Note to Task Teams: The following sections are system generated and can only be edited online in the Portal.

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

Appraisal Stage | Date Prepared/Updated: 03-Jun-2017 | Report No: PIDISDSA21498

Public Disclosure Authorized

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Bangladesh	P160846	Health Sector Support Project	
Region	**Estimated Appraisal Date**	**Estimated Board Date**	**Practice Area (Lead)**
SOUTH ASIA	22-May-2017	28-Jul-2017	Health, Nutrition & Population
Financing Instrument	**Borrower(s)**	**Implementing Agency**	
Investment Project Financing	People's Republic of Bangladesh represented by the Economic Relations Division, Ministry of Finance	Ministry of Health and Family Welfare	

Proposed Development Objective(s)

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

Financing (in USD Million)

Financing Source	Amount
Borrower	385.00
Global Financing Facility	15.00
International Development Association (IDA)	500.00
Total Project Cost	**1,100.00**

Environmental Assessment Category

B - Partial Assessment

Decision

The review did authorize the preparation to continue

Note to Task Teams: End of system generated content, document is editable from here.

Other Decision (as needed)

B. Introduction and Context

Country Context

Bangladesh, with a population of 160 million and per capita income of US$1,466 in 2016, has benefited from steady economic growth during the past decade. Its economy has grown well above the average for developing countries in recent years, averaging 6.5 percent since 2010, with growth of 7.1 percent in fiscal year 2016. Bangladesh has experienced substantial improvements in key health, nutrition, and population (HNP) outcomes, including several HNP-related Millennium Development Goal (MDG) targets (Government of Bangladesh 2015a). Between 2000 and 2014, the under-five mortality rate declined from 94 to 46 per 1,000 live births, while the maternal mortality ratio decreased from 399 to 176 per 100,000 live births. Child undernutrition also declined but at a slower rate, as 36 percent of under-five children were stunted in 2014, compared to 51 percent in 2000. Inequalities persist, as for example, 49 percent of under-five children were stunted among the lowest quintile of socioeconomic status.

In 2014, Bangladesh crossed the per capita gross national income threshold for the World Bank's classification as a lower-middle-income country. Bangladesh has embraced the Sustainable Development Goals (SDGs) for 2030, including SDG 3, which focuses on ensuring health and promoting well-being. A specific objective is to achieve universal health coverage, which encompasses assuring access to HNP services without causing financial hardship.

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.

At the same time, government financing and attention are largely focused on the government service delivery system, encompassing around 225,000 staff, 18,000 primary health care facilities, 430 local-level (*Upazila*) facilities offering inpatient care, and 130 secondary and tertiary hospitals across the country. The Health Services Division (HSD) and the Medical Education and Family Welfare Division (MEFWD) under

the Ministry of Health and Family Welfare (MOHFW) are each responsible for different types of services and facilities, sometimes leading to fragmented management of the system. While the MOHFW is primarily responsible for HNP services in rural areas, government services in urban areas are coordinated by the Ministry of Local Government, Rural Development, and Cooperatives.

The government and partners have pursued a sector-wide approach (SWAp) since 1998, adopting a series of multiyear strategies, programs, and budgets (1998–2003, 2003–2011, and 2011–2016) for management and development of the sector, supported by 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 SWAp since 1998 through three investment financing operations. The most recent, the Health Sector Development Program (HSDP) (P118708), with a total International Development Association (IDA) commitment of US$508 million, supported the government's third sector program (2011–2016). These operations have also provided a platform for significant pooled co-financing by other development partners; under the HSDP, this totaled US$365 million. During the implementation of HSDP, several fiduciary governance risks such as poor application of procurement procedures and insufficient financial management controls were documented. In response to this, with the support of the MOHFW, in 2015 the World Bank undertook an Integrated Fiduciary Assessment (IFA) of the sector program in close coordination with the other development parnters contributing to the pooled funds. The result was an agreed Action Plan to strengthen fiduciary oversight and systems, with steps through the end of 2017. The IFA Action Plan implementation was supported by additional financing to HSDP which linked disbursement to achievement of the agreed actions. The HSDP, which will successfully close in June 2017, has supported substantial achievement of the IFA Action Plan. The government's next sector program and the World Bank's proposed support builds on this momentum by incentivizing the completion of institutional reforms and the roll out of systems that will strengthen internal controls and continue to support strengthening of fiduciary management systems.

The government's Fourth Health, Population and Nutrition Sector Program is a national program that covers the 5.5 year period between January 2017 and June 2022 and costing $14.7 billion. The program's objectives, results framework, and approach 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 which was approved in March 2017 by the Executive Committee of the National Economic Council. The overall objective of the government's Fourth Health, Population, and Nutrition Sector Program is "to ensure that all citizens of Bangladesh enjoy health and well-being by expanding access to quality and equitable health care in a healthy and safe living environment." The MOHFW considers it as a first, foundational, program toward the achievement of the SDGs by 2030.

The government's Fourth Health, Population and Nutrition Program will build 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.

As Bangladesh builds on significant progress in the HNP sector and pursues progress towards the SDGs, including the target of universal health coverage, it will face significant challenges. These can be

characterized in three ways: (i) foundational financing and system development priorities; (ii) the unfinished MDG agenda; and (iii) emerging challenges.

C. Proposed Development Objective(s)

Note to Task Teams: The PDO has been pre-populated from the datasheet for the first time for your convenience. Please keep it up to date whenever it is changed in the datasheet.

Development Objective(s) (From PAD)

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.

Key Results

Elements of the PDO	*PDO Indicators*
Strengthening of the HNP sector's core management systems	1. MOHFW Financial Management and Audit Unit (FMAU) completes an internal audit for the previous fiscal year (DLI 3) 2. Number of *Upazila* Health Complexes with at least 2 accredited diploma midwives (DLI 7)
Strengthening of delivery of essential HNP services, with a focus on selected geographical areas	3. Proportion of targeted public health facilities meeting readiness criteria for delivery of postpartum family-planning services in Sylhet and Chittagong divisions (DLI 9) 4. Number of District Hospitals with improved capacity to provide CEmONC services in Sylhet and Chittagong divisions (DLI 11) 5. Proportion of targeted public health facilities delivering a minimum set of infant and child nutrition services in Sylhet and Chittagong divisions (DLI 14)

D. Project Description

The project's components are aligned with the three components of the government's Fourth Health, Population and Nutrition Sector Program. The results that will be supported by the project under each component were selectively chosen through an extensive consultation process. They are designed to address key challenges, as described above, that Bangladesh faces as it pursues the SDGs: (a) foundational priorities; (b) unfinished agenda; and (c) emerging challenges.

The total project cost of US$1.1 billion is the part of the government's sector program that will directly contribute to the results to be supported by the project. The total project cost encompasses expenditures supported by the IDA credit and anticipated pooled grant co-financing from other development partners, as well as activities implemented by the government in parallel that, jointly, will contribute to the results supported by the project. These results are reflected by disbursement-linked indicators (DLIs), the

achievement of which will determine disbursement of the proposed IDA credit and any pooled grant co-financing.

Component 1. Governance and Stewardship

Foundational priorities. As Bangladesh transitions to a middle-income economy, there are a number of challenges that need to be addressed to set the foundation for progress towards the SDGs. This component focuses on such foundational priorities, specifically in the areas of governance and accountability, as well as on health sector financing. DLIs to be achieved under this component are listed in Table 2. A key foundational priority is to improve governance and accountability systems, including for citizen engagement. To this end, the project will support further development of the MOHFW's system for patients and their families to communicate complaints and grievances (DLI 1). This will help ensure that the feedback loop is completed and citizens are informed of actions taken in response to their feedback. Activities will include developing guidelines and systems, training of health sector staff to contribute to the system, raising public awareness of the system, reporting back to the public on their feedback, and analyzing and adjusting the performance of the system. Actions will also include publicly disclosing information on the system, the grievances received, actions taken, and overall performance of the health system in responding.

In addition, as part of setting the foundation for increased government health spending in the medium term to achieve progress towards the SDGs, the project will support improvements in budget planning and allocation. The MOHFW budget is comprised of a number of Operational Plans that are focused on different functional areas. The Operational Plans translate the Program Implementation Plan into detailed activities and budgets. The proposed project will support improved budget planning in order to achieve project results through the Operational Plans. In addition, the project will support an increase in budget allocation and execution towards repair and maintenance to support basic service delivery as a step towards increasing delegation of budget authority to the service delivery level (DLI 2). Towards these results, activities under this component will include communication and awareness-raising, staff engagement in development and management of the citizen feedback system and executing the maintenance budget, training in budget planning and contracting, working level meetings between the national and local level authorities, particularly on execution of repair and maintenance budgets.

Table 1. Results under Component 1 (Governance and Stewardship)

	Allocations (US$, millions)		
DLIs	***IDA***	***GFF***	***Total***
Foundational Priorities			
DLI 1 Citizen feedback system is strengthened	25	0	25
DLI 2 Budget planning and allocation are improved	56	0	56
Component 1 Total	**81**	**0**	**81**

Component 2. Health, Nutrition and Population Systems Strengthening

Foundational priorities. This component will focus on foundational priorities that relate to further development of core sector management systems; the DLIs to be achieved are listed in Table 1. Under this component, a major area of focus for the project will be system reform and development, including financial management, procurement, supply chain management, and asset management.

The project will support further development of the MOHFW's financial management capacity, specifically through improving the capacity of the Financial Management and Audit Unit (FMAU), in particular so that it can implement the internal audit function (DLI 3). Asset management will be improved through expansion of an asset management system at the district hospital level that is currently being piloted (DLI 4). The project will contribute to reform of the MOHFW's procurement processes through three DLIs. These will support implementation in the HNP sector of Bangladesh's government-wide electronic procurement system (DLI 5). Procurement capacity will also be developed through advancing restructuring of the Central Medical Stores Depot (CMSD), which manages a large proportion of the supply of essential medicines for government health services (DLI 6).

In addition, the project will help address a critical human resource gap affecting the delivery of maternal and female-friendly HNP services. The project will support increases in the availability of qualified midwives in order to improve maternal care at the primary care level, specifically focusing on posting and retention of qualified midwives at *Upazila* Health Complexes (UHCs) (DLI 7).

Finally, under this component, the project will support further development of the health management information system, specifically the MOHFW's District Health Information System, version 2 (DHIS2). This will include improvements in data completeness and quality. In addition, recognizing that adequate data are a prerequisite to addressing gender disparities, the project will support collection and analysis of gender-disaggregated data on HNP service delivery (DLI 8). Towards these results, activities under this component will include staff engagement in the development of policy and guidelines, the implementation of information systems building on the infrastructure that already exists at the facility level including staff effort towards ensuring the completeness and accuracy of the data, communications and awareness-raising, staff recruitment and retention in reorganized departments, training, operations, monitoring and reporting.

Table 2. Results under Component 2 (Health, Nutrition and Population Systems Strengthening)

	Allocations (US$, millions)		
DLIs	***IDA***	***GFF***	***Total***
Foundational Priorities			
DLI 3 Financial management system is strengthened	51	0	51
DLI 4 Asset management is improved	18	0	18
DLI 5 Procurement process is improved using information technology	20	0	20
DLI 6 Institutional capacity is developed for procurement and supply management	16	0	16
DLI 7 Availability of midwives for maternal care is increased	45	0	45

DLI 8 Information system is strengthened, including gender-disaggregated data	20	0	20
Component 2 Total	**170**	**0**	**170**

Component 3. Provision of Quality Health, Nutrition and Population Services

Unfinished Agenda. Bangladesh has made significant progress on the MDG agenda, but important priorities pose ongoing challenges. This component will support the government to address major elements of this unfinished agenda, with results focused on maintaining gains, achieving still higher levels, improving quality, and reducing inequalities. Relevant DLIs are listed in Table 3. Support will focus on essential services at the primary and first-referral levels for reproductive (including family planning), maternal, neonatal, child, and adolescent health and nutrition. The project will support improved coverage of these services, including through reducing geographic inequalities by focusing on results in Sylhet and Chittagong divisions for which key indicators are below national averages.

In conjunction with system development results supported under Component 2, notably increased availability of midwives, several DLIs supported by Component 3 will reflect improvements in maternal health care, contributing to reducing the risk of maternal mortality. Specifically, Component 3 will support increased utilization of public health facilities for normal deliveries (DLI 10) as well as improved capacity of district hospitals to provide emergency obstetric care services (DLI 11). This component will also support improving the readiness of health facilities to provide family planning services to married couples immediately after their child's birth (DLI 9). These DLIs will focus on service delivery improvements in Sylhet and Chittagong divisions.

Under this component, the project will also support maintaining high levels of immunization coverage in Sylhet and Chittagong divisions, where coverage levels fluctuate and are often below national averages (DLI 12).

Maternal and child nutrition has long been an area of focus for the government and partners, with the current strategy focused on developing cross-sectoral coordination while mainstreaming nutrition-related services in the routine HNP service delivery system. However, this approach has been hampered by capacity issues, including health staff workload constraints, while impact on household behaviors has been limited. This component will support improvements in nutrition services delivered through the government system, focusing on maternal nutrition interventions provided through antenatal care services (DLI 13), and on expansion of infant and child nutrition interventions through primary care services (DLI 14).

Emerging challenges. Component 3 also includes support to address several challenges that are emerging and for which government responses are currently at the stage of policy and program development. The policy basis for interventions to improve adolescent health and nutrition is currently in the initial stages of development. A strategy has been drafted, while implementation of relevant interventions (specifically a school-focused health program) is nascent. The project will support further program development and implementation (DLI 15). This will be coordinated with planned World Bank support to adolescent health and nutrition interventions delivered through secondary education services. The government's Fourth Health, Population and Nutrition Sector Program envisions development and implementation of a strategy to address the growing challenge of non-communicable diseases. This would include behavior-

change communication, surveillance, screening, diagnosis, treatment, and management. The project will support initial work in this area, with a focus on hypertension diagnosis and referral (DLI 16). Finally, the government's sector program includes work on urban health as an emerging challenge, emphasizing the need to expand access to basic health services in urban areas, both through government services and through partnerships with the NGO and private sectors. The project will support improved coordination in this area (DLI 16). Towards these results, activities under this component will include facility-level staff recruitment and retention, staff level engagement in development, implementation and monitoring of needs assessments, micro-plans and policy guidelines, training, supervision and support particularly from the district health office, community outreach and mobilization, awareness raising communications, facility-level monitoring and reporting, technical support towards evaluation, vaccines as well as investments in medical equipment, supplies and consumables where needed.

Table 3. Results under Component 3 (Provision of Quality Health, Nutrition and Population Services)

	Allocations (US$, millions)		
DLIs	***IDA***	***GFF***	***Total***
Unfinished Agenda			
DLI 9 Post-partum family planning services are improved*	33	4	37
DLI 10 Utilization of maternal health care services is increased*	20	0	20
DLI 11 Emergency obstetric care services are improved*	40	3	43
DLI 12 Immunization coverage and equity are enhanced*	50	0	50
DLI 13 Maternal nutrition services are expanded*	28	2	30
DLI 14 Infant and child nutrition services are expanded*	28	2	30
Emerging challenges			
DLI 15 School-based adolescent HNP program is developed and implemented*	25	4	29
DLI 16 Emerging challenges are addressed	25	0	25
Component 3 Total	**249**	**15**	**264**

* Focused on Sylhet and Chittagong divisions.

E. Implementation

MOHFW is responsible for implementation of the government's sector program as a whole, including achievement of the results to be supported by the project. The ministry encompasses two main divisions: the Health Service Division and the Medical Education and Family Welfare Division. Line Directors under each division are responsible for development and implementation of the 29 Operational Plans and corresponding budgets that together constitute the Program Implementation Plan (PIP). The PIP was approved by the Executive Committee of the National Economic Council, chaired by the Prime Minister, in March 2017.

Government health facilities are situated at different administrative levels: national, division, district, Upazila, union, and ward. The project, through the use of DLIs, will support system development activities at all levels and service delivery results at the Upazila level and below. Services are delivered by both DGHS and DGFP, operating through parallel systems. The lowest-level facility is the community clinic (CC), serving at the ward level as the first point of contact for primary health care services, including immunization, family planning, and health education. Each CC is intended to serve 6,000 people; currently, 13,094 CCs are functioning. At the union level, three kinds of facilities, each of which

include physicians on staff, provide outpatient care: rural health centers, union sub-centers, and union health and family welfare centers. At the Upazila level, services are provided by UHCs, with inpatient capacity of 30–50 beds. Some of these facilities provide first-referral (secondary) care including comprehensive emergency obstetrical care. At the district level, district/general hospitals of different sizes (100–250 beds) provide secondary care, while some districts also have government medical colleges providing tertiary care. In addition, at the district level there are 10-20 bed maternal and child welfare centers providing family-planning as well as maternal care services. The government also runs a number of tertiary and specialized hospitals at the division and national levels.

The sector-wide approach includes a local consultative subgroup for health that meets every six months and has been jointly chaired by the Secretary of MOHFW and the Chair of the HNP Development Partner Consortium. The HNP Development Partner Consortium is the forum for coordination of development partners in the sector, with a Chair and Co-Chair elected every two years. MOHFW, in collaboration with development partners, leads an annual program review in the third quarter of every calendar year. Thematic task groups, with membership from MOHFW and development partners, review implementation progress of the sector program in various technical areas; going forward, this will include monitoring DLIs and key fiduciary-related actions. A DLI Monitoring Committee, coordinated by the Joint Chief of the Planning Wing of the Health Services Division of the MOHFW, including relevant representatives from the Medical Education and Family Welfare Division of the MOHFW, development partners and government, will be responsible for monitoring progress towards achievement of the DLIs; supporting Line Directors in implementation; producing the internal report on DLI achievement to be submitted for verification; and liaising with the independent verification agent. The Senior Assistant Chief of Planning Wing of MOHFW is the focal person of safeguard and s/he is supported by line organizations to ensure implementation of the environment and social management plan of the project.

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

The project includes DLIs that aim at improving health service delivery particularly in the Chittagong and Sylhet Divisions. Although the country is almost monolingual, there is a small population of tribal/indigenous peoples, who mostly live in Chittagong Hill Tracts (CHT). The project also includes DLIs that will improve health systems including the grievance redressal mechanism, financial management and procurement functions, as well as the management information system. These will have a positive impact on the entire health sector in Bangladesh.

G. Environmental and Social Safeguards Specialists on the Team

Sabah Moyeen,Iqbal Ahmed

SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	In general, around 10-25% medical waste is regarded as hazardous. 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 risk of spreading infectious and of exposure of toxic emissions from incomplete combustions. The expected environmental and social impacts is mainly medical waste management and that can be mitigated through implementation of appropriate environmental management plan, social management plans. Also, the Environmental, Health, and Safety (EHS) Guidelines for medical facilities is applicable for the project. The project has been Categorized 'B' and the MOHFW has prepared an EMF to mitigate potential risks.
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	The project includes DLIs that will improve services in Chittagong and Sylhet. A large portion of the indigenous people live in Chittagong Hill Tracts. The MOHFW has prepared a Social Management Framework (SMF) and a Framework for Indigenous Peoples (the terminology "indigenous" is not accepted by the government and is replaced by "small ethnic communities and vulnerable people" or "tribal people", while keeping the definition, coverage and essence of the term "indigenous" as applied by OP4.10 unchanged).

Involuntary Resettlement OP/BP 4.12	No	The project will 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 will be permissible under the project.
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 project includes DLIs to improve service delivery in Chittagong and Sylhet, the two lagging divisions of Bangladesh. 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).

Environmental safeguard issues include waste management in public health facilities, where large amounts of biomedical waste are generated 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 nature of the activities to be supported by the project will exclude certain risks (i.e. health care waste at large health facilities or any type of civil work or rehabilitation/renovation of health care facilities/buildings). Some risks will be addressed directly through the choice of DLIs and a prioritized Action Plan will include important complementary actions.

The project will support gender inclusiveness. This support will take forward the government's Gender Equity Strategy and Action Plan (2014–2024) that has strategic objectives to strengthen the gender aspects of the HNP 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.

The project will likely have positive social impacts through its support to citizen feedback, increasing voice and accountability (through achievement of DLI 1). It will also strengthen the focus on improving equity by linking disbursement with improved results in the poorest performing areas of the country, some of which are also should be thoroughly assessed.

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), Framework for Tribal Peoples Plan (FTPP) and Environmental Management Framework (EMF), which have been prepared by the Government.

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.
Social: The Government has prepared an SMF and a FTPP. Review, consultations and analysis undertaken for the update of social safeguards documents and management shows that improvements are required in conducting screening, processing, analyzing data, documenting and reporting it and in preparing site-specific Tribal Peoples Plans based on this. The FTPP provides a framework based on which site-specific plans can be prepared. Under the previous project, the Government implemented a Tribal Health Nutrition and Population Plan (THNPP) for CHT, which was approved by the Bank. The MOHFW established a Task Force for implementing THNPP. Recommendations of the Task Force have been incorporated in the FTPP.

Specific training on the SMF and FTPP as well as preparing site specific plans based on the FTPP need to arranged for field level staff who are responsible for carrying out the screening, documenting and reporting on it, as well as the relevant people responsible for the preparation and implementation of the Plans. Similar trainings were arranged in the past. Requisite staff/consultants dedicated to the preparation, review, implementation, monitoring and reporting on social safeguards management have to be appointed and trained. The SMF and FTPP will ensure compliance with the Government, World Bank and other
development partners' social safeguard policies in dealing with issues that may arise during project implementation.

Environment: In 2014 and 2015, reviews of the environmental management implementation were carried out which highlighted improper medical waste management and lack of monitoring and record-keeping as main challenges.The EMF prepared by the MOHFW for the project builds on the lessons learnt from implementing similar plans in the past and includes short and medium term actions to be implemented. These include improved record-keeping of in-house waste management, effective training, efficient segregation of waste at source, reduction of pilferage of waste, improved management of sharps as well as other measures. In 2015, the DGHS has appointed two environmental consultants to oversee the environmental safeguard activities. It is expected that with the addition of relevant expertise to oversee the environmental safeguard activities, the institutional capacity of the MOHFW will be strengthened.

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. The draft documents have been prepared by the Government entities and have been cleared by the World Bank. These documents have been disclosed through the World Bank's Infoshop as well as the MOHFW's website.

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other

Date of receipt by the Bank	Date of submission to InfoShop	For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors
06-Apr-2017	11-Apr-2017	

"In country" Disclosure

Bangladesh
06-Apr-2017

Comments

The Environmental Management Framework has been uploaded on the Ministry of Health and Family Welfare's website (www.mohfw.gov.bd) and can be accessed by anyone.

Indigenous Peoples Development Plan/Framework

Date of receipt by the Bank	Date of submission to InfoShop
06-Apr-2017	11-Apr-2017

"In country" Disclosure

Bangladesh
06-Apr-2017

Comments

The Framework for Tribal People's Plan has been uploaded on the Ministry of Health and Family Welfare's website (www.mohfw.gov.bd) and can be accessed by anyone.

C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting)

OP/BP/GP 4.01 - Environment Assessment

Does the project require a stand-alone EA (including EMP) report?
Yes
If yes, then did the Regional Environment Unit or Practice Manager (PM) review and approve the EA report?
Yes
Are the cost and the accountabilities for the EMP incorporated in the credit/loan?
Yes

OP/BP 4.10 - Indigenous Peoples

Has a separate Indigenous Peoples Plan/Planning Framework (as appropriate) been prepared in consultation with affected Indigenous Peoples?
Yes
If yes, then did the Regional unit responsible for safeguards or Practice Manager review the plan?
Yes
If the whole project is designed to benefit IP, has the design been reviewed and approved by the Regional Social Development Unit or Practice Manager?
NA

The World Bank Policy on Disclosure of Information

Have relevant safeguard policies documents been sent to the World Bank's Infoshop?
Yes
Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?
Yes

All Safeguard Policies

Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?
Yes
Have costs related to safeguard policy measures been included in the project cost?
Yes
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?
Yes
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?
Yes

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APPROVAL

Task Team Leader(s):	Patrick M. Mullen Kari L. Hurt

Approved By

Safeguards Advisor:		
Practice Manager/Manager:	E. Gail Richardson	05-Jun-2017
Country Director:	Rajashree S. Paralkar	05-Jun-2017

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