



Combined Project Information Documents / Integrated Safeguards Datasheet (PID/ISDS)

Appraisal Stage | Date Prepared/Updated: 22-May-2020 | Report No: PIDISDSA28948

**BASIC INFORMATION****A. Basic Project Data**

Country Congo, Democratic Republic of	Project ID P173415	Project Name AFIV DRC Health System Strengthening for Better Maternal and Child Health Results Project (PDSS)	Parent Project ID (if any) P147555
Parent Project Name Health System Strengthening for Better Maternal and Child Health Results Project (PDSS)	Region AFRICA	Estimated Appraisal Date 28-Feb-2020	Estimated Board Date 11-Jun-2020
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Democratic Republic of Congo	Implementing Agency Ministry of Health, Ministry of Finance

Proposed Development Objective(s) Parent

The proposed project development objective is to improve utilization and quality of maternal and child health services in targeted areas within the Recipient's Territory.

Components

Improve Utilization and Quality of Health Services at Health Facilities through PBF
 Improve Governance, Purchasing and Coaching and Strengthen Health Administration Directorates and Services through PBF
 Strengthen Health Sector Performance – Financing and Health Policy Capacities
 Disease Surveillance System Strengthening and Response

PROJECT FINANCING DATA (US\$, Millions)**SUMMARY**

Total Project Cost	200.00
Total Financing	200.00
of which IBRD/IDA	200.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	200.00
IDA Credit	121.00
IDA Grant	79.00

Environmental Assessment Category

B-Partial Assessment

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

B. Introduction and Context

Country Context

- 1. The Health System Strengthening for Better Maternal Child Health Results Project (*Projet du Développement du Système de Santé (PDSS)*) was approved on December 18, 2014 and became effective on May 30, 2016.** The objective of the project is to improve utilization and quality of maternal and child health services in targeted areas within the Recipient's Territory and, to provide an immediate and effective response to an eligible crisis or emergency. The project has had three Additional Financings (AFs). The first two AFs (AF1 and AF2) were to expand the scope of the project. The third AF (AF3) was to replenish funding that had been shifted to the Contingent Emergency Response Category (CERC), which has been triggered three times to respond to the country's 9th and 10th Ebola Virus Disease (EVD) outbreaks.
- 2. This fourth AF has two objectives.** First, to cover a financing gap so that the project can meet its Project Development Objective (PDO) in target provinces and maintain activities through its closing date of December 31, 2021. Second, to cover a cost-overrun and continue ongoing Ebola response and recovery work in affected provinces.

Sectoral and Institutional Context

3. **Despite years of support and institutional capacity development, DRC's health system remains weak and poorly equipped.** The country has 0.09 physicians per 1,000 inhabitants¹ and health facilities have been abandoned or destroyed in many regions due to insecurity and limited investment. The country has a life expectancy at birth of 60 years (2017), and the top causes of death—the same over the past decade—include malaria, lower respiratory infections, neonatal disorders, and tuberculosis (2017).² In 2018, infant and under-five mortality were 43 and 70 deaths per 1,000 live births respectively.³ In 2014, maternal mortality stood at 846 deaths per 100,000 live births—one of the highest in the world.⁴ Women in DRC experience high levels of sexual and gender-based violence. Malnutrition and inadequate access to water and sanitation services are primary drivers of death and disability and have remained consistent between 2007 and 2017.⁵ Stunting among children in DRC has not improved over the past twenty years: it stood at 44.4 percent in 2001, 45.8 percent in 2007, 43.5 percent in 2010 and 42.6 percent in 2013.⁶ DRC ranked 146 among 157 countries on the 2018 Human Capital Index.⁷

4. **DRC has regular outbreaks of diseases of international concern, such as cholera, measles, yellow fever, monkey pox, and plague, most of which begin in remote areas and are discovered weeks after the first cases appear.** The country's 10th outbreak of Ebola Virus Disease (EVD) outbreak is ongoing. As of May 10, 2020, there have been 3,461 EVD cases, including 3,316 confirmed and 145 probable cases, of which 2,279 cases have died (overall case fatality ratio 66%).⁸ Among the confirmed and probable cases, 57 percent (n=1958) were female, 29 percent (n=992) were children aged less than 18 years, and 5 percent (n=171) were healthcare workers. The outbreak reached 19 health zones in North Kivu, 9 health zones in Ituri and one health zone in South Kivu. EVD10 in DRC is the second largest Ebola outbreak in the world after the 2013-16 outbreak in West Africa, and the largest in DRC history. WHO declared EVD10 a Public Health Emergency of International Concern (PHEIC) on July 17, 2019 according to International Health Regulations. The PHEIC is still effective to date as new Ebola cases were confirmed in April 2020.

5. **The Government of DRC has responded to the crisis through four Strategic Response Plans.** The fourth plan was approved on July 12, 2019 to cover the period between July to December 2019. SRP 4.1, an extension of the fourth response plan, was just approved on January 24, 2020 to cover response activities and preliminary transition activities at the provincial level through June 2020. Between February 24 and April 10, 2020, there were no new cases of EVD. Two days before the outbreak was to be declared over, a new case was confirmed

¹ World Development Indicators, 2020.

² IHME. 2020. Democratic Republic of Congo. Accessed March 18, 2020 from <http://www.healthdata.org/democratic-republic-congo>.

³ INS, 2019. Enquête par grappes à indicateurs multiples, 2017-2018, rapport de résultats de l'enquête. Kinshasa, République Démocratique du Congo.

⁴ *Ministère du Plan et Suivi de la Mise en œuvre de la Révolution de la Modernité (MPSMRM), Ministère de la Santé Publique (MSP) et ICF International, 2014. Enquête Démographique et de Santé en République Démocratique du Congo 2013-2014.* Rockville, Maryland, USA : MPSMRM, MSP et ICF International.

⁵ IHME, 2020.

⁶ *Ministère du Plan et Macro International, 2008 ; MPSMRM, 2014; INS 2019.*

⁷ World Bank. 2019. World Development Report 2019: The Changing Nature of Work. World Bank: Washington, DC.

⁸ World Health Organization. May 2020. Ebola Virus Disease Democratic Republic of Congo: External situation report. Available: <https://www.who.int/emergencies/diseases/ebola/drc-2019/situation-reports>

in the City of Beni on April 10, 2020. For the outbreak to be declared over, no new cases can emerge for 42 days – double the incubation period for infection. However, based on the West African Ebola outbreak from 2013-16, it will be critical to continue intense surveillance for 90 days once the outbreak is declared over to avoid resurgence of infection.

6. **The World Bank’s Health Nutrition and Population response to the EVD10 outbreak has focused on three key pillars:** funding, technical support and pandemic preparedness. The PDSS project has been used to finance US\$188 million of the response by triggering the CERC three times. Additional World Bank support through the DRC Eastern Recovery Project (P145196 – STEP Project) has financed community-based interventions. These include high-intensive labor works that have led to improving the livelihood of about 10,000 people in Ebola affected health zones.
7. **COVID-19 emerged just as EVD10 showed signs of slowing.** PDSS will not finance COVID-19 response activities directly. However, as the largest health system strengthening project in the country, PDSS will play a key role in treating COVID-19 patients. PDSS will be essential to continue delivering a broad range of life-saving primary health services to the population of DRC during the pandemic, as the project currently finances essential medicines and outpatient consultations through Performance Based Financing (PBF).

C. Proposed Development Objective(s)

Original PDO

The project development objective is to improve utilization and quality of maternal and child health services in targeted areas within the Recipient's Territory.

Current PDO

To improve utilization and quality of maternal and child health services in targeted areas within the Recipient's Territory and, to provide an immediate and effective response to an eligible crisis or emergency

Key Results

8. **The project is on track to achieve its objectives.** Project Implementation Progress is rated Moderately Satisfactory and implementation of most project activities, such as contracting of health facilities to support health and population services, is well underway. At the end of 2019, three PDO indicators under the parent project have been met and the remaining three are on track to be met. In 2019 alone, 8,822,459 people received essential health, nutrition and population services (target 7,819,376 people). From 2016 to 2019, the proportion of pregnant women who received at least four antenatal care visits increased from 36 to 50 percent (target 55 percent); proportion of people who had a new curative consultations increased from 38 to 45 percent (target 50 percent); fully vaccinated children increased from 62 to 81 percent (target 70 percent); and the average quality score increased from 23 to 55 percent at health centers, and from 33 to 67 percent at hospitals (target 60 percent). The Ebola Strategic Response Plan 4.1 was officially launched on January 24, 2020 and over 300,000 people have been vaccinated (target 120,000).



9. **A midline survey of project supported PBF conducted in three out of the 11 provinces was completed in October 2018 to measure short-term impacts at the facility level and shows promising results.** The preliminary data indicate improvements in multiple structural quality indicators in project-supported health zones. For example, the proportion of facilities that have water and soap in consultation rooms increased from 46 percent at baseline to 69 percent at midline. Furthermore, facilities are more likely to have antiseptic gel, functioning toilets, proper fencing, and basic functioning equipment for provision of maternal and child health. Facilities have also increased the number of days per week in which they provide antenatal care and the data suggest a significant increase in availability of family planning products such as birth control pills, injectables and implants. The end line survey is planned to be done by the fourth quarter of 2020, which would allow further understanding of the outcomes and impacts of the project. These results will be used to inform future investments in health systems strengthening in DRC.

10. **The PDSS is well anchored in the Five-Year Health System Development Strategy (*Plan National de Développement Sanitaire 2019-2022 – PNDS*) validated by the Government in November 2019 and is seen by the Government as the embryo to achieving Universal Health Coverage (UHC) by 2030.** The PNDS was accompanied by the development of the program-based budgeting reform in the health sector, which reflects priorities of the PNDS in the budget template. Before performance-based budgeting, priorities of the PNDS were not reflected in the budget: the budget was input-based and included mostly salary and non-salary budget lines with limited disaggregation by health priority area and provincial level. Now, budgets of PNDS priorities are set based on the PNDS result framework. The PDSS is supporting the implementation of program-based budgeting at the central and provincial levels, which will permit the Ministry of Health to monitor implementation of the PNDS and institutionalize resource mapping and expenditure tracking.

11. **The Government has adopted PBF as a national policy and institutionalized the approach.** This is most evident by the government approving a National Policy on Strategic Purchasing validated by the Council of Ministers in November 2018. This policy will ensure that all parties implementing PBF will be aligned to the national policy, thereby reducing fragmentation that has hampered the health system for the past 10 years. The policy was developed after review and consultation with all the stakeholders (Government, donors, non-governmental organizations (NGOs), civil society) who have been involved in implementing PBF in DRC. Additionally, the PDSS has supported several health financing analytic pieces related to domestic resource mobilization and public financial management in the health sector leading to interventions to improve health budget execution and to better align donors to support the Ministry of Health in improving public financial management reforms.

D. Project Description

12. **The project has four components:** (1) Improve Utilization and Quality of Health Services at Health Facilities through PBF; (2) Improve Governance, Purchasing and Coaching and Strengthen Health Administration Directorates and Services through PBF; (3) Strengthen Health Sector Performance – Financing and Health Policy Capacities; and (4) Disease Surveillance System Strengthening and Response, which includes the CERC. The project targets close to a third of the population. The PDSS uses PBF to strengthen service delivery and ensure quality and good governance and is the largest PBF project globally. The contracting approach involves public and private health facilities, public health administration, central ministry of health departments and



the provincial public purchasing bodies. Beyond PBF, the project is the main vehicle in DRC to increase policy dialogue and donor engagement around human resources for health, pharmaceuticals, governance, and health financing. The project has supported capacity development and provided technical assistance for the development and implementation of key health sector policies.

- 13. The AF, in the amount of US\$200 million, will cover a PDSS financing gap after triggering the CERC and a cost overrun related to EVD support and the COVID-19 pandemic.** It will allocate US\$108 million to core project activities (financing gap), US\$50 million to the CERC for the EVD10 response (cost overrun), and US\$42 million to cover a cost overrun resulting from lower socioeconomic status of households due to COVID-19. The AF will fill the financing gap after using the PDSS as the main vehicle to finance the Ebola response and will finance core activities through the project's closing date. It will also cover the cost overrun resulting from COVID-19, further support to end the EVD10 outbreak, and ongoing surveillance in the Ebola-affected provinces as recommended by the World Health Organization. Core project activities covered by the financing gap include: the provision of a package of priority health services targeting children, adolescents, pregnant women and mothers through PBF; capacity development of health administration directorates within the Ministry of Public Health, health verification teams, and civil society organizations to administer PBF; and support to the health reform process, particularly as it relates to health financing and UHC. AF4 will add US\$80 million in IDA funds to component 1, US\$40 million to component 2, US\$30 million to component 3, and US\$50 million to the CERC that is part of component 4.

E. Implementation

- 14. Implementation of most project activities, such as contracting of health facilities to support health, nutrition, and population services, is well underway.** The contracting approach involves public and private health facilities, subnational public health administration, central ministry of health departments and the provincial public purchasing bodies. Contracts have been established with 2,545 Health Centers, 166 Hospitals, 165 Health District Teams, 11 Provincial Health Teams, 11 Public Purchasing Agencies – including provincial satellites and the Central Strategic Purchasing Support Cell. Due to the EVD 9 and 10 outbreaks, the implementation of other activities has faced delays. For instance, contracts to determine the number of civil servants eligible for retirement have been developed, and firms have been hired to calculate the pension amount and manage grievances. Yet, the actual launching of these activities has not started.
- 15. Under the Ebola emergency response, the project was able to swiftly sign contract with UN agencies such as WHO, UNICEF, IOM and others to support implementation of activities outlined in multiple Ebola strategic plans developed between August 2018 and January 2020.** Due to the rapid scaleup in activities due to Ebola as well as the multiple source of funding coming through the PDSS, Implementation Progress has become more challenging. However, multiple actions were taken to improve implementation, including a project restructuring and strengthening of the fiduciary team within PDSS—to be composed of three financial management specialists (up from one), two internal auditors (up from one), three procurement specialists (up from one), and six accountants (up from two).

16. **The project’s Institutional Arrangements remain the same.**⁹ The Project Implementation Unit is at the Secretary General level, which is placed under the Minister of Health.

F. Project location and Salient physical characteristics relevant to the safeguard analysis (if known)

AF4 will continue to support the 11 provinces (Maniema, Tshuapa, Mai-Ndombe, Kwilu, Kwango, Haut Katanga, Haut Lomami, Lualaba, Equateur) for the basic activities of the PDSS, the health zones affected by the Ebola virus (North Kivu and Ituri) as well as 9 health zones of the City Province of Kinshasa, the framework of CERC interventions. No civil engineering work will be undertaken, and no critical negative environmental or social impacts are foreseen. Environmental risks are expected to be site-specific and more related to the proper management of biomedical waste in health zones. The project does not require any land acquisition resulting in involuntary resettlement and/or restrictions on access to resources and livelihoods. The project is expected to have a positive impact for all beneficiaries, including vulnerable groups such as children, women and the poor who are the main target beneficiaries of the project. Part of the project's target population will include indigenous peoples (IPs). The expected effects are positive as IPs do not have access to quality care and the project provides free care to IPs to. The Indigenous Peoples Plan Framework (IPPF) prepared and disclosed as part of the AF3 in February 2019 will be updated and disclosed for the AF4. Also, the Indigenous Peoples Plan (IPP) prepared as part of the AF3 remains valid and will be implemented in AF4.

G. Environmental and Social Safeguards Specialists on the Team

Richard Everett, Social Specialist
 Joelle Nkombela Mukungu, Environmental Specialist

SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	This proposed AF4 is only addressing the financing gap and cost overrun due to the ongoing Ebola response. No civil works are expected under this AF4. The project is classified as category B according to Bank initial Environmental Assessment. Potential environmental risks are expected to be related to

⁹ The Institutional Arrangements were last revised during the Level 2 restructuring approved in March 2020.



		the increase of biomedical waste in health centers, or some rehabilitation. To manage these potential risks, the existing Environmental and Social Management Framework (ESMF) has been revised and updated. It provides guidance on the screening of Environmental and Social risks for specific activities, to define the need for the preparation of a specific safeguards instrument. The Health Care Waste Management Plan (HCWMP) prepared and disclosed in country in October 2016 was revised and redisclosed for AF3, and it has been revised and will be redisclosed once again in the country and the World Bank’s external website for AF4. The AF4 HCWMP will also consider WHO guidance related to Infection Control and Medical Waste Management measures developed in the context of the response to the COVID-19 pandemic.
Performance Standards for Private Sector Activities OP/BP 4.03	No	This policy is not triggered as the project does not involve private sector.
Natural Habitats OP/BP 4.04	No	This policy is not triggered. No activity is expected to impact Natural Habitats.
Forests OP/BP 4.36	No	This policy is not triggered. No activity will involve forests.
Pest Management OP 4.09	No	This policy is not triggered. No activity involves Pest Management
Physical Cultural Resources OP/BP 4.11	No	This policy is not triggered. No activity involves Physical Cultural Resources
Indigenous Peoples OP/BP 4.10	Yes	Since the presence of IPs is reported in the project area, to ensure that IPs will benefit from the project, OP/BP 4.10 has been triggered, and an IPPF focusing on outreach and inclusion has been prepared for the parent project, and subsequent AF3 in February 2019. This IPPF will be updated and redisclosed as part of AF4. Also, the IPPs prepared as part of the AF3 remain valid and will be implemented during AF4.
Involuntary Resettlement OP/BP 4.12	No	This policy is not triggered as no civil engineering work will be undertaken, and the project does not require any land acquisition resulting in involuntary resettlement and/or restrictions on access to resources and livelihoods.
Safety of Dams OP/BP 4.37	No	This policy is not triggered. No activity involves Safety of Dams
Projects on International Waterways OP/BP 7.50	No	This policy is not triggered. No activity involves International Waterways

Projects in Disputed Areas OP/BP 7.60	No	This policy is not triggered. No activity involves Disputed Areas
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KEY SAFEGUARD POLICY ISSUES AND THEIR MANAGEMENT

A. Summary of Key Safeguard Issues

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:

The project is not expected to have large scale, significant, or irreversible environmental or social impacts. Project activities are focused on delivery of an integrated package of health services both at the community and health facility level, as well as providing high impact maternal and reproductive health services.

Project activities that could potentially cause an adverse impact that will need to be minimized, mitigated and managed include: (i) During the operation of the health facilities the generation of additional quantities of medical waste will increase slightly over the current baseline. (ii) In addition, the health facilities will receive an investment bonus at the beginning of each year, which they can use to do some minor rehabilitation such as painting, opening a window, fixing the roof etc. These activities may cause noise, vibrations and emissions from vehicles and machinery, generate construction waste and involve potential risks regarding workplace and community health and safety. However, these activities and their anticipated impacts will be temporary, site specific and localized, and limited in scope.

The presence of IPs in the targeted Provinces was identified and confirmed during project preparation. IPs constitute a vulnerable and marginalized group in the project area. The risk of social exclusion of IPs in the context of the project cannot be ignored.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area: The planned project activities are not anticipated to have long-term or indirect negative social or environmental impacts. The project is expected to increase social cohesion at the family and community level as well as activities to promote gender equality and change negative attitudes and norms towards women and girls. In addition, the project support will provide targeted communities with better access to basic health service. Project investments may strengthen sound environmental and social practices in the construction sector and around health facilities. In addition, the expected impacts on IPs are positive. IPs do not have access to quality health services and hence the project will ensure that free health services are provided to them

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts. Not applicable.

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described. At the national level, DRC has a legislative and regulatory framework that is conducive to good environmental management. In addition, DRC has signed a number of international treaties and conventions. However, implementation capacity is weak. Environmental policies and their compliance are governed by the Ministry of

Environmental and Sustainable Development (MECDD). The MECDD has three departments in charge of environmental monitoring and management: i) the national agency ACE (Agence Congolaise de l'Environnement), the former GEEC (Groupe de l'études environnementales du Congo); ii) le Centre National de l'Information sur l'Environnement (CNIE); and iii) La Cellule Reglementation et Contentieux Environnementaux (CRCE). The ACE is responsible for safeguards compliance of all projects in the country, but with emphasis on environmental category A project. This agency has previous experience reviewing safeguard instruments such as the ESMF and the Resettlement Policy Framework (RPF). The unit (ACE) is understaffed and has limited capacity. Despite several donor-funded capacity building initiatives, the unit still largely relies on donor funds to carry out its field supervision duties.

Under the original project two safeguard policies were triggered: 1) OP/BP 4.01 Environmental Assessment because of the potential negative environmental and social impacts related to the handling and the disposal of medical and health waste (such as placentas, syringes, and material used for delivery of pregnant women) in health facilities covered by the project area. However, health care waste to be generated by the project is expected to be site specific, small scale and easily manageable; and 2) OP/PB 4.10 on Indigenous People. The original project developed and disclosed its ESMF and the IPPF in October 2016, and then redisclosed them in February 2019 after revisions were made for AF3. These documents have been revised and will be redisclosed in the country and on the World Bank external website for AF4. Also, the IPPs prepared as part of the AF3 remain valid and will be implemented in AF4.

To properly manage health care waste in accordance with OP/PB 4.01, the existing HCWMP disclosed by the PDSS in October 2016, revised and redisclosed in February 2019, has been revised once again and will be used for AF4. It will also consider WHO guidance related to ICWM developed in the context of the response to the COVID-19 pandemic. The project team will recruit environmental and social specialists as needed to ensure implementation of the safeguards measures.

The project developed a risk mitigation plan for sexual exploitation and abuse (SEA) and sexual harassment (SH), outlining associated mitigation measures that the project intends to implement. This includes an accountability and response framework, which will incorporate codes of conduct for health care personnel, a grievance redress mechanism set up to handle SEA/H-related complaints ethically and confidentially, as well as a response protocol for ensuring access to integrated services for survivors. Planned mitigation measures also include awareness-raising around SEA/H and community consultations with women. In addition, it includes training activities for project health care personnel related to SEA/H prevention and response and clinical care for sexual assault survivors. The project team will update the existing SEA/H risk mitigation plan within 60 days of effectiveness.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.

The preparation of the project has relied on consultations with government officials at relevant levels, provincial officials, donors and community, implementation partners, community and civil society groups, and direct beneficiaries of the project. The implementation of the project, and the revisions made for AF4, will likewise rest on various consultations.



B. Disclosure Requirements (N.B. The sections below appear only if corresponding safeguard policy is triggered)

Environmental Assessment/Audit/Management Plan/Other

Date of receipt by the Bank 20-Feb-2015	Date of submission for disclosure 20-Feb-2015	For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors
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"In country" Disclosure

Congo, Democratic Republic of
06-Feb-2017

Comments

The review of this Safeguards has been Deferred.

Comments

Indigenous Peoples Development Plan/Framework

Date of receipt by the Bank 20-Feb-2015	Date of submission for disclosure 20-Feb-2015
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"In country" Disclosure

Congo, Democratic Republic of
06-Feb-2017

Comments

The review of this Safeguards has been Deferred.

Comments

If the project triggers the Pest Management and/or Physical Cultural Resources policies, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.

If in-country disclosure of any of the above documents is not expected, please explain why:



C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting) (N.B. The sections below appear only if corresponding safeguard policy is triggered)

OP/BP/GP 4.01 - Environment Assessment

Does the project require a stand-alone EA (including EMP) report?

If yes, then did the Regional Environment Unit or Practice Manager (PM) review and approve the EA report?

Are the cost and the accountabilities for the EMP incorporated in the credit/loan?

OP/BP 4.10 - Indigenous Peoples

Has a separate Indigenous Peoples Plan/Planning Framework (as appropriate) been prepared in consultation with affected Indigenous Peoples?

If yes, then did the Regional unit responsible for safeguards or Practice Manager review the plan?

If the whole project is designed to benefit IP, has the design been reviewed and approved by the Regional Social Development Unit or Practice Manager?

The World Bank Policy on Disclosure of Information

Have relevant safeguard policies documents been sent to the World Bank for disclosure?

Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?



All Safeguard Policies

Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?

Have costs related to safeguard policy measures been included in the project cost?

Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?

Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?

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APPROVAL

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Approved By

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