

**COMBINED PROJECT INFORMATION DOCUMENTS / INTEGRATED  
SAFEGUARDS DATA SHEET (PID/ISDS)**

**Additional Financing**

Report No.: PIDISDSA21582

Date Prepared/Updated: 04-May-2017

**I. BASIC INFORMATION**

**A. Basic Project Data**

<b>Country:</b>	Haiti	<b>Project ID:</b>	P163313
		<b>Parent Project ID (if any):</b>	P123706
<b>Project Name:</b>	Additional Financing for the Improving Maternal and Child Health Through Integrated Social Services Project (P163313)		
<b>Parent Project Name:</b>	Improving Maternal and Child Health through Integrated Social Services (P123706)		
<b>Region:</b>	LATIN AMERICA AND CARIBBEAN		
<b>Estimated Appraisal Date:</b>	01-May-2017	<b>Estimated Board Date:</b>	14-Jun-2017
<b>Practice Area (Lead):</b>	Health, Nutrition & Population	<b>Financing Instrument:</b>	Investment Project Financing
<b>Borrower(s)</b>	Ministry of Economy and Finance		
<b>Implementing Agency</b>	Ministry of Health and Population, Institut Haïtien des Statistiques et de l'Informatique, Fonds d'Assistance Economique et Sociale (FAES)		
<b>Is this project processed under OP 8.50 (Emergency Recovery) or OP 8.00 (Rapid Response to Crises and Emergencies)?</b>			<b>Yes</b>
<b>Financing (in USD Million)</b>			
<b>Financing Source</b>			<b>Amount</b>
IDA Grant			0.00
IDA Grant from CRW			25.00
Financing Gap			0.00
Total Project Cost			25.00
<b>Environmental Category:</b>	B-Partial Assessment		
<b>Appraisal Review Decision (from Decision Note):</b>	The review did authorize to proceed with Negotiations, in principle		
<b>Other Decision:</b>			
<b>Is this a Repeater project?</b>	No		

## **B. Introduction and Context**

### **Country Context**

On October 4, 2016, Matthew, a category 4 hurricane struck Haiti, making landfall in the South department and heavily impacting the departments of Grand'Anse, Nippes, South and North West. The directorate of Civil Protection of Haiti reported 546 deaths, 2.1 million people affected, and 1.4 million people (12.9 percent of the population) in need of humanitarian assistance, including 750,000 requiring safe water for drinking, cooking, and personal hygiene. The combined effects of wind, sea level rise, and rain caused heavy flooding, landslides, and major damage to critical infrastructure, including large sections of road networks and bridges, washing key infrastructure away.

Health infrastructure has been severely damaged in the affected areas, with 11 out of the 33 hospitals in the South, Grand'Anse and Nippes Departments damaged, and 34 out of the 212 Acute Diarrhea Treatment Centers (CTDAs) also impacted. A Damages and Loss Assessment produced in October 2016 by the Government of Haiti with the support of the World Bank and the Inter-American Development Bank estimated total losses and damages equivalent to 22 percent of GDP (US\$1.9 billion) due to the Hurricane.

### **Sectoral and Institutional Context**

The passage of Hurricane Matthew has led to a new front in the cholera epidemic. In the southern Departments and northwestern parts of the country, there has been a spike in the number of cases and deaths from cholera and total deaths in 2016 were about a third higher than in 2015. Between September and October 2016, the number of newly suspected cases doubled. The fatality-case ratio (the percentage of suspected cases resulting in death) is increasing. During the first 10 weeks of 2017, the case-fatality ratio was 48% higher than in 2016 and 79% higher than in 2015, for the country as a whole. This situation is particularly salient in hurricane-affected departments compared to the rest of the country. While humanitarian and donors' response through mobile health clinics and increased community interventions has contributed to establishing the provision of critical basic services, the combination of severely damaged infrastructure and unmet healthcare needs compounds the high risk of widespread cholera and infectious diseases outbreaks.

Out of total losses and damage, US\$76 million was in the health sector. Most of the needs for rehabilitation and others resulting from the negative impacts of the Hurricane in the health sector remain unmet at this stage, with limited financing pledged by donors to date. Immediately after the Hurricane struck, the Bank worked with the Inter-American Development Bank and the Government to produce a Rapid Damages and Losses Assessment, with the health sector as one of the key sectors covered. In addition, to address immediate needs after the hurricane, the Bank and the Ministère de la Santé Publique et de la Population (MSPP) agreed to reallocate US\$6 million within the parent project to support urgent activities in the affected areas.

The anticipated large reductions in cholera-related funding in 2017 from donors pose large risks that the results obtained through emergency interventions in the immediate aftermath of the Hurricane may not be sustained, in turn leading potentially to a resurgence of the epidemic. Non-governmental organizations (NGOs) are already withdrawing from certain departments, creating some critical medical and Water, Sanitation and Hygiene (WASH) interventions gaps. Financing for medical and WASH inputs for community intervention and service delivery in CTDAs are only partially covered, with expected stock outs of antibiotics and other cholera response inputs emerging by mid-2017. The World Bank has been coordinating with the MSPP and international partners to map out the needs and ensure an appropriate response, particularly in Hurricane-affected departments. The proposed AF would help financing these gaps in responding to the post-Hurricane Matthew crisis.

## C. Proposed Development Objective(s)

### Original Project Development Objective(s) - Parent

The objective of the proposed Project is to increase the access and use of maternal and child health, nutrition and other social services in the Recipient's territory. The Project will support services in at least three Departments with a total catchment population of around 1.8 million people, targeting pregnant women, children under five and vulnerable families. Progress on the objectives of the Project will be measured by the following: (i) percent of children under five immunized; (ii) percent of institutional deliveries; (iii) contraceptive prevalence rate; and (iv) decrease in percentage of families categorized as extremely vulnerable.

### Proposed Project Development Objective(s) - Additional Financing

To increase the access and use of maternal and child health services, strengthen cholera control, and improve targeting of social services in the Recipient's territory, with a particular focus on areas affected by Hurricane Matthew.

### Key Results

The project and its AF will aim to achieve the following key results:

- 1) Increase number of Children under five years old immunized in departments covered by the project (49% by 2019)
- 2) Increase the number of Institutional deliveries in facilities covered by the project (22 by 2019)
- 3) Increase the Contraceptive prevalence rate in departments covered by the project (24% by 2019)
- 4) Reducing and maintaining the Cholera Case Fatality Rate under 1% in the whole country.
- 5) Number of households included in the social registry (300,000 by 2019)

## D. Project Description

The rationale for the proposed AF is to scale-up activities under the parent project, and also to address a financing gap, in line with OP 10.00 on AF. The AF will specifically scale up maternal and child health services, and strengthen the response to cholera epidemic in areas affected by the Hurricane with a particular focus on (i) scaled-up cholera-targeted activities (e.g. rapid response activities, treatment of cholera cases, essential medicines and supplies, quality assurance and logistics activities, and cholera laboratory capacity); and (ii) small-scale health facility and drug warehouses rehabilitation efforts, under the scaling-up. In addition, the AF would address the financing gap created unexpectedly under the parent project due to reallocation of funds from the parent Project's originally planned activities to Hurricane response efforts. An additional US\$2 million would finance the stewardship capacity of the Ministry of Public Health and Population (the implementing agency) to implement and monitor project activities in Departments affected by the Hurricane.

The project has 3 components:

#### Component Name:

Component 1: Providing Maternal and Child Health, Nutrition and Social Services.

#### Comments ( optional)

This component mostly supports the strengthening of maternal and child health services through a Results-Based Financing approach as well as activities aimed at responding to the cholera epidemic and other infectious diseases.

#### Component Name:

Component 2: Strengthening the Stewardship and Management Capacity of Government.

**Comments ( optional)**

This Component aims at strengthening the overall stewardship capacity of the government, including the development of a robust social registry for the identification and tracking of beneficiaries and social assistance programs.

The AF will provide an additional US\$2 million for Sub-Component 2.1, for strengthening the Ministry of Health management capacity in Departments affected by the Hurricane.

**Component Name:**

Component 3: Piloting Vulnerability Indicators for More Targeted Social Service Deliver.

**Comments ( optional)**

The component will support IHSI in building of capacity for IHSI staff and preparing the Fifth Demographic and Housing Census (a Census was last conducted in 2003).

No change is proposed under this AF.

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

South, Grande Anse, Nippes, Northwest, North, Center, North East

**F. Environmental and Social Safeguards Specialists**

Asli Gurkan( GSU04 )

Nicolas Kotschoubey( GEN04 )

**II. IMPLEMENTATION**

There will be no change in implementation arrangements. The current implementation arrangements have proven generally robust and have yielded good results. Therefore, the activities under the proposed AF will be implemented through the Ministry of Public Health and Population (MSPP) – the implementation agency for the bulk of the funds under the parent Project – using the same implementation arrangements as under the parent Project. When needed, the project will continue building upon successful contracting arrangements with UN agencies for specific activities for which they have a comparative advantage, especially in responding to emergency situations and procuring pharmaceuticals.

**III. SAFEGUARD POLICIES THAT MIGHT APPLY**

<b>Safeguard Policies</b>	<b>Triggered?</b>	<b>Explanation (Optional)</b>
Environmental Assessment OP/BP 4.01	Yes	Activities likely to trigger safeguard policies are mainly associated with the delivery of health and essential social services, the management of healthcare and medical waste, accidental wastewater/sewage discharge from health facilities, and Environmental Health and Safety (EHS) during construction. OP 4.01 Environmental Assessment is triggered due to the risks associated with the inappropriate management, disposal and elimination of medical and healthcare waste. The ESMF prepared for the Project includes measures to prevent, minimize and mitigate

	<p>potential risks related to the inappropriate handling, classification, transportation, disposal and elimination of hazardous healthcare and pharmaceutical waste as well as toxic healthcare waste and the inadequate management of disposal sites. Chlorine for water treatment at the facility level will be provided and handled by the government National Water and Sanitation Agency DINEPA. Under component 2.1, (Strengthening MSPP's stewardship and management capacity) the project will finance (for areas covered by the project) an improved and project-specific healthcare waste management strategy and plan, as well as strengthening the implementation of the existing "National Strategic Plan for Medical Waste Management" and the "National Policy for Secure Injection and Healthcare Waste Management" – all through goods, consultants' services and training.</p> <p>Moreover, the Project includes mechanisms to enhance positive impacts, address grievances and improve environmental management. For the AF, the ESMF and the RPF were consulted with stakeholders and the results integrated in the final documents. The ESMF and the RPF have been disclosed in country and at the World Bank's website on May 3, 2017.</p> <p>Social risks and impacts: On the social side, no major safeguards risks are expected. Potential risks may include conflicts/tensions between beneficiaries and non-beneficiaries of the project if the selection of activities is not properly communicated in the targeted localities. Health and Safety Concerns in construction will be mitigated by appropriate works supervision. Community health and safety concerns will be important under the AF, given the serious rise of cholera rates in the aftermath of Hurricane Matthew. Labor influx is not expected to be a cause of concern under the AF. Risks linked to labor influx will be mitigated by prioritizing local labor and ensuring clarity on where laborers coming from outside will be hosted through their stay period and ensuring that construction</p>
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		company contracts are consistent with ESMF and RPF provisions.
Natural Habitats OP/BP 4.04	No	Project activities will not involve the conversion or degradation of critical natural habitats. No major civil works, building construction or extension will be supported by the Project. Only minor and interior rehabilitation works will be carried out in existing health facilities in order to ensure the appropriate delivery of care. Thus, no land or water where native plants and animal species predominate will be affected. Therefore, this policy will not be triggered as defined by the Bank Operational Policies.
Forests OP/BP 4.36	No	Project activities will be undertaken in existing health facilities and communes. Project activities will not have any negative impact on the health or quality of forest, on people's interaction with forests or affect people's rights, welfare or level of dependence with forests. The Project does not aim to bring changes on forest Management or protection. Thus, this policy will not be triggered as defined by the Bank Operational Policies.
Pest Management OP 4.09	Yes	<p>The MSPP and FAES will continue to use only WHO/PAHO authorized products to ensure adequate hygiene and sanitation conditions in health facilities.</p> <p>However, given that the project will generate medical waste that could potentially be linked to the storage and management of pesticides, this OP is triggered.</p> <p>There will be no purchase or increased usage of pesticides under the AF. The storage and manipulation of medical waste and other toxic products will be defined in the Medical Waste Management Plan and provisions for such plan have been included in the updated ESMF.</p>
Physical Cultural Resources OP/BP 4.11	Yes	<p>Given the nature of project activities, the likelihood of finding physical cultural resources is low. However, as part of the small-scale rehabilitation activities, some physical, or cultural heritage resources could be discovered under chance find procedures.</p> <p>This OP is thus triggered. The ESMF addresses chance find procedures, including</p>

		identifying entities responsible.
Indigenous Peoples OP/BP 4.10	No	The policy is not triggered because there are no groups in Haiti who meet the definition of IPs of OP 4.10.
Involuntary Resettlement OP/BP 4.12	Yes	<p>Resettlements were not foreseen at the time of the appraisal of the Parent Project, because the scope of rehabilitation activities was originally expected to be limited. Hence the Parent Project did not trigger OP 4.12. However, the proposed Additional Financing will significantly scale up rehabilitation activities as a part of the response to Hurricane Matthew. Hence the AF will trigger OP 4.12 because the scaling-up of rehabilitation activities may, temporarily affect the income sources and livelihood activities of households and businesses. Land acquisition leading to involuntary resettlement is not expected under this project. A Resettlement Policy Framework (RPF) has been prepared and discussed during preliminary consultations on April 18 and 20, 2017 in the country. The results of these discussions were incorporated into the document. Official consultations were undertaken during the week of April 22 and the RPF was disclosed on May 3, 2017 in country and at the World Bank's website.</p> <p>The Project finances the rehabilitation of existing health facilities and drug warehouses. The AF will be a continuation of these works financed under the Parent Project. The infrastructure to be rehabilitated is of small size consisting mostly of fixing walls, windows, doors, minor electrical and water systems repairs, and facility fences. The size of the target structure for rehabilitation could include both small size rural health clinics as well as hospitals according to a preliminary list of potential sub-projects prepared by the project team.</p> <p>Potential resettlement may occur under the Parent Project and its AF due to: (i) replacement or repair for lost or damaged infrastructure, (ii) restoration or repair of community infrastructure, and (iii) business interruption and loss of economic income. Possible affected people could be either</p>

		<p>squatters, owners or renters of property, as well as street vendors, owners of kiosks or individuals involved in other economic livelihood activities. As the rehabilitation efforts will target existing structures, physical resettlement of household or land acquisition is not expected under the AF.</p> <p>The list of localities to benefit from rehabilitation is currently tentative. It will be finalized during project implementation. Site-specific Resettlement Action Plans (RAPs) will be prepared during the implementation stage, if needed. No work will be commenced prior to the preparation and implementation of appropriate safeguard instruments.</p>
Safety of Dams OP/BP 4.37	No	The Project will not include activities related to dams as defined by the WB policy.
Projects on International Waterways OP/BP 7.50	No	The Project will not include activities related to international waterways as defined by the WB policy.
Projects in Disputed Areas OP/BP 7.60	No	The Project will not include activities related to disputed areas as defined by the WB policy.

#### IV. 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 impacts of the project are expected to be small-scale and limited. The overall project is classified as a Category "B." Impacts from the project include production or mishandling of medical waste; malfunctioning sanitation with outflows to nature (water bodies, soil, land); and inappropriate site management leading to proliferation of vectors (mosquitoes). An Environmental and Social Management Framework (ESMF) was prepared for the parent project in August 2012. It was updated, consulted and disclosed prior to appraisal. An RPF was prepared, consulted and disclosed prior to appraisal as indicated above. Once identification of sites is finalized during project implementation, Environmental and Social Management Plans (ESMPs) and RAPs will be prepared and disclosed as needed.

##### Safeguards Implementation under the Original Project

Under the original project, safeguards issues (waste, sewage, EHS) were managed in a moderately satisfactory way. Medical waste management could have been improved through better sorting of waste and better disposal. Likewise for wastewater/sewage, management practices were mostly adequate but could be improved. The preferred method is through systematic improvement of systems through programs comprising of identification of needs followed by implementation of action plans, including training, equipping, monitoring and



evaluating, rather than a piecemeal approach.

OP 4.12 was not triggered under the original project. Therefore, no RAPs have been prepared to date. Social impacts were monitored by various PIU staff, although in a non-structured manner and they were not systematically reflected in the projects M&E reports. In recent discussions with the PIU, it was identified that there was one case of voluntary land donation that took place under the Parent project as part of reconstruction of an Acute Diarrhea Treatment Center. There was a mediation with the local authorities and the parish owner agreed on using the land for the health facility. The task team has requested more detailed documentation retroactively on this case based on an existing voluntary land donation form. The other issue reported under the parent project has been one case of temporary restriction of access to home and minor damage to crops caused by the contractor during reconstruction/rehabilitation activities during the Parent project. The damages were paid by the contractor accordingly. These two cases have revealed that it is important to raise awareness of the PIU on World Bank procedures and trigger OP 4.12 in order to provide effective identification and, if needed, mitigation going forward. Safeguards implementation will be strengthened under the AF, focusing on safeguards issues that were deemed to be implemented in a moderately satisfactory way under the Parent project. The project will hire a Social Development specialist who will strengthen social safeguards implementation. The project will include training on identification of risks, mitigation measures, as well as better reporting and monitoring on safeguards implementation. Although, the AF is expected to finance small-scale rehabilitation only, access issues will receive extra attention under the AF. Positive impact reported: It has also been reported that the rehabilitations have been associated with temporary job creation at the construction site as local merchants would come to sell food and drinks to construction workers.

#### Additional Financing

This AF responds to urgent needs to rehabilitate structures consisting mostly of fixing walls, windows, doors, minor electrical and water systems repairs, and facility fences. This AF will target the areas most affected by Hurricane Matthew in Haiti's Southern Peninsula and the Northwest coast, as well as other regions reporting a surge in cholera. The list of localities to benefit from rehabilitation and repair activities will be finalized during implementation.

#### **2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:**

Works under both the Parent Project and the AF are not likely to have any long-term negative impacts from the proposed activities. Physical activities considered under this project mostly relate to the rehabilitation and repair of existing infrastructure, which is not expected to produce any large-scale, significant and/or irreversible impacts. Relevant screening and assessment procedures will be used to guide the identification and mitigation of short-term potential adverse impacts.

#### **3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.**

For both the Parent Project and the AF, the planned works aim mainly at repairing existing health facilities minimizing the footprint of the works. During the initial screening and

finalization of rehabilitation works to be financed, one of the key considerations will be avoiding or minimizing adverse social and resettlement impacts.

Under the AF, it was decided to no longer fund water and sanitation infrastructure through the DINEPA, but to focus on facility-level water and sanitation improvements through the MSPP due to more effective implementation and monitoring arrangements.

**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.**

Under the AF, the project will recruit an environmental specialist and a social development specialist. They will be trained on all safeguards triggered in the project in order to strengthen safeguards implementation. In particular, they will be tasked to monitor and systematically report social safeguards impacts in formats acceptable to the World Bank, and provide support more broadly on community engagement, beneficiary feedback and grievance redress functions. These specialists are expected to be recruited by the beginning of the AF effectiveness.

The Parent project does not currently have staff dedicated primarily to social risks and impacts but this role is played by a coordinator, a supervisor, a health engineer, in the Project implementation Unit, with support from the departmental administration and relevant health centers. These actors each have a primary role and contribute to E&S aspects on a part-time basis, but none has full-time E&S responsibility.

The current capacity for managing environmental and social safeguards will be strengthened under the AF. In addition, given the social nature of the project by design, key project staff seems to be in tune with social issues and are able to discuss them at length in project discussions.

Lessons learned on environmental safeguards from Parent Project and measures to be taken

The main lessons learned include that E&S capacity was limited; that an approach using only the ESMF was only partially successful; and that a systematic approach to addressing persistent issues (medical waste, sanitation, sewage) was necessary. Project interventions in health facilities that were unrelated to water and sanitation (e.g., vaccinations or nutrition) would nevertheless require adequate functioning facilities. Thus, the proposed AF will continue addressing these issues through: (i) the continued use of the ESMF; (ii) the additional focus on water and sanitation management issues under the cholera program stream (Sub-Component 1.2); and (iii) through financing an improved and project-specific healthcare waste management strategy and plan, as well as strengthening the implementation of the already-existing “National Strategic Plan for Medical Waste Management” and the “National Policy for Injection Safety and Healthcare Waste Management” all through goods, consultants’ services and training (under component 2.1), for areas covered by the project.

Lessons learned on social safeguards from Parent Project and measures to be taken.

Lesson 1: It is important to have a dedicated safeguards specialist as part of the PIU to track and document social issues and impacts. Under the AF, there will be a specialist assigned to

focus on social safeguards and social issues at large.

Lesson 2: A well-functioning Grievance Redress Mechanism is needed to keep track of beneficiaries' concerns and provide timely response. Under the parent project, the disputes have been resolved in local, informal ways with the mediation of local and cultural authorities. Under the AF, the safeguards team will help set up a formal Grievance Redress Mechanism for the entire Project, to systematically document, and monitor potential grievances and conflicts. Grievances will be documented by the MSPP and reported as part of the monitoring and evaluation reports.

Lesson 3: The ESMF's involuntary resettlement screening form is a useful tool to detect potential resettlement risks upfront. Under the Parent Project, there was no systematic screening done for resettlement impacts as part of ESMFs. The upstream screening process will be strengthened under the AF, the first layer of screening will be done under the ESMF/ESMPs through a checklist and when potential are detected, RAPs or abbreviated RAPs will be prepared. The PIU staff under AF will receive a refresher training on OP 4.12 as well as how to screen out social impacts beyond resettlement.

**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 the users and providers of maternal health services in the targeted regions under the project, the central and decentralized-level ministry of health officials, local authorities and civil society groups working in the health sector in Haiti. Preliminary consultations on the RPF and the updated ESMF have taken place on April 18 (in the greater South) and April 20, 2017 (in the greater North) with the participation of stakeholders mentioned above. The participants (both from civil society and local health administrations) advised the PIU to put emphasis on the medical waste management and suggested to have wide-ranging communication throughout project implementation, including in schools to raise awareness on the issue of medical waste. Health authorities at the Departmental level pointed out that they would need support from the PIU in tracking implementation of ESMF/CGES at the local level. The PIU will be hiring two additional specialists on safeguards – an environmental and a social specialist- who will support local governments in these aspects. The participants also suggested to have safeguards implementation meetings in the targeted communities every 6 months.

Feedback from these preliminary consultations has been incorporated into the ESMF and RPF as an annex. The draft documents have been disclosed on the MSPP and World Bank websites on April 21 2017 for virtual consultation. The virtual consultation process was completed and the final RPF and ESMF were disclosed on May 3, 2017.

Throughout project implementation, community information requests and feedback will be channeled through regular meetings between MSPP staff and beneficiaries, and will be filed in specific reporting formats. In addition, community satisfaction surveys are systematically conducted in facilities under the Results-Based Financing scheme.

**B. Disclosure Requirements**

Environmental Assessment/Audit/Management Plan/Other	
Date of receipt by the Bank	21-Apr-2017

Date of submission to InfoShop	03-May-2017
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	
<b>"In country" Disclosure</b>	
Haiti	03-May-2017
<i>Comments:</i>	
<b>Resettlement Action Plan/Framework/Policy Process</b>	
Date of receipt by the Bank	21-Apr-2017
Date of submission to InfoShop	03-May-2017
<b>"In country" Disclosure</b>	
Haiti	03-May-2017
<i>Comments:</i>	
Haiti	
<i>Comments:</i>	
<b>Pest Management Plan</b>	
Was the document disclosed prior to appraisal?	NA
Date of receipt by the Bank	NA
Date of submission to InfoShop	NA
<b>"In country" Disclosure</b>	
Haiti	
<i>Comments:</i>	
<b>If the project triggers the Pest Management and/or Physical Cultural Resources policies, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.</b>	
<b>If in-country disclosure of any of the above documents is not expected, please explain why::</b>	

### ***C. Compliance Monitoring Indicators at the Corporate Level***

<b>OP/BP/GP 4.01 - Environment Assessment</b>						
Does the project require a stand-alone EA (including EMP) report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
If yes, then did the Regional Environment Unit or Practice Manager (PM) review and approve the EA report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
Are the cost and the accountabilities for the EMP incorporated in the credit/loan?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>

<b>OP 4.09 - Pest Management</b>						
Does the EA adequately address the pest management issues?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
Is a separate PMP required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	NA	<input type="checkbox"/>
If yes, has the PMP been reviewed and approved by a safeguards specialist or PM? Are PMP requirements included in project design? If yes, does the project team include a Pest Management Specialist?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input checked="" type="checkbox"/>
<b>OP/BP 4.11 - Physical Cultural Resources</b>						
Does the EA include adequate measures related to cultural property?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
Does the credit/loan incorporate mechanisms to mitigate the potential adverse impacts on cultural property?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input checked="" type="checkbox"/>
<b>OP/BP 4.12 - Involuntary Resettlement</b>						
Has a resettlement plan/abbreviated plan/policy framework/process framework (as appropriate) been prepared?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
If yes, then did the Regional unit responsible for safeguards or Practice Manager review the plan?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
Is physical displacement/relocation expected?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	TBD	<input type="checkbox"/>
Is economic displacement expected? (loss of assets or access to assets that leads to loss of income sources or other means of livelihoods)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	TBD	<input checked="" type="checkbox"/>
<b>The World Bank Policy on Disclosure of Information</b>						
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
<b>All Safeguard Policies</b>						
Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
Have costs related to safeguard policy measures	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>

been included in the project cost?						
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>

## V. Contact point

### World Bank

Contact: Andrew Sunil Rajkumar  
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### Borrower/Client/Recipient

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## VII. Approval

Task Team Leader(s):	Name:Andrew Sunil Rajkumar	
<i>Approved By:</i>		
Safeguards Advisor:	Name: Noreen Beg (SA)	Date: 02-May-2017
Practice Manager/Manager:	Name: Daniel Dulitzky (PMGR)	Date: 02-May-2017
Country Director:	Name:Michelle C. Keane (CD)	Date:05-May-2017