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

Appraisal Stage | Date Prepared/Updated: 04-Jun-2018 | Report No: PIDISDSA24917

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Bangladesh	P167672	Additional Financing for Health Sector Support Project	P160846
Parent Project Name	**Region**	**Estimated Appraisal Date**	**Estimated Board Date**
Health Sector Support Project	SOUTH ASIA	03-Jun-2018	26-Jun-2018
Practice Area (Lead)	**Financing Instrument**	**Borrower(s)**	**Implementing Agency**
Health, Nutrition & Population	Investment Project Financing	People's Republic of Bangladesh	Ministry of Health and Family Welfare

Proposed Development Objective(s) Parent

The Project Development Objective (PDO) is to strengthen the health, nutrition and population (HNP) sector's core management systems and delivery of essential HNP services with a focus on selected geographical areas.

Components

Component 1. Governance and Stewardship
Component 2. Health, Nutrition and Population Systems Strengthening
Component 3. Provision of Quality Health, Nutrition and Population Services
Component 4. Develop Health, Nutrition and Population Services for the displaced Rohingya population in Cox's Bazar District

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	50.00
Total Financing	50.00
of which IBRD/IDA	50.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	50.00

IDA Grant	50.00

Environmental Assessment Category

B-Partial Assessment

Decision

B. Introduction and Context

Country Context

Bangladesh is one of the world's most populous countries with an estimated 165 million people in a geographical area of about 144,415 sq.-km and per capita income of US$1,480 in 2017, well above the lower middle-income country category threshold which it crossed in fiscal year (FY) 2014. During recent years, economic conditions improved in the country. However, headline inflation increased to 5.8 percent in FY18, from 5.4 percent in FY17, reflecting increases in food prices due to supply shocks. Fiscal deficit was contained at around 4 percent of Gross Domestic Product (GDP) in FY17. The FY18 budget targets 5 percent deficit with 26.2 percent growth in expenditures. The current account balance turned into a deficit equivalent to 0.6 percent of GDP in FY17. The GDP grew well above the average for developing countries in recent years, averaging 6.5 percent since 2010, with an officially projected growth of 7.65 percent in FY18, driven by manufacturing and services. Progress on reducing extreme poverty and boosting shared prosperity through human development and employment generation has continued with the poverty incidence based on the international $1.90 per capita per day poverty line (measured on the basis of the Purchasing Power Parity exchange rate) declining from 44.2 percent in 1991 to a 13.8 percent in 2016 (latest available poverty data). Bangladesh's performance against the Millennium Development Goals (MDG) goals was impressive against the South Asia Region average for most of the indicators. Such progress notwithstanding, the pace of poverty reduction and the rate of job creation has slowed since 2010. Bangladesh needs more effort in improving its growth rate to meet its target of moving up the middle-income rankings by 2021 and eliminating poverty by 2030. For accelerating private sector-led growth with improved investment climate, the key challenges are the need for increased infrastructure and power, with much improved quality in spending public resources, better regulations and enhanced skills of its vast and rapidly increasing labor force.

Between 2000 and 2014, under-five mortality declined from 94 to 46 per 1,000, while the maternal mortality ratio decreased from 399 to 188 per 100,000 births. Child undernutrition also declined but at a slower rate, as 51 percent of under-five children were stunted in 2000, compared to 36 percent in 2014. Inequalities persist, as for example, 49 percent of under-five children were stunted among the lowest quintile of socioeconomic status.

Sectoral and Institutional Context

The HNP service delivery system in Bangladesh is composed of community-level and facility-based services delivered by the government, non-governmental organizations (NGOs), and private for-profit providers. This pluralism is thought to have contributed to Bangladesh's successes in improving HNP outcomes. Each part of the system has largely distinct sources of financing: private providers are mostly financed by household out-of-pocket payments, NGO providers are

supported by international funding as well as out-of-pocket payments, and government services depend on the government budget, including on-budget international financing. The government retains its overall stewardship role, particularly through monitoring and evaluation of outcomes and service delivery indicators.

The government's Fourth Health, Population and Nutrition Sector Program covers the 5.5-year period between January 2017 and June 2022. The program's objectives, results framework, and strategies are described in a Strategic Investment Plan that was developed on the basis of wide consultation of stakeholders and approved in April 2016. The Strategic Investment Plan is operationalized by a Program Implementation Plan and 29 Operational Plans.

The government's Fourth Health, Population and Nutrition Sector Program builds on a successful history of the previous sector programs, with well-established planning and consultation processes as well as monitoring and coordination mechanisms. The government's program encompasses three components: (a) Governance and Stewardship, (b) HNP Systems Strengthening, and (c) Provision of Quality HNP Services.

The government and partners have pursued a sector-wide approach (SWAp) since 1998, adopting a series of multiyear strategies, programs, and budgets (1998–2003, 2003–11, and 2011–16) for management and development of the sector, with both domestic and international financing. The World Bank has been a partner to the Government of Bangladesh in support of the health sector since 1975 and has supported Bangladesh's HNP sector programs since 1998 through three investment financing operations. The latest of the investment financing operations, Health Sector Support Project (HSSP), mobilizes resources in support of the government's Fourth Health, Population and Nutrition Sector Program.

The HSSP's main objectives are to strengthen the HNP sector's core management systems and delivery of essential HNP services with a focus on two geographical areas of Bangladesh (i.e. Chittagong and Sylhet divisions). The HSSP is co-financed by an IDA Credit of US$500 million equivalent; a grant from the Global Financing Facility (GFF) of US$15 million; and a World Bank-managed Multi-Donor Trust Fund of US$94 million with contributions from the Netherlands, Sweden and the United Kingdom.

Since August 2017, about 700,000 people have crossed into Bangladesh from Myanmar. The majority took shelter in a large congested camp, along with other camps across Cox's Bazar District in Chittagong Division, while some are living amongst host communities. They join over 200,000 people displaced from Myanmar in previous years. This influx is placing an immense strain on an already resource-constrained social service delivery system. Given the uncertainty and expected delays in repatriation, the Government of Bangladesh (GOB) will continue to deliver humanitarian aid directly and through United Nations (UN) agencies and local/international NGOs for supply of food, HNP services, sanitation, water and other essential services.

Proposed additional financing for HSSP will enhance the capacity of the Ministry of Health and Family Welfare (MOHFW) to respond to the crisis and support it in extending HNP services to the displaced Rohingya population in Cox's Bazar District. The proposed additional financing will support a fourth component to be added to the HSSP to encompass new activities to support MOHFW in responding to the crisis in Cox's Bazar District.

C. Proposed Development Objective(s)

Original PDO

The Project Development Objective (PDO) is to strengthen the health, nutrition and population (HNP) sector's core management systems and delivery of essential HNP services with a focus on selected geographical areas.

Current PDO

No change to the original PDO.

Key Results

The HSSP's results are measured by 5 PDO indicators and 12 intermediate level indicators, as well as 5 IDA corporate indicators. Results of the proposed new activities to be supported by the proposed additional financing will be reflected by the following additional indicators. (Table 1) Data on these indicators will be provided through HNP service delivery reporting systems. In addition, household surveys will provide supplementary data on population coverage.

Table 1. Additional PDO and intermediate level indicators

PDO indicators
1. Among the displaced Rohingya population in Cox's Bazar District, the number of children (ages 0-11 months) who have received three doses of Pentavalent immunization, disaggregated by gender (annual)
2. Among the displaced Rohingya population in Cox's Bazar District, the number of births delivered in HNP facilities (annual)
Intermediate level indicators
3. Number of HNP facilities providing an appropriate mix of family planning methods to the displaced Rohingya population in Cox's Bazar District (cumulative)
4. Among the displaced Rohingya population in Cox's Bazar District, the number of pregnant women and mothers reached with social and behavior change interventions on infant and young child feeding (annual)
5. Among the displaced Rohingya population Cox's Bazar District, the number of women and girls who have received through women-friendly services information on sexual and reproductive health and rights/gender-based violence (annual)

D. Project Description

New Component 4. Development of Health, Nutrition and Population Services for the displaced Rohingya population in Cox's Bazar District *(US$50 million)*

Building on experience with the SWAp since 1998, the MOHFW and partners are developing a single three-year plan for developing, maintaining and improving HNP services according to government standards in Cox's Bazar District, including services provided to the displaced Rohingya population. The proposed additional financing for HSSP will contribute to this plan through the government budget. Other sources of financing will be the government budget (from domestic sources) and other on- and off-budget support from development partners, including humanitarian programs. The proposed new fourth component of the HSSP will complement, and not replace, life-saving HNP services that are supported by humanitarian programs. The plan will allow MOHFW to identify priorities for continued essential humanitarian assistance in the context of development of government capacities and services with the support of the proposed additional financing as well as other possible medium-term support from partners. While the formal closing date of the proposed additional financing will align with that of the HSSP (December 31, 2022), implementation of the new component, and disbursement of the additional financing, is planned for a period of three years, that is, July 2018 to June 2021.

Table 2. HNP facilities currently providing services to the displaced population

	Number
Primary and outpatient services	
Nutrition services of different types	231
Community Clinics, Health Posts and others of different types	226
Primary Health Centers (analogous to Union-level)	32
Referral and inpatient services	
Field Hospitals	8
Upazila Health Complexes	2
District Hospital	1

Source: WHO and MOHFW facility mapping data.

Overall, the proposed additional financing will support development of capacities for coordination, management and delivery of the MOHFW Essential Service Package to the displaced Rohingya population in two contexts: a) new and temporary HNP services in the displaced camps; and b) existing MOHFW facilities that provide services to the displaced population, primarily the Sadar District Hospital and MOHFW facilities in Ukhia and Teknaf Upazilas. Table 2 provides the current numbers of different types of HNP facilities providing services to the displaced population in and near the camps. These include MOHFW facilities as well as services managed by partners. The capacities of the new and temporary NGO-operated facilities vary widely, ranging from one person dispensing medicines to fully functional field hospitals where surgical interventions are performed. The numbers and types of service delivery points in and near the camps will change as MOHFW rationalizes and standardizes service delivery. Table 3 provides the numbers of different types of HNP facilities in Ukhia and Teknaf Upazilas that are providing services to the displaced Rohingya population.

Table 3. MOHFW facilities in Ukhia and Teknaf Upazilas

Type	Number
Community clinics	28
Union-level facilities	11
Upazila Health Complexes	2
District Hospital	0

Source: MOHFW District Health Information System version 2.

E. Implementation

Institutional and Implementation Arrangements

Like HSSP, the proposed Additional Financing will be implemented by the MOHFW. The responsible MOHFW

official in Cox's Bazar District is the Civil Surgeon. Across Bangladesh, MOHFW services and programs are the responsibility of Line Directors who implement 29 Operational Plans that detail activities, implementation plans and budgets. The Operational Plans constitute the Program Implementation Plan for the Fourth Sector Program for the period 2017-22 that was approved by the Executive Committee of National Economic Council in March 2017. The Program Implementation Plan was approved with a financing gap of US$1.4 billion to which the proposed additional financing will contribute. Line Directors report to the Director General of the Directorate General of Health Services (DGHS) and the Director General of the Directorate General of Family Planning (DGFP) who in turn report to the Secretaries of the Health Services Division and the Medical Education and Family Welfare Division under the overall responsibility of the Minister of Health and Family Welfare.

Technical assistance and contracted consultants will support the Cox's Bazar District Civil Surgeon as well as the DGHS and DGFP at the Dhaka level. The Planning Wing of the Health Services Division and the Planning Branch of the Medical Education and Family Welfare Division are responsible for planning, monitoring, and reporting on the progress of the Fourth Sector Program and will assume the responsibility of supporting the proposed additional financing. DGHS and DGFP will serve as the primary points of contact for monitoring and communicating to the World Bank on the proposed additional financing.

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

HSSP was designed for improving health service delivery particularly in the Chittagong and Sylhet Divisions and the project has been under implementation for eight months. The proposed additional financing (AF) intends to develop capacity of the Ministry of Health and Family Welfare (MOHFW) to coordinate and provide HNP services to the displaced Rohingya population in Cox's Bazar District under Chittagong division. Although the country is almost monolingual, there is a small population of tribal/indigenous peoples, who mostly live in Chittagong Hill Tracts (CHT). However, there are small ethnic and vulnerable communities (tribal people) dispersed in parts of the Cox's Bazar District. The environmental category of 'B' for HSSP is retained for the proposed AF. An Environment Management Framework (EMF), a Social Management Framework (SMF) and a Framework for Tribal People's Plan (FTPP) have been prepared for the original project (HSSP). These documents will be updated to incorporate the relevant risks and impacts expected from AF activities and lessons learnt from the existing operation. The AF may fund small scale construction of temporary structures to serve as community clinics or health service delivery points within the camps, but in most cases existing structures would be used or enhanced; some scale up of existing facilities outside the camps that serve both local people and refugees may also be required. These will most likely be undertaken by UN agencies to be contracted by the MOHFW. All civil works are expected to take place within public lands or lands which have been allocated for refugee camps. Therefore, no land acquisition or involuntary resettlement is expected. Within the camps, any agency working under Bank financing to upgrade existing facilities or build small scale structures will do a site screening to identify unused space for the purpose. In case (and because the service delivery has to be strategically placed so as to provide even coverage) the upgrade or small scale civil works would require existing structures to be shifted to optimize space, such activities would have to be carried out on the basis of detailed consultation, ensuring that the shifting is done on a completely voluntary basis. The tents are temporary structures built with bamboo and

plastic sheets which can be easily dismantled and re-built. In the rare case that such shifting may be required, it will be based on willingness of the affected party.

G. Environmental and Social Safeguards Specialists on the Team

Sabah Moyeen, Social Safeguards Specialist
Iqbal Ahmed, Environmental Safeguards Specialist

SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	
Performance Standards for Private Sector Activities OP/BP 4.03	No	
Natural Habitats OP/BP 4.04	No	
Forests OP/BP 4.36	No	
Pest Management OP 4.09	No	
Physical Cultural Resources OP/BP 4.11	No	
Indigenous Peoples OP/BP 4.10	Yes	
Involuntary Resettlement OP/BP 4.12	No	
Safety of Dams OP/BP 4.37	No	
Projects on International Waterways OP/BP 7.50	No	
Projects in Disputed Areas OP/BP 7.60	No	

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 original project (HSSP)'s focus is to improve HNP service delivery in Chittagong and Sylhet, the two lagging divisions of Bangladesh and health systems strengthening. The proposed AF intends to extend similar HNP services to the displaced Rohingya people in Cox’s Bazar District, which is under Chittagong Division.

Chittagong Hill Tracts (CHT) is home to the largest proportion of small ethnic and vulnerable communities (tribal groups) in Bangladesh. Hence, the social safeguards issues relating to the project are activities affecting small ethnic and vulnerable communities (tribal groups). The AF will update the existing Tribal Peoples Framework with all relevant information. The Social Management Framework (SMF) for HSSP will be updated to include analysis and mitigation measures to address gender and gender based violence issues, other vulnerabilities associated with age, disabilities etc., mental health and trauma. An assessment to understand the dynamics between host and the displaced populations will also be carried out to recommend measures to manage the chance of hostility, conflict and violence in so far as is practically possible within the scope of the project.

The AF is designed to address a key critical aspect of the unfolding refugee situation in Cox's Bazar. No negative, irreversible impacts are expected. The project will fill critical gaps urgently needed to provide better health services in the camps.

The parent project (HSSP) is fully supporting gender inclusiveness, taking forward the government's Gender Equity Strategy and Action Plan (2014–2024) that has strategic objectives to strengthen the gender aspects of the government's sector program, including the health sector response to victims of gender-based violence. The strategy aims to introduce gender-sensitive policies, plans, and evidence-based approaches; ensure equitable access to and utilization of services using a lifecycle approach aiming to protect the health of young girls, adolescents, and elderly women within a rights-based perspective; and mainstream gender in all MOHFW programs with a specific focus on gender-sensitive planning and ensuring gender-balanced human resources. These elements will be expanded to fit the AF components wherever appropriate.

The overall project will likely have positive social impacts through its support to beneficiary feedback, promoting gender, voice and accountability. It will strengthen the focus on improving equity by linking disbursement with improved results in the poorest performing areas of the country.

The original project (HSSP) did not undertake any civil works. No land acquisition, displacement of people (with or without title) from public or private lands, or any adverse impacts on livelihoods took place under the project. The AF, however, may fund small scale construction of temporary structures to serve as community clinics or health service delivery points within the camps; some scale up of existing facilities outside the camps that serve both local people and refugees may also be required. These will most likely be done by United Nations (UN) agencies to be contracted by the Ministry of Health and Family Welfare (MOHFW). All civil works are expected to take place within public lands or lands which have been allocated by the government for the camps where the displaced Rohingya population is based. Therefore, no land acquisition or involuntary resettlement is expected under the AF. If any shifting of structures within the camps is required to optimize use of space for upgrade of existing facilities and/or building new ones, this will be done on a purely voluntary basis, after a documented consultation process is put in place.

OP 4.12 will not be triggered because: i) no private land acquisition will be permitted; ii) screening will be done for any land that is utilized to ensure there are no squatters present (although it can be confirmed that there are no squatters are living in the camps; all displaced Rohingya people are registered and entry/exit in and out of the camps is monitored); iii) in case any existing structures within the camps need to be shifted to make way for health service delivery points/clinics, the process will be strictly guided by the provisions to be incorporated in the SMF to ensure that any shifting takes place purely on a voluntary basis; iv) the implementing agency will ensure that appropriate and adequate institutional arrangements are in place (as per the guidance to be detailed out in the SMF) to monitor and supervise any land related issue that may ensue due to upgrade/construction/shifting of structures. The preference

will always be to use available lands, free of encumbrances, as far as possible.

The updated SMF will include detailed guidance on dealing with gender and gender based violence issues which are typically widespread among the displaced populations living in similar conditions. A full-fledged analysis and relevant mitigation measures will be included in the SMF to address gender issues and gender based violence within the camps, as well as issues of mental health and trauma. The SMF will also include analysis and assessments to identify risks associated with other vulnerable groups (for example, those more at risk of contracting sexually transmitted diseases or other types of communicable diseases; elderly, injured or those suffering from disabilities, etc.). An assessment to understand the dynamics between host and refugee populations will also be carried out (details above) to recommend measures to manage the chance hostility, conflict and violence in as far is practically possible within the scope of the project.

For grievance redressal: the MOHFW's platform for beneficiary feedback/engagement uses the internet, text messages and the telephone to obtain feedback. This is being further strengthened under the HSSP to improve the handling of complaints, both with regard to time and process, according to clearly established guidelines. This grievance redressal system is accessible by all including the displaced population. The MOHFW's citizen charter, available on its website, identifies services to be provided by the MOHFW along with contact details of the officials responsible for the services. There is also a citizen charter for facilities (listing the services available at the particular facility) usually on display at MOHFW service delivery points.

Environmental safeguard relating to the medical waste management. Biomedical waste are generated from health services and 25% of it is regarded as hazardous. Sharps (needles, syringes, etc.) pose risks to the personnel handling these. Although medical waste is segregated in the health facilities, it often gets mixed with general waste during disposal.

The environmental category "B" for the original project is retained for the proposed Additional Financing (AF) since the same nature of HNP services would be provided to the displaced people in Cox's Bazar District. The parent project (HSSP) has been rated satisfactory for the activities undertaken in the last 8 months. The expected environmental impact is mainly from medical waste management. The health-care workers, patients, waste handlers, waste-pickers and general public may be exposed to health risks from infectious waste, chemicals and other special medical waste. Improper disposal of special health-care waste, including open dumping and uncontrolled burning, increases the risks of spreading infectious and of exposure to toxic emissions from incomplete combustion. However, these impacts and risks can be mitigated through implementation of an appropriate environmental management plan, and social management plans as suggested in the EMF and SMF of HSSP. Also, the Environmental, Health, and Safety (EHS) Guidelines for medical facilities is applicable for the project. The areas under the AF may also be inhabited by few of the tribal communities. Since small scale civil works are included under the AF, supplementary mitigation measures will be included in the EMF to ensure a comprehensive EHS strategy to ensure health and safety of service providers and communities in Cox's Bazar District. These documents will be prepared and disclosed before effectiveness of the AF.

No private entities will be involved as implementing agency. The project does not involve any conversion or degradation of critical natural habitats. The activities under the AF will not affect any forest area. The activities of the project will not involve any pesticide application and no environmental and health risks are anticipated from the project. There is no possibility of any adverse impacts on archaeological, paleontological, historical, architectural, religious, aesthetic, or other cultural resources resulting from project activities.The project does not finance any new dams. The project activities will not alter any river, canal, lake, or similar body of water that forms a boundary

between, or any river or body of surface water that flows through, two or more states or any bay, gulf, strait, or channel bounded by two or more states. The project activities will not fall into any disputed area.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:
Given the nature of the project, no long term negative impacts are anticipated. Any social and environmental safeguard related issue will be mitigated following the measures outlined in the Social Management Framework (SMF), Tribal Peoples Framework (TPF) and Environmental Management Framework (EMF), which have been prepared by the Government, and which will be made fit for purpose for the AF incoporating all relevant analysis, information, and mitigation measures.

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.
There are no relevant alternatives that could be considered.

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.
The MOHFW has prepared and disclosed an Environment Management Framework (EMF), a Social Management Framework (SMF)), and Tribal Peoples Framework (TPF) for the original project (HSSP). These frameworks identify measures that would be taken to address safeguard policy issues. These frameworks will be updated to incorporate the AF activities and lesson learnt from the original project. To manage the safeguard issues under the project, a Medical Waste Management (MWM) Monitoring Cell is being constituted at the Directorate General of Health Services (DGHS). A Program Manager and a Deputy Program Manager have been assigned for MWM. The MOHFW has provided approval for hiring two consultants to support the MWM Monitoring Cell.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.
Key stakeholders include project beneficiaries, Government entities, development partners as well as community based organizations active in the health sector. Routine consultation and discussions are being carried out under the parent project. The safeguard instruments of the ongoing project have been disclosed through the World Bank's portal as well as the MOHFW's website. These documents will be updated to incorporate the AF activities and lesson learnt from the original project and will be disclosed in due time. Also sufficient measures will be included in the EMF to ensure health and safety of service providers and communities in Cox’s Bazar District.

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	Date of submission for disclosure	For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors

"In country" Disclosure

The review of this Safeguards has been Deferred.

Comments

Indigenous Peoples Development Plan/Framework

Date of receipt by the Bank	Date of submission for disclosure

"In country" Disclosure

The review of this Safeguards has been Deferred.

Comments

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)

CONTACT POINT

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APPROVAL

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