



# Concept Environmental and Social Review Summary

## Concept Stage

### **(ESRS Concept Stage)**

Date Prepared/Updated: 06/21/2020 | Report No: ESRSC01450



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Project ID	Parent Project ID (if any)
India	SOUTH ASIA	P173958	
Project Name	Mizoram Health Systems Strengthening Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	9/7/2020	2/23/2021
Borrower(s)	Implementing Agency(ies)		
Sameer Kumar Khare	Shri H. Lalengmawia		

Proposed Development Objective(s)

Project Development Objective (PDO) is to improve utilization and quality of health services in Mizoram.

Financing (in USD Million)	Amount
Total Project Cost	32.00

**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 has two broad components that contribute to improving the governance and management capacity at the State level for effective planning, implementation, and monitoring health systems. They also aim in improving the design and implementation of the Health insurance program and contribute to improving the access and quality of health service delivery at primary and secondary level.

Component 1: Improve governance and management capacity of the health department to strengthen health financing and up-skilling health workers.

This component will support in strengthening the governance system and management capacity of the Health Department in performing their public health function through health sectors reforms particularly to enhance the



coverage of health financing scheme and improving the skills of human resource for health (HRH). Improving the managerial and technical capacity of the health directorate along with additional and relevant capacity on disease surveillance and epidemic predictions using advanced analytics to proactively manage any future outbreak will also be prioritized under this component.

Component 2: Improve quality and access to health service (primary and secondary health facilities) and innovations

This component has two sub-components primarily focusing on improving the quality of health services in primary and secondary care health facilities with special emphasis on improving the district hospitals, improve patient and service providers safety by implementation of biomedical waste management, improve access to drugs by improving supply chain management system and implementation of innovations to increase access to health services especially in hard-to-reach areas.

#### **D. Environmental and Social Overview**

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

The project aims to improve quality and utilization of health services across the State, including remote and hard to reach areas, in an inclusive manner.

Mizoram is in north-east of India and shares international borders with Myanmar in the east and south and Bangladesh in the west. It is Schedule VI state under Constitution of India. It has legal and constitutional provisions to safeguard the social, cultural and economic resources and heritage of the tribal communities. The state has 8 districts and 3 Autonomous Hill Councils.

Mizoram is a land of rolling hills, experiences mild climate and has rich flora and fauna. Majority land is covered by hills interspersed with gorges, valleys, rivers and lakes. About 76 % of land is covered with forests. The State and Central governments jointly preserve and protect 67% of forested land, and additional 15% by management. Only 17% of the land is non-forested for cultivation, industry, mining, housing and other commercial human activity. The state has two national parks and six wildlife sanctuaries.

As per 2011 census, population of Mizoram is 1.09 million. 95 per cent population belongs to diverse tribal origins (meeting the criteria of being considered as indigenous people according to ESS7). There are five major tribes and 11 minor tribes. However, people identify themselves with the common language – “Mizo”, and not with a tribe like other northeastern tribal predominate states. The literacy rate is more than 90 per cent with 93.3 percent male and 89.3 percent female literacy. The rural-urban divide is 48 per cent - 52 per cent respectively. About 87 percent of the population follow Christianity as religion.

The State health care system is challenged by inadequate access to health care at all levels, especially ethnic groups and sub-groups. Health care facilities (HCFs) suffer from regular power shortage and no power backup putting the



health service delivery at risk. Only 30 percent of Primary Health Centers (PHCs) and Community Health Centers (CHCs) have off-grid power facility. Water supply and sanitation also needs attention.

Biomedical waste management system (BMWMS) needs urgent improvement. Mizoram Pollution Control Board is responsible for ensuring compliance of Bio-Medical Waste (Management and Handling) Rules (1998) in the state since 2002. District hospitals have effluent treatment plants connected to laboratories. Operations theaters are equipped with deep burial and sharp pits. But design of pits for human waste is not as per the prescribed design of the Rules. The system for waste collection is not volume-based and appropriate disposal does not exist. Most of the HCFs follow local disinfection and disposal. No Common Bio-medical Waste Treatment Facility (CBWTF) is installed in the State. The four captive incinerators in the state are non-functional. None of the HCFs have liquid waste treatment facility. BMWMS is challenged by terrain, distance between the HCFs, predominantly forest region, and varying volumes of waste generation.

Mizoram recognizes the significance of quality assurance and underlines the significance of cleanliness, hygiene, MWM in HCFs. It initiated Quality Assurance Program as per National Quality Assurance Standards (NQAS) in 2015 and Kayakalp program, both developed under NHM for public HCFs. Two HCFs got NQAS Certification in 2017 while three more are under the process. Mizoram has been recognized for successful implementation of the Kayakalp. However, HCFs still require technical support and investments to achieve NQAS through infrastructure upgrades, building staff capacity and improving NCD care services.

As on April 21, 2020, Mizoram has zero COVID-19 cases. State has received support of INR 3.71 crores (US\$ 510,000) under the National Program for service delivery including diagnostics, patient and health workers safety, immediate support for contact tracing and to fill the equipment and infrastructure gaps for case management.

#### D. 2. Borrower's Institutional Capacity

The project will be implemented by the Department of Health and Family Welfare (DoHFW). The Department of Health and Family Welfare is the nodal agency for the public health system in Mizoram and consists of two directorates i.e. (i) Directorate of Health and Medical Institutions, and (ii) Directorate of Family Welfare. The Directorate of Health and Medical Institutions is responsible for: establishment, administration, regulation and monitoring of medical and health service facilities (secondary and tertiary), along with the necessary supporting infrastructure within the state; medical education; food safety and drug control and monitoring; and implementation of public health and disease control programs. The Directorate of Family Welfare is responsible for monitoring and implementation of the centrally-sponsored schemes implemented in the state to cater to the health needs of women and children. Department of Health leadership including the Directors of both the directorates as well as the Mission Director, National Health Mission.

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

The DoHFW has not directly implemented any World Bank financed project. However, it has been involved in implementing some of the national program supported by the World Bank including National AIDS Control Support Program (ongoing) and Accelerating Universal Access to Early and Effective Tuberculosis Care project (closed). In



terms of staffing for E&S - the department directly has designated E&S staffs. At the healthcare facilities level, while the facilities have been managing the bio-medical waste, such management has been weak.

Thus, it is anticipated that the PMU will not have adequate capacity and technical staff including the E&S staff members to implement the project. The limitations in current systems and capacity for implementation will require contracting of a Project Management Agent to provide resources to augment capacities in administrative and technical areas (including procurement, financial management, hospital quality improvement, management of information systems, environmental and social experts and other technical areas) and to build capacity of the department.

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

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

### A. Environmental and Social Risk Classification (ESRC)

Moderate

#### Environmental Risk Rating

Moderate

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

The funding under the project is entirely geared towards improving the existing State program including access and quality of health service delivery at primary and secondary level, design and implementation of the Health insurance program, and improving the governance and management capacity at the State level for effective planning, implementation, and monitoring health systems. The activities proposed are soft in nature such as provision of technical assistance, training, outreach activities, referral services, health related behavior change communication and program management support. To improve Governance, Management and Accountability Systems, the project proposes to finance: (i) hiring of external consultancy support; (ii) minor civil works for retrofitting; (iii) purchase of goods and equipment; (iv) training of human resources; (v) contracting and services; (vi) hiring of research institutions / agencies; (vii) information technology (software, hardware and training); (viii) Results based financing; and (viii) piloting innovations. To Improve health service provision and quality, the project proposed to finance (i) a results-



based financing program; (ii) hiring of additional human resources and consultants; (hospital managers & other technical staff); (iii) Hiring of external consultancy support; (v) training of human resources; (iii) hiring of non-consultancy services for clinical and non-clinical functions; (iv) community mobilization; and (v) behaviour-change communication activities.

As mentioned earlier, the biomedical waste management system in the State is functional but needs improvement. With the improved utilization of health services through the project, the quantity of bio-medical waste will increase. However, as the project will not finance construction of large hospitals or healthcare facilities, the increase of bio-medical waste will not be significant. Nonetheless, given that the present bio-medical waste management of the State is below standard, the project will invest to improve the overall ecosystem for bio-medical waste management (both solid and effluent) in the State that includes segregation, disinfection, collection and disposal that largely safeguards the environment and contributes in improving the quality of health service and patient safety. E&S assessment that will be undertaken for developing ESMF is expected to provide detailed information regarding on-ground practices of bio medical waste management. Detailed assessments, as required, will be undertaken during project implementation. The scope of the same will become clear as the project preparation and/or implementation progresses.

Given the above, the Environmental risk is rated "Moderate". However, this risk classification will be reviewed once detailed assessment is undertaken as well as on a regular basis and revised (if necessary). Any change to the classification will be disclosed on the Bank's website.

**Social Risk Rating**

Moderate

Overall, it is expected that the project will have positive social impacts, given that the components will strengthen the public health function and improve the access to and quality of health service delivery in all areas of the State of Mizoram. With difficult geographic terrain along with diverse ethnic community groups living in the State. Each of these communities has its distinctive customs and cultural traditions. Given the difficult geographic terrain and some areas being hard to reach, there is a potential risk of access to health services in those areas. Thus, the major social risks of the project are the risk of exclusion and access to services. It will be important to devise ways to include all stakeholders who come from diverse backgrounds, social strata and ethnic groups.

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

Given the project description at this stage, and the nature of social impacts of the project, the social risk for the proposed project is rated as "Moderate". The risk rating will be re-assessed at Appraisal stage based on additional information obtained and changes will be made if required.

**B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered**

**B.1. General Assessment**



## ESS1 Assessment and Management of Environmental and Social Risks and Impacts

### **Overview of the relevance of the Standard for the Project:**

ESS 1 is relevant because of envisaged environmental risks from generation of medical wastes from the health facilities, and the social risks emerging from the risk of exclusion and access to health services for people living in hard-to-reach areas. There will also be construction-related risks and impacts from minor civil works for infrastructure repair and rehabilitation of health facilities. However, they are localized and short-term. With enhanced capacity of the staff to manage E&S impacts, these risks and impacts are expected to be mitigated adequately. The project is not expected to involve any land acquisition or involuntary resettlement. No large-scale labor influx is expected as the magnitude of construction limited to repair, renovation and small extension of the existing facilities.

Since the specific sites/healthcare facilities for project interventions will not be known by project appraisal stage, an ESMF will be prepared and disclosed prior to appraisal. The ESMF will be informed by an overall E&S assessment of health services including the medical waste management practices of the project area. The ESMF will provide guidelines for screening of targeted healthcare facilities (HCF) for environmental and social risks and based on the E&S screening results, further HCF specific ESIA and ESMPs will be prepared during the implementation of the project. The ESMF will include checklist and screening forms as well as template for the ESMP for the project to follow. During the implementation, Medical Waste Management Plan (MWMP) will also be prepared as required prior to the commencement of the specific work in accordance with the ESMF. A generic Terms of reference for the ESIA along with generic ESMP template will be provided in the ESMF. The ESMF will also provide recommendations on the capacity building of the implementing agencies' staff members.

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

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

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



during preparation to assess all potential impacts and risks through consultations with stakeholders and appropriate assessments.

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

The project will follow the World Bank’s Environmental and Social Framework and its relevant Environmental and Social Standards along with the national and state level regulations.

**ESS10 Stakeholder Engagement and Information Disclosure**

This ESS is relevant. The stakeholders of the project will encompass a broad range of actors: besides the implementing agencies, they will include representatives of ethnic groups, local government stakeholders (e.g. panchayat members), civil society, NGOs, media, local/neighborhood associations/clubs, youth groups/associations, medical doctors’ association, private health institutions, pharmacists’ association, etc. Stakeholder engagement, consultation and communication, including grievance redress and disclosure of information will be required throughout the project life. The Implementing Agency will prepare a Stakeholder Engagement Plan (SEP), and the draft of which will be disclosed during preparation allowing enough time for review and feedback from interested parties and project affected people. The final version of the SEP will be disclosed prior to appraisal but will remain a living document.

As mentioned in ESS1 section, due to COVID19 travel restrictions and social distancing requirements, most of the consultation for preparing the first draft of the SEP will be conducted in a virtual manner following the World Bank’s interim technical note on public consultation. Further consultation with community will be carried out once the situation improves. Consultations will be carried out in both Mizo and English languages. In addition, all E&S documents will be translated in Mizo language.

Grievance Redress Mechanisms (GRM) will be set up to address grievances and receive feedback from all stakeholders and beneficiaries in a timely manner and following due process. The GRM will be cognizant of and follow required levels of discretion, and cultural appropriateness, especially when dealing with cases of sexual harassment and GBV. The GRM will be accessible to all stakeholders, especially poor and vulnerable people. Specific worker GRMs relevant to ESS2 will also be set up.

**B.2. Specific Risks and Impacts**

**A brief description of the potential environmental and social risks and impacts relevant to the Project.**

**ESS2 Labor and Working Conditions**

This ESS is relevant. The project is expected to engage direct workers (staff of the department of health and family welfare, the institutes, hospitals, healthcare facilities and education/training institutes who will be working at the PMU or in other capacities as full time staff assigned to the project) and contracted workers (people hired on a contractual basis working on project preparation and implementation and laborers working in repair and renovations). The project will include minor repair and renovation work in a number of health facilities. Labor requirements are expected to be low and mostly supplied by local labor force from the communities who will be Contracted Workers (as per ESS2 definition). Required construction materials for very limited repair and refurbishment work will be sourced from legal business entities with permits.





The use of child labor will be forbidden in accordance with ESS2, and any hazardous work situation including handling and transportation of bio-medical waste will be prohibited for any person under the age of 18. The project may outsource minor works to contractors and codes of conduct, labor management procedures and OHS (Occupational Health and Safety) measures will be included in their standard contracts.

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

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

A project-specific LMP will be prepared before project appraisal which will cover issues with all types of workers. This plan will also include the assessment and required mitigation measure to ensure health and safety of the workers (OHS measures). The salient points will be addressed in the ESMF and LMP and appropriate requirements will be incorporated in Management of Contractors documents. A separate workers GRM will be developed as per the requirement of ESS2.

### **ESS3 Resource Efficiency and Pollution Prevention and Management**

This ESS is relevant. Potential impacts may arise due to improper waste management including medical waste, infectious waste, human waste, and e-waste etc. Use of plastic-based materials in health facilities may lead to generation of high volumes of plastic wastes of various types and add to land pollution. Similarly, inappropriate disposal of e-waste may also pose risk. Furthermore, disposal of wastewater generated in the facilities may act as hazard for transmission of disease and chemical toxicities due to dissolved chemicals such as laboratory re-agents, disinfectants, corrosives etc. At the same time, health facilities which are major water consumers may present potential opportunities for water conservation. Any such opportunities will be assessed during specific healthcare facility (HCF) level ESIA. Construction waste generated due to infrastructure retrofitting will be managed as per the National and State guidelines. Any ACM waste generated will be managed as per the international best practices and described in the ESMF.

The ESMF will assess the potential pollution impact and provide recommendations for systemic improvement of medical waste management – at both facility level and state level. Medical waste generated due to COVID-19 testing, treatment, and any fatalities will be managed as per the WHO and Government of India protocols.

The ESMF will provide the recommendations to effectively and efficiently manage the bio-medical waste (both solid and liquid waste), and other types of wastes such as e-waste and general solid waste as applicable. E-waste management requirements will be included in the ESMF and an e-waste management plan will be developed during implementation as needed. The implementing agencies will ensure the execution of the waste management plans



throughout the project implementation period. The implementing agencies will also ensure sustainable design for minor renovation of health infrastructure.

#### **ESS4 Community Health and Safety**

This ESS is relevant. Given the planned provision of healthcare services, the communities may be exposed to health and safety hazards if these wastes are not properly managed and treated. Also, small repair activities may expose communities to minor noise, air pollution and potential GBV risks. Community Health and Safety measures to be prepared, adopted and implemented will be included in the ESMF and other relevant project E&S instruments to manage specific risks and impacts to the community arising from project activities, including behavior of project workers, response to emergency situations etc. Further, a Grievance Redress Mechanism (GRM) will also be enacted to address issues with grievances by all stakeholders. The World Bank's EHS guidelines will also be followed in the preparation of the ESMF and all relevant plans.

#### **ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement**

This ESS is not currently relevant. The project is not expected to require any land acquisition. However, as the project may involve minor repairing and/or refurbishment of existing structures, site-specific screening will be carried out before such works and in case adverse impacts on squatters and encroachers are found, relevant resettlement instruments will be prepared and implemented.

#### **ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources**

This ESS is currently not relevant. Even though Mizoram has 76% of its land under forests and therefore having rich biodiversity, there is no indication that the proposed project will have any adverse impacts on biodiversity, natural habitats or living natural resources. Any adverse impacts arising due to waste management in healthcare facilities shall be addressed through ESS1.

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

This ESS is relevant. Mizoram is a Schedule-VI state under the constitution of India and have three tribal autonomous hill councils. About 95 percent of the state's population are scheduled tribe population with five major tribes and 11 minor tribes living in Mizoram with their distinct culture norms, beliefs, practices influencing their uniqueness in their vernacular lifestyles. The relationship among these 16 major and minor ethnic groups have been largely peaceful and no ethnic conflicts have been observed in the State.

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



for the health care professionals under the project to ensure that care is provided for all, irrespective of origin or ethnicity, with due care to consider the distinctive cultural and language requirements of ST.

**ESS8 Cultural Heritage**

This ESS is relevant. Physical cultural assets are not likely to be affected by the proposed activities as currently envisaged. Though majority (87%) of the population follow Christianity, a small proportion follow other religions, and they may have small pockets in forests that are known as ‘sacred groves’. These pockets are parts of an ancient forest that have been preserved by the communities for hundreds of years due to religious and cultural beliefs. These forests are reserved for religious rituals and generally remain protected from any exploitation. These sacred groves harbor many rare plant and animal species. Such areas will be identified through community consultations as part of the project/IPPF preparation. The screening and ESIA of targeted HCF will conduct further assessment to determine the relevance of ESS 8 and the extent of impact of the project on tangible and/or intangible cultural heritage and accordingly suggest potential mitigation measures. The IPPF and the IPPs will take cultural heritage aspects into consideration. If needed, a Cultural Heritage Plan will be prepared. Chance find procedure will also be included in contractor’s ESMP.

**ESS9 Financial Intermediaries**

This standard is not relevant for the suggested project interventions, as no financial intermediaries will be used.

**B.3 Other Relevant Project Risks**

Not identified at this stage.

**C. Legal Operational Policies that Apply**

**OP 7.50 Projects on International Waterways** No

**OP 7.60 Projects in Disputed Areas** No

**III. WORLD BANK ENVIRONMENTAL AND SOCIAL DUE DILIGENCE**

**A. Is a common approach being considered?** No

**Financing Partners**

The project will not include any other financing partners

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

**Actions to be completed prior to Bank Board Approval:**

Public Disclosure



- ESMF (Will include generic ESMP, requirements for Bio-Medical Waste Management Plans, requirements for preparing management plans for other types of waste): August 31, 2020
- SEP : July 15, 2020.
- IPPF: August 31, 2020
- LMP- August 31, 2020
- ESCP : September 30, 2020

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

The following aspects will be a part of the ESCP:

- (i) The type and timing of the environment and social instruments preparation and implementation;
- (ii) The engagement and timeline of E&S specialists (both environment and social) in the implementing agency;
- (iii) Training of staff of implementing agencies on E&S issues and risk management for capacity building;
- (v) The monitoring plan, including the scope and timing of report submission and disclosure.

**C. Timing**

**Tentative target date for preparing the Appraisal Stage ESRS**

15-Sep-2020

**IV. CONTACT POINTS**

**World Bank**

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**Implementing Agency(ies)**

Implementing Agency: Shri H. Lalengmawia

**V. FOR MORE INFORMATION CONTACT**

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**VI. APPROVAL**

Task Team Leader(s): Amith Bathula

Public Disclosure



Practice Manager (ENR/Social)

Christophe Crepin Recommended on 19-Jun-2020 at 13:53:5 EDT

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Agnes I. Kiss (SAESSA) Cleared on 21-Jun-2020 at 17:03:44 EDT