



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 04/11/2020 | Report No: ESRSA00707



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Bhutan	SOUTH ASIA	P173787	
Project Name	Bhutan: COVID-19 Emergency Response and Health Systems Preparedness Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/7/2020	6/24/2020
Borrower(s)	Implementing Agency(ies)		
Ministry of Finance. Royal Government of Bhutan	Ministry of Health, Royal Government of Bhutan		

Proposed Development Objective(s)

To prevent, detect and respond to the threat posed by COVID-19 and to strengthen national systems for public health preparedness in Bhutan

Financing (in USD Million)	Amount
Total Project Cost	5.00

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 project development objective is to prevent, detect and respond to the threat posed by COVID-19 and to strengthen national systems for public health preparedness in Bhutan. It will achieve this objective by supporting Bhutan, and specifically the Ministry of Health, to (i) provide emergency COVID-19 response, including case detection, confirmation, contact tracing, recording, reporting and health system strengthening ; (ii) enhance community engagement and risk communication; (iii) support implementation management and monitoring and evaluation; and (iv) provide contingency emergency response.



D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social] Bhutan is on the southern slopes of the eastern Himalayas, landlocked between the Tibet to the north and the Indian states of Sikkim, West Bengal, Assam to west and south and the Indian state of Arunachal Pradesh to the east. The land consists mostly of steep and high mountains crisscrossed by a network of swift rivers that form deep valleys before draining into the Indian plains. Elevation rises from 200 m (660 ft) in the southern foothills to more than 7,000 m (23,000 ft). Bhutan's climate varies with elevation, from subtropical in the south to temperate in the highlands and polar-type climate with year-round snow in the north. The 12 recognized protected areas of Bhutan are its national parks, nature preserves, and wildlife sanctuaries and they cover more than 42% of the country, mostly in the northern regions. Bhutan is divided into twenty districts, administered by a body called the Dzongkhag Tshogdu.

This emergency operation has been prepared as a new stand-alone project which will be implemented throughout Bhutan and will contribute to COVID-19 surveillance and response. The specific locations where project sub-components will be implemented have not yet been identified but the project will be implemented in urban as well as rural areas.

The project will strengthen the Health Emergency Operation Centers (HEOC) at the center and sentinel surveillance sites; strengthen the ports of entry (Paro Airport and various border points); establish a well-equipped health desks including equipment, transportation and referral mechanisms and strengthen risk communication. It will also strengthen Hub and Spoke Hospitals for Diagnosis, Treatment, Infection Control and Waste Management. This will include strengthening the Jigme Dorji Wangchuck National Referral Hospital (JDWNRH) in Thimphu and designated hospitals at the ports of entry (i.e. Paro and Phuntsholing) for diagnosing and treating patients with communicable disease of public health concern; strengthen at least one hospital in each of the three regions (Eastern, Central and Western) to prepare them for case detection, isolation and treatment of disease. No major civil works are expected in this project; if any works are supported, they would be minor and take place in existing facilities within existing physical footprints. However, should there be a need for major refurbishments and/ or construction of any new structures, Environmental and Social Management Plans (ESMPs) will be prepared based on the provisions of the Environmental and Social Management Framework (ESMF). The ESMF for this project will be prepared by the Borrower 30 days after the project effectiveness date. The ESMF and project activities should consider international protocols for infectious disease control and medical waste management. The project is not expected to impact natural habitats or cultural sites.

D. 2. Borrower's Institutional Capacity

The implementation of the proposed project will be the responsibility of the Ministry of Health (MOH). Although this is the first WB financed IPF project in the health sector in recent years, Bhutan has made good socioeconomic progress, with the assistance from United Nations agencies; the Japan International Cooperation Agency; the Japan Children's Vaccine Initiative; Gavi, the Vaccine Alliance; and the Global Fund in the fight against HIV/AIDS, Tuberculosis and Malaria. To implement these operations environment and social due diligence, the implementing agencies have followed applicable national laws, and relevant provisions of Royal Government of Bhutan (RGB). Bhutan has a Waste Prevention and Management Act of Bhutan, 2009. This Act covers all forms of waste whether solid, liquid, or gaseous, hazardous or non-hazardous, organic or inorganic, from residential, agricultural, commercial, medical or industrial sources, produced by any person, including materials being stored for recycling or in the process of recycling, including the transportation of waste in any form, and import and export of waste in Bhutan. The Waste Prevention and Management Regulation, 2012 is also a comprehensive regulation for the waste minimization and management. It establishes various agencies and monitoring authorities for the effective implementation of this regulation, and is applied to all point sources and/or point of origin of different types of waste and their management.



This regulation classifies wastes into four categories (Medical, Municipal, Industrial and E-Waste) for the purpose of clearly demarcating the roles of implementing agencies under respective waste categories for the effective waste management.

A project management and policy support unit (PIU) will be established in MOH to coordinate and manage the overall activities under this project. Also, the environmental safeguards aspects in Bhutan are overseen by the National Environment Commission (NEC) which is a high-level autonomous agency of the RGB and is mandated to look after all issues related to environmental safeguards including waste management, emission standards etc. The NEC has played key parts in the safeguards issues for other WB supported projects under urban and transport GPs. The Commission also monitors the impact of development on the environment and aims to put in place necessary controls, regulations and incentives to the private/public sectors to achieve sustainable development through the judicious use of natural resources. However, there are challenges at the policy and implementation level in the health system with needs for human and technical resources and specific legislation on hospital waste management. At present, the infectious waste in the health facilities in Bhutan are treated by autoclave and chemical disinfection. Autoclave facility is available in eight hospitals across the country – the three referral hospitals in Thimphu, Gelephu and Mongar, and at the hospitals in Phuentsholing, Samtse, Tsirang and Wangdue. In accordance “Annual Waste Report for 2018, Ministry of Health, Thimphu” it is practiced that the hospitals with no autoclave facilities, infectious waste is chemically treated by dipping or soaking it in a chlorine solution and then disposing it to the landfill. The WHO guidance (https://apps.who.int/iris/bitstream/handle/10665/85349/9789241548564_eng.pdf;jsessionid=EBACD70D8C32C6B4E2F5E67A90654BFB?sequence=1) also accepts chlorine solution to be used as a waste disposal method. However, it is suggested that the IA will adopt ‘Integrated autoclave/microwave with built in shredder and sterilizer’ a proven technology on medical waste management which is also included in the ESCP.

The PIU of the proposed project will train health staff on health care waste management and infection prevention and control measures. The PIU will further recruit an Environment and Social Specialist within 30 days of project effectiveness, who will assist the development of a long-term E&S capacity building program for the Ministry, especially those under emergency situations and will support implementation of the ESMF successfully. The E&S specialist will also assist with ESMP preparation and implementation, monitoring, and reporting requirements. The Bank’s E&S team in the meantime, will provide support the client in ESMF preparation. The newly hired specialists will focus on the implementation of the ESCP and ESMF during project implementation phase.

II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

The proposed project will support the Ministry of Health (MOH) in strengthening its capacities for responding to an outbreak of any public health emergency, including COVID-19. Thus the project will support provisions for screening, detection and treatment of COVID-19 cases and further enhance health care facilities. The Environmental risk is rated Substantial.

The main environmental risks are: (i) the occupational health and safety (OHS) issues related to testing and handling of supplies and the possibility that they are not safely used by laboratory technicians and medical crews; (ii) medical



waste management and community health and safety issues related to the handling, transportation and disposal of healthcare waste as well as from construction related activities; and (iii) minor/moderate scale construction impacts related to air, water, noise emissions and waste. Waste that will be generated from labs, quarantine facilities and screening posts to be supported by the COVID-19 readiness and response could include liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid) and infected materials (water used; lab solutions and reagents, syringes, bed sheets, majority of waste from labs and quarantine and isolation centers, etc.) which requires special handling and awareness, as it may pose an infectious risk to healthcare workers who come in contact with or handling the waste. It is also important to ensure that sharps are properly disposed of. Also the planned civil works may cause noise and emissions from vehicles and machinery, waste generation and may involve risks regarding workplace and community health and safety. The ES screening will be required for civil works to evaluate if sub-project activities require specific environmental assessment and the ESMF will provide guidance about the preparation, consultation and disclosure of these documents. Procurement for goods (purchase of testing kits, medical equipment such as oxygen suppliers, etc.) and consultancy activities for COVID-19 communication can be initiated as soon as the project is approved. However, the ESMF must be finalized before establishing any new isolation units, quarantine facilities, and/or construction activities at any scale (if included). In addition, any activities that have been screened for environmental and social risks will not be carried out without the updated, consulted and disclosed ESMF/Ps. This proposed risk classification will be reviewed on a regular basis and changed (if necessary). Any change to the classification will be disclosed on the World Bank's website.

Social Risk Rating

Substantial

As mentioned above, the project will support renovation/refurbishment of selected health facilities, but only within existing footprints. Therefore, no land acquisition is envisaged as civil works involved will be only within existing compound of health facilities. No new infrastructure has been planned to be built either on public or private property. The refurbishment and rehabilitation of the health facilities will entail employment of local labor, the number of which is not likely to cause any significant labor influx and its associated risks and impacts. But given the fact that the labors will be employed in a potentially COVID-19 environment they will likely be exposed to the virus and without necessary PPEs, training and enforcement of mitigation measures workers' occupational health and safety may be detrimentally affected. Further, the healthcare workers who will be assigned in the healthcare facilities will also face similar exposure which may affect their health and without adequate mitigation measures in line with WHO and Governmental guidelines it will also affect the availability of medical staffs, constraining already stretched resources. The project will include specific Behavioral Risk and Communication (BRC) aspects to inform the general public about the disease personal health and hygiene issues, provision of correct and updated information to reduce social risks from the spread of misinformation.

Given the nature of the outbreak and potential lack/shortage of support/ equipment/ manpower, vulnerable and disadvantaged people may be left out of much needed and in-demand services. Vital information and other physical medical resources may also be less available to marginalized sections of the community. It is of paramount importance that these vulnerable and disadvantaged people are provided with equal access to the services of the project and are consulted equally.

The outbreak may also cause social tension, loss of jobs, shutdown of business, need for social distancing, excess pressure on health facilities, breakdown of supply chains, lack of daily staples like food and medicine . Educational and Government institutes may also shut down causing the essential services to shrink. Food prices may also go up while the financial status of people out of job will cause strain in their survival.

Public Disclosure



Given the nature of the project, the potential community health and safety risks and the Borrowers limited capacity to manage them in the context under which the emergency project will be implemented, the social risk is rated Substantial.

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:

The project will have positive environmental and social impacts as it will improve surveillance for infectious epidemic diseases (including COVID 19), monitoring and containment. At the same time, the project presents risk on environmental, health and safety (EHS) to direct and contracted workers and local communities due to the nature of the pathogen and reagents to be used in the project-supported laboratories and quarantine facilities. ESS1 will apply and will clarify the government's responsibilities in identifying and managing the environmental and social risks of the project. The proposed project will provide health services in response to the global COVID-19 outbreak. Given the nature of how the disease spreads and the medical requirement and resources needed to address the issue, the health-care workers, the community members and the environment are likely to be exposed to health risks from medical, solid and liquid wastes generated from the health facilities if not properly treated and managed.

As part of the proposed project, an Environmental and Social Management Framework (ESMF) will be developed which will include interventions in line with the WHO standards, to adequately mitigate social and environmental risks. Medical, solid and liquid wastes need to be treated as per accepted standards for which a Medical Waste Management Plan (MWMP) will be prepared, as a part of ESMF, to assist health facilities in developing and implementing their own plans. The MWMP will cover: (a) anticipated waste composition and quantity; (b) existing medical, solid and liquid waste management system, including deviation and gaps from the emission standards and other protocols; (c) existing regulatory framework and supervision / monitoring arrangements; (d) plan for using the existing medical, solid and liquid waste management system, including any measures to upgrade or remedy identified gaps and deviations; and (e) additional arrangements for supervision and monitoring of waste management including the generation of huge quantities of used and discarded PPEs. Further, a Community Health and Safety Plan will also be developed to address the risks and impacts on community health and safety, keeping in view COVID-19 situation. The Community Health & Safety plan will also include procedures on case investigation and reporting, emergency preparedness and response procedures and community awareness raising activities.

Also, minor repair and renovation works for the project may generate construction related impacts such as noise and emissions, generate waste and involve risks regarding workplace and community health and safety. The project ESMF will cover the mitigation activities to manage these risks. The ESMF should be finalized before establishing any new isolation units and quarantine facilities and/or undertaking any rehabilitation activities, for which individual ESMPs will be prepared. In addition, any activities that have been screened for environmental and social risks will not be carried out without the ESMF being in place, if potential associated risks are identified as substantial from an environmental and social perspective. Any activities that are screened as having high E&S risk, will be excluded from project support.



This operation is being processed as an emergency response using condensed procedures under the Fast Track COVID-19 Facility. It can be noted that the project includes a contingency component and the ESMF will also cover the Contingency Emergency Response Component (CERC) of the project. And other E&S documents will be updated when Government submits the request to activate the CERC Component.

ESS10 Stakeholder Engagement and Information Disclosure

From the very outset of the project, MOH will engage in meaningful consultations with all stakeholders and continue throughout the project life cycle, paying special attention to the inclusion of women and vulnerable and disadvantaged groups. The stakeholders include project affected parties (COVID-19 patients, their caregiver, people living in close proximity of the patients, poor and disable people, people with previous condition, women and children etc) and interested parties (Government officials, Hospital Administrators, NGOs, media etc). The project will address the issue of containment and treatment of COVID-19 which is very infectious, face to face communication and meeting/ gathering/ conferring in a closed place with a significant number of individuals will be avoided. Majority of the information dissemination will be done through websites/online portals, FAQ system, a toll free hotline, newspaper, community bulletin, local/FM radio station etc. Public address systems in places of worship, localities, miking etc will also be used. Contact may also be done in small groups following all safety and health protocols (use of PPE, not including anyone with symptoms to be present etc.) will be followed. The borrower has prepared a Stakeholder Engagement Plan (SEP) which identifies various stakeholders, ways and means of information disclosure and getting feedback with special reference to vulnerable and disadvantageous parties. Stakeholder engagement, consultation and communication, as well as a functional GRM will be put in place, communicated and used throughout the life of the project so that issues can be raised, information can be shared and addressed. The channel of communication may be restricted to online/ telephone methods so that physical interaction can be avoided. The SEP is a living documents and will continuously be updated throughout the life cycle of the project. SEP also focuses on the needs and requirement of indigenous people who may need a differentiated measure for consultation and participation. The SEP will be disclosed prior to negotiations allowing enough time for review and feedback from project affected and interested parties. The stakeholder engagement will also be used to provide and share information regarding the status of COVID-19, various health protocols and practices, deter misinformation and rumors and alert the public of any emergency event.

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

Project workers will include Direct Workers employed directly by the IA, Health Workers employed in the healthcare facilities, Contracted Workers who will mainly form part of Contractors workforce for civil works. The project will include minor repair and renovation work in health facilities, which will require employment of local labor and their number is not expected to be significant. Issues such as child labor in the supply chain, forced labor, gender and GBV issues, occupational health and safety will be addressed in the bidding and contract documents as well. Labors will need to work closely in the potential COVID-19 environment hence provision of PPE (particularly facemask, gloves, hand washing soap and sanitizer) free of charge, training on their usage, procedure of entry and exit the health



facilities, continuous monitoring of their health condition (especially symptoms of COVID-19) will need to be ensured. Further, healthcare workers will similarly be exposed to COVID-19 environment and if proper mitigation measures and protocols are not followed, the healthcare facilities risk losing already stretched medical workforce. Therefore protection against COVID-19 must be ensured for healthcare workers. No workers below the age of 18 will be assigned, given the hazardous nature of work. Adequate OHS protections in accordance with General ESHGs and industry specific ESHGs and GIIP in relation to protection from COVID-19 will be established.

ESS3 Resource Efficiency and Pollution Prevention and Management

The project is likely to generate medical, solid and liquid wastes. These may affect the health of care providers, local communities and the environment. A MWMP (including medical, solid and liquid waste management) will be prepared as part of the ESMF to assess and manage waste of different kinds (solid, liquid, medical, hazardous and nonhazardous). The plan will include separation of different kinds of waste, treatment, reuse, recycle and transportation, storage and final disposal of wastes in approved sites/ through incineration/ other methods as per ESS3 and related ESHGs, GIIP, WHO guidelines and national law. MoH will ensure the execution of the waste management plans throughout the project implementation period. MoH will also ensure sustainable design for minor renovating/ refurbishment of health facilities and will consider energy, water efficiency measures where possible. The construction contractor will make arrangements for water required for construction in such a way that the water availability and supply to nearby communities remains unaffected. The construction contractor will be required to treat wastewater before discharging the same in to any stream or natural water bodies. Innovative solution will be sought for biomedical waste to be processed as close as possible to its generation place. The waste generated by the renovation works will be disposed of at approved sites according to the national laws and regulations.

ESS4 Community Health and Safety

Project activities under this project may give rise to a number of risks for community health and safety. The project would support the provision of health services to deter the COVID-19 outbreak through various health facilities. The requirement of labor will not be significant for refurbishment and renovation work and most of the labors will be from local areas, hence labor influx will not pose a significant risk. However, the project will generate both non-hazardous and hazardous waste throughout the renovation and provision of medical service phases. The anticipated non- hazardous wastes would include construction material and debris, solid waste and waste water. Hazardous waste may include medical wastes including syringe, used medical supplies, masks and used PPEs, unused/ expired medicines, various disinfectant chemicals etc. If not treated, stored, disposed of following GIIP, these might have impact on human health and on the surrounding environment. It is confirmed that no military/security forces will be used under this project.

All these measures will be included in the ESMF. A Community Health & Safety Plan will be developed within 30 days after the Effective Date along with the ESMF. The Community Health & Safety plan will also include procedures on case investigation and reporting, emergency preparedness and response procedures and community awareness raising activities. Efficient waste management will depend on the implementation of appropriate procedures, protocols and monitoring of materials being delivered, handled and stored prior to disposal. However, before the Community Health & Safety plan is in place the WHO guidelines will be strictly followed and monitoring will be done by PIU.



The interaction among potential cases of COVID-19 and general public in the health facilities will also be extremely serious, given the nature of how the disease spreads from human to human. A public interaction protocol, good practices, use of PPE, good hygiene protocol will have to be posted in various locations and people made aware of to contain and eradicate the likelihood of transmission. This community engagement on how to avoid the risk of COVID-19 is part of the project design.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

In this project, no land acquisition is envisaged since only civil work involved at the moment will be refurbishment and rehabilitation of a number of hospitals. No new infrastructure has been planned to be built either on public or private property. Existing waste management facilities will be used for waste disposal and no additional waste management facilities/ dumpsite/ landfill will be established as part of the project.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

The project is not likely to affect any biodiversity of living natural resources, given the information at the moment.

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

There are four major ethnic groups in Bhutan: Ngalong in the west, Sharchop in the east, Khengpas in the central region, and Lhotshampa in the south. There are also a few indigenous groups with distinct religion, language, and culture. Since this is a national project, Indigenous Peoples (IPs) are present in the overall project implementation area. It is not expected that any of the activities related to the project will have either direct or indirect negative impacts on Indigenous Peoples. All the activities financed by the project will respect the human rights, dignity, aspirations, identity, culture and livelihoods of IPs. Training and capacity building for health care professionals under the project will ensure that care is provided for all, irrespective of origin or ethnicity, with due care to take into account the distinctive cultural and language requirements of IPs. In line with other COVID-19 operations, appropriate indigenous people related aspects will be integrated into project design and stakeholder engagement planning which will include: (i) specific targeting of SEP activities relevant to indigenous peoples; (ii) an assessment of particular social risks and circumstances concerning indigenous peoples as part of the preparation of the ESMF, and (iii) ensuring that the ESMF includes specific measures to address the needs of indigenous peoples.

ESS8 Cultural Heritage

This project is unlikely to adversely affect any cultural heritage.

ESS9 Financial Intermediaries

The proposed project will not involve any financial intermediaries .

B.3 Other Relevant Project Risks



Given the existing state of the disease and its transmission mechanism, it is likely that schools, offices, public place, shopping centers/ bazars, places of large gathering may be subject to closure. Forced/ self-isolation may also become a common phenomenon. These may give rise to the price hike of essentials, disruption of supply chain mechanism, travel restriction, isolation from family support, social tension and rumors—all of which will add to the risk potential of the environment the project will operate in. As the overall area of influence of the disease rise, the healthcare facilities may come under serious stress with shortage of manpower and equipment, causing pressure on social stability. People living in close proximities (hostels, prisons etc) are likely to be more vulnerable than other populations and the need for special arrangements for isolation, initial case diagnosis and referral for these groups.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

III. BORROWER’S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

Public Disclosure

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
The Borrower will prepare an Environmental and Social Management Framework (ESMF) including MWMP, and Emergency Protocol for COVID-19 (including information dissemination, use of PPE, community awareness etc.) The ESMF will be prepared in 30 days after Effectiveness date. Some activities (as defined under ESS 1 of this ESRS) will not be eligible before the final ESMF is in place.	05/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
The Borrower will update the Stakeholder Management Plan (SEP)	05/2020
ESS 2 Labor and Working Conditions	
The Borrower will be required to follow provisions of ESS2 for project workers.	05/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Project activities will generate medical, solid and liquid wastes which may affect health service providers and population at large. A Medical Waste Management Plan (MWMP) (including medical, solid and liquid wastes) will be developed as a part of ES	05/2020
ESS 4 Community Health and Safety	
A Community Health and Safety Plan will be developed as part of ESMF.	05/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	



No land acquisition is envisaged for the project.	
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
The project is not likely to affect biodiversity and living natural resources.	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
The project is not likely to adversely affect any IPs communities.	05/2020
ESS 8 Cultural Heritage	
The project is not likely to affect any cultural heritages.	
ESS 9 Financial Intermediaries	
The project doesn't include any FIs.	

B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework?

No

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

N/A

IV. CONTACT POINTS

World Bank

Contact:	Rianna L. Mohammed-Roberts	Title:	Senior Health Specialist
Telephone No:	5720+32355 / 1-202-473-2355	Email:	rmohammed@worldbank.org

Contact:	Manav Bhattarai	Title:	Senior Health Specialist
Telephone No:	5770+6128 / 977-1-423-6128	Email:	mbhattarai@worldbank.org

Borrower/Client/Recipient

Borrower: Ministry of Finance. Royal Government of Bhutan

Implementing Agency(ies)

Implementing Agency: Ministry of Health, Royal Government of Bhutan

Public Disclosure



V. FOR MORE INFORMATION CONTACT

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

VI. APPROVAL

Task Team Leader(s):	Rianna L. Mohammed-Roberts, Manav Bhattarai
Practice Manager (ENR/Social)	Valerie Hickey Cleared on 10-Apr-2020 at 12:19:43 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 11-Apr-2020 at 22:58:28 EDT