



Concept Environmental and Social Review Summary

Concept Stage

(ESRS Concept Stage)

Date Prepared/Updated: 06/21/2020 | Report No: ESRSC01451



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
India	SOUTH ASIA	P173589	
Project Name	Meghalaya Health Systems Strengthening Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	11/5/2020	2/23/2021
Borrower(s)	Implementing Agency(ies)		
Republic of India	Department of Health and Family Welfare, Government of Meghalaya		

Proposed Development Objective(s)

The project development objective (PDO) is to improve utilization and quality of health services in Meghalaya.

Financing (in USD Million)	Amount
Total Project Cost	50.00

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 overall goal of the project is to strengthen the basic public health function and improve access to quality health care for the people of Meghalaya.

The specific objectives of the project are to:

- (i) Strengthening capacity of the health systems to perform public health functions.
- (ii) Improve the quality and access to health services through innovations in primary health care and improvements of district hospitals, as well as strengthened health systems capacity.
- (iii) Support evidence-based planning and monitoring of health systems functions.



D. Environmental and Social Overview

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

The project aims to strengthen the basic public healthcare function and improve access to quality health care for the people of Meghalaya and will cover all areas of the State including remote and hard to reach areas in an inclusive manner.

The State of Meghalaya situated in the north eastern region of India, is a narrow stretch of land, running between Bangladesh on the South and West and Assam on the North and East. It covers an area of approximately 22,430 square kilometers and is divided into three divisions with autonomous hill councils, namely, Jaintia Hills, Khasi Hills and Garo Hills. The State has 11 districts, 6 municipal councils, 22 towns and 6459 villages.

About 70% of the state is forested, ninety percent of which is under community or private management. There are two national parks and three wildlife sanctuaries, 22 community reserves, one biosphere reserve and two elephant reserves to protect and conserve biodiversity of the state. The State has most of its land covered by hills interspersed with gorges and small valleys. Meghalaya has a fragile eco-system. It has one of the wettest places in the world. The average annual rainfall at Cherrapunjee during the last 35 years has been 11,952 mm and there were several years when it was substantially more than this amount.

The population of Meghalaya is 2.9 million. Meghalaya's main ethnic communities, each having its distinctive customs and cultural traditions are the Khasis (of Mon-Khmer ancestry), the Garos (of Tibeto-Burman origin) and the Jaintias (from South East Asia). Though largely peaceful, ethnic conflicts between the indigenous tribes and others have been noticed at times. More than 86 per cent of the population belong to the scheduled tribes (meeting the criteria of being considered as indigenous people according to ESS7). The entire state follows a matrilineal system in which the lineage (ancestry of a society is traced through that of the mother not to be confused with matriarchy). The average population density is 132 persons per square kilometers with a range of 56 to 299 persons per square kilometer between west Khasi and East Khasi Districts. As per 2011 census, Meghalaya recorded the highest population growth of 27.8 percent among all the states of the region, higher than the national average at 17.64 percent.

On an average the state is poorer than rest of India- the per capita net domestic product at constant prices (2011-12) is USD 867 (INR 61,798) which is nearly 30 per cent lower than the national average of USD 1,230 (INR 87,623). At the same time, only 16.1 per cent of the population lives below the poverty line in comparison to 37.2 per cent at the national level. As per census 2011, one-fourth of the state population lives in rural areas with the overall literacy rate of 74 percent.

Meghalaya being the Schedule VI state under the constitution, has many legal and constitutional provisions that apply to safeguard the social, cultural and economic resources and heritage of the tribal communities. Improving health service delivery system in the state is an important aspect towards improving quality of life of the residents i.e. mainly the indigenous people.

Meghalaya state healthcare system is challenged by inadequate access to health care at all levels. Only a few health facilities have continuous water supply along with sanitation arrangements needed for good hygienic conditions for



patients and staff. The electricity supply is unreliable, especially during the monsoons, in rural and remote areas. Currently, biomedical waste is largely being managed at the facility level through waste segregation and management. A system-level improvement is required since in the absence of such a facility, biomedical waste in urban areas is currently managed as part of general municipal waste.

D. 2. Borrower's Institutional Capacity

The Department of Health and Family Welfare (DoHFW) is the nodal agency for the public health system in Meghalaya and it will be the implementing agency for this project. The department consists of three directorates i.e. (i) Directorate of Health Services, Medical Institutions (MI), (ii) Directorate of Health Services, Maternal and Child Health and Family Welfare (MCH & FW) and, (iii) Directorate of Health Services, Research. The Directorate of MI is responsible for establishment, administration, regulation and monitoring of Medical and Health Institutions (primary, secondary and tertiary) along with handling the necessary supporting infrastructure within the state, medical education, food safety and drug control and monitoring and implementation of various program related to public health and disease control. The Directorate of MCH & FW is responsible for monitoring and implementation of the centrally sponsored schemes implemented in the State to cater to the health needs of women and children. And the Directorate of Research is responsible for the research and laboratory testing related activities.

The state government has agreed to create a stand-alone organizational structure to implement the project that will include a Project Steering Committee (PSC), a Project Executive Committee (PEC) and a Project Management Unit (PMU). While the first two committees will play the overseeing role, the PMU will be responsible for the project implementation headed by the Project Director. The PMU will be housed in the Department of Health with deputed staff from all three directorates.

The DoHFW has not directly implemented any World Bank financed project. However, it has been involved in implementing some of the national program supported by the World Bank including National AIDS Control Support Program (ongoing) and Accelerating Universal Access to Early and Effective Tuberculosis Care project (closed). The department does not have any designated E&S staffs. There are officials who are given responsibility to oversee such tasks (e.g. the Bio-medical waste management). The DoHFW has a IEC/Communication/ Public Relation cell (which are mainly responsible for IEC/ communication). At the healthcare facilities level, while the facilities have been managing the bio-medical waste, such management has been weak.

The limitations in current systems and capacity for implementation will require contracting of a Project Management Agent to provide resources to augment capacities in administrative and technical areas (including procurement, financial management, hospital quality improvement, management of information systems, environmental and social experts and other technical areas) and to build capacity of the department.

The Task Team was unable to visit the State as part of Identification Mission due to lockdown in the Country in response to COVID-19, however, the team conducted a detailed desk based review and collected information from the borrower through online means such as emails, website, phone calls, etc. to receive information on their capacity regarding implementing the project from environmental and social standards perspective. Based on the virtual review, it is concluded that the implementing agencies have both knowledge and capacity gaps to implement projects following ESF. They did not receive training on WB ESF or Safeguards policies in the past. Thus, there will be a need for training, deployment of adequate staff and 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 actions will be agreed in the Environmental and Social Commitment Plan (ESCP).”

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

A. Environmental and Social Risk Classification (ESRC)

Moderate

Environmental Risk Rating

Moderate

The proposed project does not envisage potential large-scale, significant or irreversible environmental impacts. The project does entail a range of minor civil works for infrastructure repair and rehabilitation, but the risks and impacts associated with these activities (such as noise and dust pollution) will be localized and short-term. Mitigation measures for impacts due infrastructure retrofitting proposed under the project will be ensured through implementation of Environmental and Social Management Framework (ESMF).

The funding under the project is entirely geared towards prevention, intervention and quality improvement in the existing program and the activities are soft in nature such as provision of technical assistance, training, outreach activities, referral services, health related behavior change communication and program management support. The project proposes to develop a strategy and finance primarily capacity building and institutional strengthening including (i) hiring of external consultancy support; (ii) minor civil works; (iii) purchase of goods and equipment; (iv) training of human resources; and (v) purchase of services. TA for improvement solutions would be subjected to an assessment of E&S benefits and risks of such technologies / solutions.

With the improved utilization of health services through the project, the quantity of bio-medical waste will increase. However, as the project will not finance construction of large hospitals or healthcare facilities, the increase of bio-medical waste will not be significant. Nonetheless, given that the present bio-medical waste management of the State, the project will invest to improve the overall ecosystem for bio-medical waste management that includes segregation, disinfection, collection and disposable that largely safeguards the environment and contributes in improving the quality of health service and patient safety. However, E&S assessment that will be undertaken for developing ESMF is expected to provide detailed information regarding on-ground practices of MWM.

Given the project description at this stage, and the nature of social impacts of the project, the social risk for the proposed project is rated as Moderate. However, this risk classification will be reviewed once detailed assessment is undertaken at the appraisal stage and changes will be made if required.

Social Risk Rating

Moderate

Overall, it is expected that the project will have positive social impacts, given that the components will strengthen the public health function and improve the access to and quality of health service delivery in all areas of the State of Meghalaya. With difficult geographic terrain along with diverse ethnic community groups living in the State. With each of these communities having their distinctive customs and cultural traditions. Also, there is a history of some ethnic conflicts between the indigenous groups and economic migrants from other states and from Bangladesh and



Nepal. The presence of such diverse groups with some degree of tension and hostilities among them may pose a risk of exclusion of some groups from accessing and utilizing the healthcare services. Also, given the difficult geographic terrain and some areas being hard to reach, there is a potential risk related to equity of access to health services in those areas. Moreover, there is a risk of actual or perceived inequities in distribution of project benefits which potentially could lead to exacerbation of existing social tensions among the various local groups. Thus, the major social risks of the project are the risk of exclusion and access to services. It will be important to devise ways to include all stakeholders who come from diverse backgrounds, social strata and ethnic groups.

No land acquisition or involuntary resettlement is expected under the project, as the civil works is expected to be limited to minor repair, renovations and retrofitting within the existing footprint of the facilities. Labor influx is not expected and required labor will be available locally. Thus, the expected impacts from the minor civil work are predictable, site specific and likely to have minimal adverse impacts which may be mitigated with the strengthened capacity of the implementing agencies to address the social issues.

Given the project description at this stage, and the nature of social impacts of the project, the social risk for the proposed project is rated as Moderate. However, this risk classification will be reviewed once detailed assessment is undertaken at the appraisal stage and changes will be made if required.

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 from the health facilities, and the social risks emerging from the risk of exclusion of some of the resident economic migrant population and access to health services for people living in hard-to-reach areas. There will also be construction-related risks and impacts from minor civil works for infrastructure repair 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 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 construction 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 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 required, 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.



As part of the overall project and as well as during the preparation of the SEP and ESMF, consultations with key stakeholders, including vulnerable and disadvantaged communities, will be carried out to identify their concerns and requirements, which will be included in the design of the renovation work of the facilities and other activities to strengthen greater support to these population sections. The ESMF will provide mechanisms to incorporate their concerns and needs in the project implementation in a continued manner and ways to engage them during the project implementation. Vulnerable groups would include women in general, the backward tribes, disabled population, and women-headed households. The consultation with stakeholders will also include other the gender issues and concerns, especially related to gender-based violence (GBV) and recommend specific risk mitigation and management measures in the ESMF.

Given the COVID19 situation and related travel restrictions, most of the consultations during preparation will be conducted in a virtual manner following the relevant interim technical note on public consultation prepared by the World Bank. During the project implementation, further consultation with community will be carried out in local languages i.e. Khasi, and with rest of the stakeholders in English as that being official language in Meghalaya. A detailed strategy for communication and continued consultation will be presented in Stakeholder Engagement Plan (SEP) for the project. This will also help address potential issues related to Universal Access to project facilities.

An Environment and Social Commitment Plan (ESCP) will be prepared by the client to ensure the successful implementation of all mitigation measures, including capacity enhancement of the implementing agency. The ESCP will include timeline for preparing required documents such as the ESMF, SEP, site-specific ESIA and ESMPs, Medical Waste Management Plan (MWMP), Labor Management Procedures (LMP), Project Grievance Redress Mechanism (GRM) etc. The ESCP will specify various actions to be carried out during implementation. Due diligence will be completed during preparation to assess all potential impacts and risks through consultations with stakeholders and appropriate assessments.

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 ethnic groups, local government stakeholders (e.g. panchayat members), civil society, NGOs, media, local/neighborhood associations/clubs, youth groups/associations, medical doctors’ association, 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. It will be cognizant that the stakeholders will be from national, State and local levels.

As mentioned in ESS1 section, 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 interim technical



note on public consultation. Further consultation with community will be carried out once the situation improves. Consultations will be carried out in English (the official language of the State) as well as Garo and Khasi English languages. In addition, all E&S documents will be translated in local languages (Garo and Khasi).

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 and vulnerable people. 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 PMU 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 from the communities 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.

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, labor management procedures and OHS (Occupational Health and Safety) measures will be included in their standard contracts.

The ESMF will identify the potential OHS risks associated with every tier of healthcare facility across the State as well as ambulatory services. Assessment of required COVID-19 response for all staff directly and indirectly involved with health care facilities as well as workers involved with infrastructure retrofitting will be assessed as part of ESMF.

The ESMF will provide recommendations for addressing the identified potential risks. Additionally, the ESMF will factor the OHS requirements for workers that will be involved in infrastructure retrofitting. Special attention will be given for retrofitting of any infrastructure with asbestos containing material (ACM).

The applicable OHS measures shall be set out in the Legal Agreement and the ESCP.

A project-specific LMP will be prepared before project appraisal which will cover issues with all types of workers. This plan 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 LMP 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

This ESS is relevant. Potential impacts may arise due to improper waste management including medical waste, infectious waste, human 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. Any such opportunity shall be assessed during HCF level ESIA. Construction waste generated due to infrastructure retrofitting will be managed as per the National and State guidelines. Any ACM waste generated will be managed as per the international best practices and described in the ESMF.

The ESMF will assess the potential pollution impact and provide recommendations for systemic improvement of medical waste management – at both facility level and state level. Medical waste generated due to COVID-19 testing, treatment, and any fatalities will be managed as per the WHO and Government of India 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 will be developed during implementation as needed. The implementing agencies will ensure the execution of the waste management plans throughout the project implementation period. The implementing agencies 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.

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 GBV and SEA/SH risks. Community Health and Safety 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, response to emergency situations etc. 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. However, as the project may involve minor repairing and/or refurbishment of existing structures, site-specific screening will be carried out before such works and in case adverse impacts on squatters and encroachers are found, relevant resettlement instruments will be prepared and implemented. The ESMF will include clear screening criteria and appropriate oversight.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This ESS is currently not relevant. Even though Meghalaya has 70% of its land under forests and therefore having rich biodiversity, 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

This ESS is relevant. Meghalaya is a Schedule-VI state under the constitution of India with three autonomous hill councils, covering all the districts of the state. About 86 percent of the state's population constitutes primarily of three major tribes: Khasi, Garo and Jaintia (and their sub-tribes and other minor tribes) - all consisting of 17 Scheduled Tribal groups. Meghalaya has diverse communities that are interwoven into three main cultures by generations of norms, beliefs, practices influencing their uniqueness in their vernacular, lifestyles as well as practices for natural resource management. Though largely peaceful, ethnic conflicts between the indigenous tribes and others have been noticed at times.

It is expected that the project activities will benefit the local population with improved health care delivery system, and it is not expected that any of the activities related to the project will have any direct or indirect negative impacts on the tribal communities. An IPPF will be prepared and disclosed prior to appraisal that will describe the screening process of indigenous people in communities and if Free, Prior and Informed Consent will be necessary and if site-specific Indigenous People's Plan will need to be prepared. The IPPF will assess the risks and potential impacts and recommend mitigation measures to ensure activities financed by the project will respect the dignity, aspirations, identity, culture and livelihoods of the ST population. The IPPF will also assess the training and capacity building need for the health care professionals under the project to ensure that care is provided for all, irrespective of origin or ethnicity, with due care to consider the distinctive cultural and language requirements of ST.

ESS8 Cultural Heritage

This ESS is relevant. Physical cultural assets are not likely to be affected by the proposed activities as currently envisaged. However, there are small pockets in forests that are known as "sacred groves". These pockets are parts of an ancient forest that have been preserved by the communities for hundreds of years due to religious and cultural beliefs. These forests are reserved for religious rituals and generally remain protected from any exploitation. These sacred groves harbor many rare plant and animal species. Such areas will be identified through community consultations as part of the project/IPPF preparation. The screening and ESIA of the targeted HCF will conduct



further assessment to determine the relevance of ESS 8 and the extent of impact of the project on tangible and/or intangible cultural heritage and accordingly suggest potential mitigation measures. The IPPF and the IPPs will take cultural heritage aspects into consideration. If needed, a Cultural Heritage Plan will be prepared. Chance find procedure will also be included in contractor’s ESMP.

ESS9 Financial Intermediaries

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

B.3 Other Relevant Project Risks

Not identified at this stage

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

No other financial partner will be involved in this project

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

Actions to be completed prior to Bank Board Approval:

- ESMF (Will include generic Medical Waste Management Plan, generic ESMP, and guidelines for preparation of other management plans, as required) : August 31, 2020
- SEP : July 15, 2020.
- IPPF: August 31, 2020
- LMP- August 31, 2020
- ESCP : September 30, 2020

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

The following aspects will be a part of the ESCP:

- (i) The type and timing of the environment and social instruments preparation and implementation
- (ii) The engagement and timeline of E&S specialists (both environment and social) in the implementing agencies

Public Disclosure



- (iii) Training of staff of implementing agencies on E&S issues and risk management for capacity building
- (v) The monitoring plan, including the scope and timing of report submission and disclosure

C. Timing

Tentative target date for preparing the Appraisal Stage ESRS

15-Sep-2020

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: Republic of India

Implementing Agency(ies)

Implementing Agency: Department of Health and Family Welfare, Government of Meghalaya

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Patrick Mullen, Amith Bathula
Practice Manager (ENR/Social)	Christophe Crepin Recommended on 19-Jun-2020 at 13:53:58 EDT
Safeguards Advisor ESSA	Agnes I. Kiss (SAESSA) Cleared on 21-Jun-2020 at 17:06:9 EDT

Public Disclosure