities who account for 36.1 percent of the total provincial population. Most elderly care services in Guizhou are provided informally by family members and relatives, although formal provision of care services has started to emerge.

4. **Guizhou's income level is low but has been catching up at a fast pace.** Guizhou, which had long been the least developed of China's 31 provinces, had an income level that was 63.6 percent of national GDP per capita in 2017. However, it has been catching up in recent years with double-digit growth rates, well above the national rate of 6 to 7 percent. From 2011 to 2017, Guizhou's GDP per capita has increased from USD 2,541 to USD 5,541. The rapid growth has greatly contributed to poverty reduction. Poverty

[1] An "aging society" is typically defined as one where at least 7 percent of the population is 65 and above, while an "aged society" is one where 14 percent or more of the population is 65 and above.

incidence in Guizhou has dropped from 33.4 in 2011 to 8.0 in 2017 and Guizhou is expected to eradicate absolute poverty by 2020. The provincial government has introduced a grand poverty strategy that includes provision of income support and social services for the poor and vulnerable elderly.

Sectoral and Institutional Context

5. **With rapid aging and smaller average family size, the demand for formal provision of elderly care services has been rising quickly.** According to the 2015 national aging survey[2], China has more than 40 million elderly people with partial or full functional limitations, who account for 18.5 percent of the total elderly population aged 60 and older and who often need professional aged care services. As China's population ages, the demand for elderly care services is expected to increase dramatically. Care for the elderly has traditionally been the responsibility of the family, as prescribed by the Confucian norm of filial piety. However, this care model is facing great challenges as the family unit becomes more nuclear and as increasing numbers of older people need assistance and care services. Formal provision of aged care services has started emerging over the past decade, but is to date is far from meeting the needs of the elderly. In rural areas, the elderly has very limited access to basic aged care services, and the large outflow of young adults to urban centers has further strained the familial care provision model.

6. **To address these challenges, the Chinese government has been proactive in formulating strategic policies to develop the aged care system**. In the 12th Five-Year Plan (12FYP, 2011-2015) the Chinese government formally introduced sectoral strategies and amended relevant laws to develop the aged care policy framework. The 13th Five-Year Plan (13FYP, 2016-2020) has refined the policy framework, which features a three-tier model of aged care service provision: **home-based care as the bedrock, supported by community-based care, supplemented by institutional care, and coordinated aged care and health care**. It emphasized the role of home- and community-based care, and focused greater attention on coordination between aged care and health care services. The long-run vision of China's aged care system is to develop a well-functioning market for aged care services in which individuals can find services that satisfy their needs, preferences, and resource constraints. The government will continue to fund services for poor, low-income, and vulnerable groups, while bringing private provision increasingly to the center of the aged care delivery system.

7. **Since 2010, China has made major strides in developing its aged care system.** Official statistics reflects a rapid growth of the aged care sector during this period. Aged care facilities nearly quadrupled from 40,868 in 2011 to 155,000 in 2017; with most of the increase taking place at the community level. Private aged care facilities have also emerged, but still account for only a small portion of the aged care sector. With increased investment in residential homes and community daycare centers, the number of aged care beds rose from 3.5 million in 2011 to 7.5 million in 2017, and the ratio of beds per thousand elderly grew from 19.1 to 30.9 during the same period. Public spending more than tripled from RMB 16.7

[2] The Fourth-Wave Urban and Rural Elderly Status Survey was carried out by the National Aging Commission Office in 2015. It drew 1 percent of total population from 31 provinces as a sample to collect the information on individual characteristics (age, gender, education), health conditions and care needs, economic conditions, family structure, social participation, rights protection, and housing conditions. http://www.xinhuanet.com/gongyi/2016-10/18/c_129327224.htm.

billion in 2011 to RMB 54.4 billion in 2017, [3] which translated into greater coverage; the number of the elderly receiving aged care services and nursing subsidies jumped from zero in 2011 to 4.2 million in 2017, and the number of elderly who received senior living allowances increased from 9 million to 26.8 million over the same period.

8. **Although significant progress has been made, new challenges are emerging in the aged care sector.** Such challenges include issues regarding the policies, institutions, resources and capacities needed to expand coverage of basic aged care services and strengthen the quality of aged care services and efficiency of the aged care system. More specifically, the challenges are the following:

9. **The coverage of basic aged care services is very low and the concept of a "basic package" of aged care services is not yet well defined.** To date, public provision of formal elderly care has been limited to a small share of welfare beneficiaries.[4] Public expenditure has been channeled largely toward aged care infrastructure—construction of new facilities and bed availability—leaving limited public funding for service provision. Although Government policies emphasize provision of basic aged care services, the list of basic aged care services to be publicly financed is not yet clearly defined. As a result of the high spending share for infrastructure, expansion of elderly care has been skewed toward institutional care rather than home and community-based care, despite the policy priority on the latter. While home and community-based care have gradually grown in urban areas, but such services are still in their infancy in rural areas. Furthermore, existing aged care services focus mainly on meal, and to a lesser extent on personal care, housekeeping, shopping, cultural activities, and wellness. Professional care services such as respite services, nursing care, therapy services, rehabilitation, medical services, and hospices are under developed.

10. **The quality of aged care services is another area for improvement.** In contrast to the rapid growth of aged care facilities, national average occupancy rates of aged care beds have declined sharply from 73.7 percent in 2011 to 46.3 percent in 2017. This decline can be attributed to various factors such as individual affordability, weak quality standards and compliance, shortage of skilled caregivers, poor service delivery and management, and social norms. Among those factors, the quality of aged care services seems particularly important. Large occupancy and quality gaps can be seen between services for better-off elderly and publicly run services for welfare recipients, as well as between urban and rural residents. In rural areas, the occupancy rate of welfare homes is extremely low, due to poor facility conditions, low-quality services, limited amenities, and even stigma as these facilities are occupied mostly by welfare recipients. The Ministry of Civil Affairs (MOCA) has launched a three-year campaign to monitor the quality of aged care services, but filling the gap requires several public interventions including the development of quality standards, human resources, case management, coordination between aged care and health care, and monitoring and quality assurance.

11. **Fragmentation of aged care policies and the delivery system compromises efficiency and sustainability.** The fragmentation results from the challenges of horizontal coordination across many line

[3] Equivalent to an increase from 2.4 billion USD to 7.8 billion USD.

[4] Provision of public care has been directed to: (a) the "Three Nos" or *Sanwu* in urban areas, people who have no legal guardians to support them, no ability to work, and no source of income; and (b) the "Five Guarantees" or *Wubao* in rural areas, the elderly to whom the local government guarantees food, clothing, housing, medical care, and burial expense. According to the Interim Provision of Social Assistance issued by the State Council in 2014, urban *Sanwu* and rural *Wubao* were unified as *Tekun*, which refers to destitute (extremely poor) people.

agencies such as civil affairs, health, finance, and labor, and of vertical coordination across different levels of administration[5]. The horizontal and vertical fragmentation results in significant variation in aged care policies and implementation at the local level. Moreover, additional efforts are needed to ensure allocative efficiency in public expenditure on aged care. The aged care sector is funded through multiple sources, including from earmarked investment, general revenues, and welfare lottery funds, and comes from different levels of administrations, from the national to local level. Lack of an effective mechanism makes it difficult to avoid over- or duplicative investment to better manage the planning and execution of public financial resources. With increasing public financial resources and greater interest in mobilizing social and private capital, it is critical that China invests in setting up efficient financing models that bring value for money. The investment also has the potential to help create more job opportunities and contribute to developing the aged care market and local economies in China.

12. **The government of China has committed to further reforms to address these challenges.** The Chinese government has introduced various pilot programs such as the comprehensive reform of the aged care system, home and community care development reform, coordination between aged care and health care, and the "internet plus" aged care model. For the coordinated aged care and health care services, the government has launched various health reform programs (e.g., the Basic Public Health Services Program) and encouraged to explore different mechanisms to strengthen the coordination between health sector and aged care sector. These pilot programs encourage innovations and experiments to explore the best service delivery model and inform further policy formulation. At the same time, the Chinese authorities have taken proactive measures to open the aged care market and mobilize private sector participation in capital investment and service provision, including policy initiatives that set targets for commissioning of public aged care facilities with private operators. For basic aged care services, the government is committed to expanding coverage and providing a continuum of care services through purchase of services. This arrangement aims to create steady demand for services from the private sector and thus stimulate development of the aged care market. At the national level, the central government has promoted a comprehensive public finance reform covering all sectors and emphasized strengthening of governance capacity and the performance of public financing.

13. **Following the national policy lead, Guizhou has actively promoted aged care sector reforms and accelerated the development of its aged care system.** Guizhou's 13th Five-Year Development Plan on the Aged Care System (Guizhou 13FYP) outlines its policy directions, objectives and implementation plans from 2015 to 2020 and it has started to formulate a future Five-Year Action Plan (2019-2023). The provincial government has clearly committed through appropriate public financing to provide basic aged care services to meet the needs of the poor, low-income, empty-nest elderly and senior elderly with functional limitations. Mirroring the national policy framework, Guizhou has put increased emphasis on home and community-based care, quality standards and enforcement, training and skills development for caregivers and professionals, coordination between aged care and health care, and monitoring and evaluation. At the same time, the provincial government has formulated strategic policy initiatives to develop a supportive environment for aged care market development and level the playing field to encourage private sector participation in provision of aged care services and products. These reforms will help further define the

[5] There are six administrative levels from the central down to province, prefecture, district/county, street/township, and community/village in China.

roles of the government as purchaser, regulator and public financier rather than simply direct service provider for the aged care sector. Like a few other provinces, Guizhou has also approved the establishment of an Aged Care Industry Fund (ACIF) to mobilize social and private capital investment in the aged care sector.

14. **The Guizhou government is seeking financial and technical support from international financial institutions for this endeavor.** This Program for Results (PforR) operation will provide financial support to the government of Guizhou in developing its provincial aged care system. The Program will be co-financed with the Agence Française de Développement (AFD). The World Bank and AFD will finance 27.9 percent of the provincial cost of the aged care system for the next six years. The combined AFD-WB support amounts to USD 464 million, of which 75 percent is provided by the WB and 25 percent by AFD. In addition, AFD will grant technical assistance.

15. **Program implementation will rely on existing government agencies and structures.** The various levels of governments in Guizhou show a strong commitment to developing and implementing the Program activities. The government capacities are adequate for carrying out implementation. Guizhou DOCA is the responsible agency for the Program implementation. DOCA will develop the toolkits and guidelines, coordinate agencies across departments and government levels and carry out the M&E. The Program prefectures and Program districts/Program counties at the sub-provincial levels are responsible for delivery of the basic package of services, investments in upgrades and/or new facilities, and implementation of provincial guidelines.

16. **At the provincial level, an Aged Care Leading Group (ACLG) will be established to provide leadership, policy guidance, and coordination in the preparation and implementation of the Program.** The ACLG is a decision-making body involved in the major policy issues and action plans on aged care system development in Guizhou. An Expert Steering Committee (ESC) will be established, responsible for providing technical advice and guidance for the implementation of Program activities such as the technical standards for aged care services, needs assessment tools, implementation procedures, the package of basic aged care services, and purchase of aged-care services. The ACLG will coordinate the relevant government agencies such as the Finance Bureaus (FB), Development and Reform Commissions (DRC), Health Commission (HC), and Human Resources and Social Security Bureaus (HRSS) to make joint efforts to support the development of the aged care system in Guizhou.

17. **DOCA has established the Guizhou Aged Care Office (GACO) to oversee implementation of the Program.** It is led by the Director of Social Welfare and Charity Division of DOCA and comprises key staff members from other divisions and agencies. GACO has recruited an experienced team to provide operational support during the implementation. The GACO will work with all aged care offices at the provincial, prefecture and district/county levels on development of the provincial aged care system (including aged care service providers and facilities) and carry out capacity building and training activities. It will also serve as the coordinator between the WBG, AFD and all counterparts in Guizhou during Program implementation.

18. **At the local level, the Program prefecture and Program district/county civil affairs bureaus (CABs) are responsible for implementation.** The structure at the prefecture and district/county levels mirrors that at the provincial level, with a leading group (LG) and an office in each prefecture and

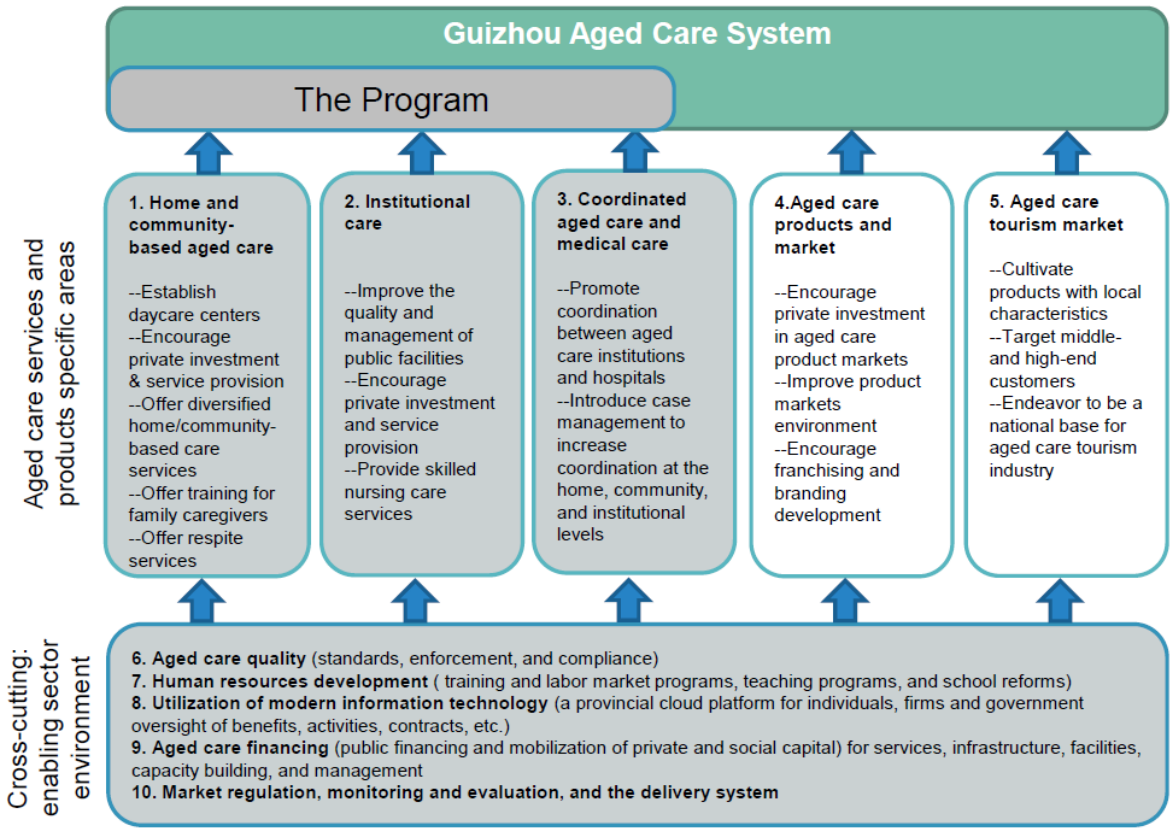
district/county of the Program. The Program district/county will carry out the policies, standards, and guidelines developed at the provincial level and is responsible for local level Program implementation across the three results areas. The aged care service delivery system is extended to urban communities and rural villages where the most intensive interactions with direct beneficiaries take place. The street/township governments and community/village committees will provide support in terms of human resources.

PforR Program Scope

19. **The PforR will support a subset of the Guizhou aged care system.** The Program boundary is defined along three dimensions: thematic activities, geographic coverage, and sources of financing. The timeline of the Program is 2019-2024, which covers the remaining years of Guizhou's 13FYP and the early years of its 14FYP. The three dimensions along which the Program boundary has been defined are:

- **Thematic activities**: Within the program boundary are activities in areas 1-3 and 6-10 (Figure 1). The Program operation will help the government of Guizhou develop an aged care system that will deliver a basic package of aged care services for the eligible elderly, with an emphasis on expanding home and community-based care, enhancing the quality of services, and enhancing the efficiency of public financial resources.
- **Geographic coverage**: The Program has a geographic boundary that covers cross-cutting activities at the provincial level such as quality standards, training, and the provincial cloud platform, as well as aged care service delivery at the sub-provincial level in 5 out 10 prefectures. Guizhou will roll out the enhanced program in phases, focusing first on those prefectures that have the capacity to implement the reforms and providing lessons for future expansion.
- **Sources of financing**: The Program will support zero-based budget planning, allocation, and execution under the existing budget lines and will monitor the performance of public financing for aged care. The ACIF will be outside the Program.

Figure 1. The Activities of the Guizhou Aged Care System That Are Covered by the Program



Source: Task team

20. **The Program design follows an elderly-centered approach and groups the proposed activities into three interlinked Results Areas.** The activities in Result Area 1 (RA1) contribute to increased equity through expanded coverage of basic aged care services. The activities in Results Area 2 (RA2) are related to the quality of aged care services. Finally, the activities in Result Area 3 (RA3) help enhance the efficiency of aged care public financing.

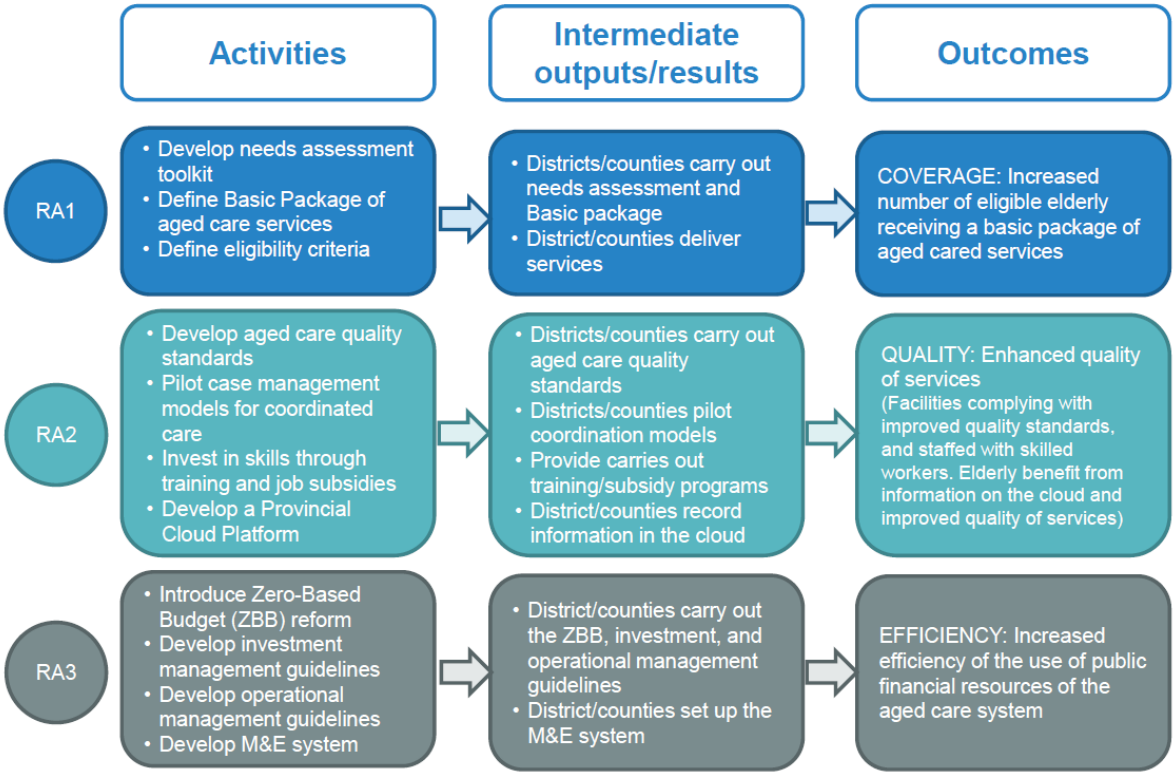
21. **Results Area 1: Expanding coverage of basic aged care services for the elderly**. Activities to be included in the Program boundary are to: (a) develop a needs assessment toolkit for measuring the functional limitations of the elderly and carry out needs assessment at the district/county level; (b) define the basic package of aged care service and level of subsidy for the basic package; (c) define eligibility criteria for the elderly accessing to the basic package of aged care services based on individual functional needs and an income/assets test; and (c) deliver the basic package of aged care services in urban and rural areas, covering the three tiers of home and community-based care, and institutional care, with an emphasis on home and community-based care.

22. **Results Area 2: Enhancing quality of aged care services for the elderly.** Activities to be included in the Program boundary are to: (a) improve and implement aged care quality standards for facilities and services; (b) introduce case management and promote coordination of aged care and health care services at the home, community, and institutional levels; (c) enhance and expand aged care skills by providing training to wage and family caregivers, professionals, managers, and government officials, job subsidies to wage caregivers, and subsides and respite services for family caregivers; and (d) establish a provincial cloud platform for service delivery, quality enhancement, and public financial management.

23. **Results Area 3: Strengthening efficiency of aged care financing for the elderly.** Activities to be included in the Program boundary are to: (a) enhance the planning and utilization of public financial resources in the aged care sector by introducing a zero-based budget (ZBB) reform; (b) refine the decision process for new infrastructure investments in the aged care sector to comply with the provincial investment management guidelines; (c) enhance the service delivery and management of public aged care facilities through the promotion of institutional reforms, and enable the participation of private providers and operators in the aged care sector; and (d) establish a monitoring and evaluation (M & E) system, including setting up a provincial M&E framework, collecting quality data and carrying out evaluations.

24. **All activities are interlinked, complementing and affecting each other.** All the activities are closely connected to one another, both within and across results areas. For example, within RA1, the needs assessment informs the target population to be eligible for the basic package, the definition of the basic package will define what services they have access to, and both will determine how many vulnerable elderly with functional limitations will end up benefiting from it. At the same time, the basic package is determined by the amount of resources the government will dedicate to services vis-à-vis other expenditure rubrics as well as the cost of services, which depends in turn on the quality standards established. Similarly, more services included in the basic package could reduce coverage for a given budget, or more efficient provision by private providers could decrease the cost of services and increase in coverage. Hence, the policies and activities need to be planned carefully as they affect each other. The results chain of this lending operation is presented in Figure 2.

Figure 2: Theory of Change—The Results Chain



C. Proposed Program Development Objective(s)

Program Development Objective(s)

25. The PDO is to increase equitable access to a basic package of aged care services and to strengthen the quality of services and the efficiency of the aged care system.

26. The PDO-level indicators selected to measure the expected results are the following**:**

(a) Indicator 1: Number of eligible elderly receiving the basic package of aged care services;

(b) Indicator 2: Development of the aged care quality standards and number of aged care facilities complying with the aged care quality standards; and

(c) Indicator 3: Development of the zero-based aged care budget planning and allocation guidelines and number of Program districts/Program counties where implementation of the zero-based aged care budget planning and allocation guidelines has occurred.

D. Environmental and Social Effects

27. **The Environmental and Social Systems Assessment (ESSA) finds the existing legal and regulatory frameworks for social and environmental management relevant to the activities supported under the Program are consistent with the World Banks's PforR Policy and Directive.** The environmental and social screening of the activities within the Program boundary has allowed exclusion of those activities with significant adverse impacts that are sensitive, diverse or unprecedented on the environment and/or affected people and has identified recommendations to improve the governments processes. Health care facilities are hence limited to Class I, according to the specifications for categorization of health care facilities in China. Consultations with government departments and site visits in Guizhou at the provincial, municipal, county, township and village levels, have demonstrated that the institutional arrangements at the program level have been clearly established and that the continuum procedures (e.g. review, approval, monitoring, training, certification, examination and supervision, and grievance redress), have been well operated and maintained.

28. **The Program is expected to bring positive environmental, social and health benefits by increasing equitable access to a basic package of aged care services and to strengthen the effectiveness of the aged care system in Guizhou, which will directly benefit about 3.27 million urban and rural elderly people.** By increasing access to aged care services among poor elderly, the Program will help address the substantial disparity between urban and rural areas in terms of accessibility and quality of aged care. The selection of prefectures includes some with a high proportion of ethnic minority populations who will benefit from the Program. Moreover, improved training and quality standards will enhance the protection of aged care and health care workers. In addition, improved management practices for medical waste in the selected five cities and prefectures will strengthen the system.

29. **Some of the activities supported under the Program have potential negative impacts and risks**. Considering the geographical coverage and nature of the Program activities, OP 7.50 on International Waterways or OP 7.60 on Disputed Territories are not triggered. However, in the construction stage, the negative impacts identified are dust, wastewater, solid waste, waste gas, vegetation clearing and soil erosion, and minor social interference. Fire safety, air emission, medical waste and radiation risks may occur in the operational stage. Of these, medical waste and radiation management are considered the main issues from an environmental, health, and safety perspective.

30. **During the screening it was noted that several good practices are followed.** The medical waste categorization system, medical waste management plan, and ad-hoc training program are practiced, and there is regular supervision of the effectiveness and performance of internal medical waste management. A minimum disposal capacity has been established, and the disposal facilities use state-of-the-art technologies for medical waste disposal and pollution control. However, given that most of the disposal facilities adopt the wet thermal technology that is not capable of dealing with anatomical wastes, an exclusionary criterion has been determined to ensure the health care service under the Program is only limited to Class I health care facilities, according to the specifications for categorization of health care facilities in China.

31. **Good practices are also followed for radiation risks.** According to domestic regulations, the Class I health care facilities will only use the Class III radioactive devices for diagnosis purposes. Documentation,

procedures and capacity are in place to manage the radiation impacts and risks in the Class I health care facilities and local communities. On radiation exposure of medical workers and communities, health care facilities in Guizhou have proper protection wear and shelter, and portable detectors are provided to monitor and control radiation leakage. For medical radiation equipment, the licensing, review and assessment, inventory, safe use, work-site detection, monitoring, maintenance, and emergency response are specifically required and regulated jointly by the Health Commission (HC) and Environmental Protection Bureau (EPB). The site visit confirmed that radiation management performance is satisfactory.

32. **The overall impact of land acquisition appears to be limited in scale and moderate in degree.** The overall scale of land acquisition will be relatively small. Moreover, the renovation of facilities or the construction of new ones will not raise risks such as those associated with large-scale housing demolition and/or displacement, including displacement of ethnic minorities.

33. **The beneficiary population and affected people should be consulted about the proposed activities of the Program, including both physical development and new procedures.** Public consultations and an education program for the elderly are necessary to increase their awareness of the Program, to ensure that their needs or demands are considered and incorporated into the Program. If the elderly has any dissatisfaction and wish to express their opinions on certain proposed activities, they should be able to voice their concerns through established grievance procedures under the Program. An appeal could proceed through a number of stages if the appellant is not satisfied with the initial response. The procedure should remain valid throughout the Program implementation period.

34. **Given these negative impacts and risks, the following recommendations have been developed and included in the Program Action Plan.** These recommendations include: (a) establish an environmental screening mechanism; (b) improve the environmental performance in medical waste management; (c)conduct regular social monitoring and enhance the land acquisition monitoring process; and (d) enhance the participation, consultation and grievance procedures for Program implementation.

35. Communities and individuals who believe that they are adversely affected as a result of a Bank supported PforR operation, as defined by the applicable policy and procedures, may submit complaints to the existing program grievance redress mechanism or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address pertinent concerns. Affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit http://www.worldbank.org/GRS. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

E. Financing

36. The Program will amount to USD 1664.32 million over the period 2019-2024. Of this amount, USD 350 million will be financed by the World Bank, EUR 100 million (USD 114.52 million equivalent) from the AFD loan and USD 1199.80 million from Guizhou counterparts at the provincial level and the five Program prefectures.

Program Financing

Sources	Amount (USD Million)	% of Total
Counterpart Funding	1198.80	72.1
Borrower	1198.80	72.1
International Bank for Reconstruction and Development (IBRD)	**350.00**	21.0
Cofinancing - Other Sources (IFIs, Bilaterals, Foundations)	**114.52**	6.9
FRANCE: French Agency for Development	114.52	6.9
Total Program Financing	**1664.32**	

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