

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

Additional Financing

Report No.: PIDISDSA22330

Date Prepared/Updated: 21-Jul-2017

I. BASIC INFORMATION

A. Basic Project Data

Country:	Lao People's Democratic Republic	Project ID:	P163949
		Parent Project ID (if any):	P151425
Project Name:	Additional Financing to Lao PDR Health Governance and Nutrition Development Project (P163949)		
Parent Project Name:	Lao PDR Health Governance and Nutrition Development Project (P151425)		
Region:	EAST ASIA AND PACIFIC		
Estimated Appraisal Date:	31-Jul-2017	Estimated Board Date:	22-Sep-2017
Practice Area (Lead):	Health, Nutrition & Population	Financing Instrument:	Investment Project Financing
Borrower(s)	Lao People's Democratic Republic		
Implementing Agency	Lao PDR Ministry of Health		
Financing (in USD Million)			
	Financing Source		Amount
	International Development Association (IDA)		10.00
	Integrating Donor-Financed Health Programs		4.00
	Japan Policy and Human Resources Development Fund		1.00
	Financing Gap		0.00
	Total Project Cost		15.00
Environmental Category:			
Appraisal Review Decision (from Decision Note):	The review did authorize the team to appraise and negotiate		
Other Decision:			
Is this a Repeater project?	No		

B. Introduction and Context

Country Context

With a current Gross National Income per capita of US\$1,600 in 2014 and a population of 6.7 million, Lao People's Democratic Republic (PDR), though still one of the poorest countries in Southeast Asia, is currently undergoing a rapid economic expansion. The country is endowed with natural resources and is part of a fast growing region. This combination of comparative advantages, along with policy steps to exploit them, has yielded an average real GDP growth rate estimated at close to 7.5 percent per year for the past 15 years.

The poverty rate halved in two decades from 46 percent in 1992/1993 to 23 percent in 2012/2013. Despite such decline, the poverty rate in rural areas, where nearly three-fourths of the country's 6.7 million people live, is still high (28.6 percent); this is almost three times the rate in urban areas (10 percent). Substantial disparities remain across ethno-linguistic groups, with the Lao-Tai group having much lower poverty rates (15 percent) than the other three groups (an average of close to 40 percent).

Sectoral and Institutional Context

Over the past decades Lao PDR has made consistent and substantial progress in regard to key population health outcomes. Life expectancy at birth increased from 49 years in 1980 to 66 years in 2014, while infant mortality decreased from 135 per 1,000 live births in 1980 to 51 in 2015 and under-five mortality dropped from 200 per 1,000 live births to 67 in the same period (Figure 1). The maternal mortality ratio and the total fertility rate have significantly declined from 546 in 2000 to 213 per 100,000 live births in 2014 and 4.3 from 2000 to 3.0 in 2014 respectively.

However, substantial challenges remain. This is especially true for maternal and child health outcomes in Lao PDR, where the country remains amongst the poorest performers globally, as well as in the East Asia and Pacific region, and much worse off than its socioeconomic comparators. While under-five and infant mortality rates are below average relative to GNI per capita, the maternal mortality rate is still high at 197 per 100,000 live births, significantly higher than for example in neighbouring Cambodia which had started from a higher level in 1990. In addition, undernutrition remains a significant challenge. In 2011 more than a quarter of children under 5 (26.5 percent) in Lao PDR were underweight and more than 40 percent were stunted. Corresponding to the poor maternal and child health outcomes are low quality of health care and low levels of coverage and utilization of key interventions such as antenatal care, skilled birth attendance, and immunization.

The Government of Lao PDR (GoL) is committed to achieving Universal Health Coverage (UHC) by 2025 by expanding population and service coverage, and improving financial protection. In the medium term, the GoL aims to cover 80 percent of the population with an essential package of services and appropriate financial protection by 2020. The additional financing will contribute to this aim by ensuring that the essential services have adequate content and quality and that these services also reach the remote and 'hard to reach' population groups. The Five-Year National Health Sector Development Plan 2016-2020 strives to accelerate the health sector reform, and in particular, the development of human resources, improvement of governance and financing, and integration into one comprehensive health information system.

Lao PDR will face reduced funding from external sources and a need to increase domestic financing for health. Lao PDR has entered Gavi's final phase of support, known as the accelerated transition phase, in 2017 and is expected to fully transition from Gavi support in December 2021. Likewise, the Global Fund is expecting to transition out of Lao PDR in the near future and UNFPA's financial support for family planning commodities is also expected to rapidly decline. The additional financing

will provide bridge financing to assist with this transition as well as supporting the GoL's commitment towards achieving UHC.

C. Proposed Development Objective(s)

Original Project Development Objective(s) - Parent

The Project development objective is to help increase coverage of reproductive, maternal and child health, and nutrition services in target areas in Lao PDR.

Proposed Project Development Objective(s) - Additional Financing

The Project development objective is to help increase coverage of reproductive, maternal and child health, and nutrition services in target areas in Lao PDR, and to provide immediate and effective response in case of an Eligible Crisis or Emergency.

Key Results

Project Outcome Indicators are:

- Number of women who deliver with a skilled birth attendant at home or at a health facility (DLI P1)
- Number of pregnant women who receive 4 Antenatal Care Contacts (DLI P2)
- Number of women aged 15-49 years who are continued users of long- term methods of family planning (DLI P3)
- Number of children 6-11 months who received first dose of Vitamin A
- Direct project beneficiaries (of which female)

D. Project Description

The additional financing (AF) will build on the achievements so far of the HGNDP and will continue to support improvement of coverage of reproductive, maternal and child health and nutrition services in 14 target provinces through: (i) expansion and further strengthening of the health management information system (HMIS) and transition to a single approach using the District Health Information System version 2 (DHIS2); (ii) strengthening the health system administration, program management, financial management (FM) and monitoring and evaluation (M&E) at the provincial level; (iii) further strengthen the implementation of the national integrated strategy for social and behavior change communication (SBCC) to improve nutrition in selected high priority districts ; and (iv) strengthening of project management, third party verification, evaluation of impact of SBCC implementation for nutrition. Further, the AF will support capacity building of the National Health Insurance Bureau (NHIB) in their new role of financing the Free MCH services, and strengthening of district level FM.

The Project will undergo a restructuring in conjunction with the preparation of AF to reflect the scale-up of some activities, adjust the DLIs and results framework to reflect changes in some indicator definitions, baseline and targets, and reallocation of expenditure categories to reflect the additional funds. The PDO will also be revised to include an immediate response mechanism. The original project closing date and geographical coverage will remain unchanged.

Component Name:

Component 1: Health Sector Governance Reform

Comments (optional)

The AF will support: (a) development, implementation and maintenance of an improved health management information system (HMIS) of the MOH, including support to integration of all vertical program HMIS into DHIS2; (b) technical support, capacity building and training for MOH staff at the central, provincial and district levels in the use of such system; and (c) support to

improved planning and decision making through use of DHIS2 data. The Component will also support integration of village information systems to DHIS2 as a first step towards registration of births and deaths, and training of MOH staff to use such system.

Component Name:

Component 2: Service Delivery

Comments (optional)

This Component will continue to support the carrying out of a program of activities designed to strengthen the HMIS at the central level to support and oversee the implementation of decentralized health and nutrition service delivery, including Free MCH services. It will also support the carrying out of a program of activities designed to strengthen: (a) the health system administration, management, financial management, and monitoring and evaluation at the provincial level; and (b) the delivery of reproductive, maternal and child health, including immunization, and nutrition services at the provincial, district, health facility and village levels in the 14 Target Provinces.

Component Name:

Component 3: Nutrition Social and Behavior Change Communication

Comments (optional)

The AF will continue to support the activities implemented under the original project, namely the development of an integrated national strategy and implementation plan for social and behavioral change communication (SBCC) to improve nutrition. The AF will support a scale-up of the strategy implementation at both national level and village levels in selected priority districts, including development and production of marketing and communication tools and materials, and facilitation of training and communication sessions at the village level, particularly to reinforce supervision and coaching of district health office (DHO) staff, health center staff, and village facilitators. The AF will also support the Nutrition Knowledge, Attitude and Practice (KAP) midline survey.

Component Name:

Component 4: Project Management, Monitoring and Evaluation

Comments (optional)

This Component will continue to support provision of technical and operational assistance for the day-to-day coordination, administration, procurement, financial management, environmental and social safeguards management, and monitoring and evaluation of the Project. The component will also support strengthening of supervision by central departments to the provinces to strengthen their capacity to implement the DLIs; the conduct of third-party verifications by the independent academic institution (IAI) for the achievement of DLIs, and the carrying out of financial audits for the remaining period of the Project. The AF will further strengthen provision of TA for capacity building of MOH staff at the provincial and district levels.

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

The Project will cover the entire country. Component 2 (service delivery through DLIs) and Component 4 (project management, M&E) will exclude Provinces supported by Lao-Luxemburg, and therefore will only cover 14 of the 17 Provinces. Component 1 (health sector governance reform) and Component 3 (nutrition SBCC) will cover nation-wide.

F. Environmental and Social Safeguards Specialists

Pamornrat Tansanguanwong, Social Safeguards Specialist

Peter William Crawford, Social Safeguards Specialist

II. IMPLEMENTATION

The institutional and implementation arrangements will largely follow that of the original Project, with MOH assuming the execution role and the National Project Coordination Office (NPCO) at the MOH mandated to handle the overall administration and implementation of the project, including fiduciary, safeguards, monitoring and evaluation and reporting of project activities and disbursement-linked indicators (DLIs). They will also be responsible for reporting to Technical Working Groups on the implementation of project activities and DLIs. As under the original project different department and centers under the MOH will be responsible for the implementation of the Central DLIs and project, provincial and district health offices will be responsible for implementation of project activities and DLIs at the provincial, district and village levels, respectively. The National Immunization Program unit at the MOH and the Provincial NIP officers will take responsibility for supervising the implementation of the newly added provincial DLI on immunization. The provincial health office will continue to provide technical support to district health offices in the implementation of project activities at district and village levels.

III. SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	<p>Activities under the AF will not finance any input-based civil works. This policy is triggered, as was for the original project, because of any potential environment impact by the project although these are expected to be minimal. No major impact is foreseen except possible minor site-specific environmental impact that may arise from Component 2 (service delivery), where the DLI approach could involve minor renovations or refurbishment of health facilities. An Environmental Codes of Practice (ECOP) applied during the original project had been updated in June 2017 for the AF addressed these impacts. The updated ECOP was re-disclosed on the MOH's website on July 21, 2017 and sent to Infoshop the same day.</p> <p>Similar to the original project, the AF is expected to generate medical waste but impact is considered minor. Medical waste from the original project has been managed through Environmental Management Plan (EMP) prepared for the Health Services Improvement Project (HSIP) which the MOH adopted and implemented since 2006 and was updated for HSIP AF in 2014. The AF will continue to use the existing and proven HSIP EMP which is already in the public domain. However, since</p>

		the HSIP was already closed, the MOH is updating the EMP to be specific for HGNDP. The updated EMP was re-disclosed on the MOH website on July 21, 2017 and sent to Infoshop the same day. The AF will continue to finance operational cost for implementation of SBCC and Community-led total sanitation (CLTS) activities to achieve Open Defecation Free villages. No civil works would be financed for these activities.
Natural Habitats OP/BP 4.04	No	The Project will not cause any degradation of natural habitats as defined under the safeguard policy 4.04. The nature and scope of the Project involves only technical assistance and service delivery that will not have the potential to cause any significant loss or degradation of natural habitats.
Forests OP/BP 4.36	No	The Project will not finance forest related sector activities or other interventions that have the potential to impact upon forested areas.
Pest Management OP 4.09	No	The Project will not involve any procurement of pesticides nor cause any increased use of pesticide. It will not lead to use or procurement of pesticides equipment or to any present pest management practices.
Physical Cultural Resources OP/BP 4.11	No	The Project will not adversely affect sites with archaeological, paleontological, historical, religious, or unique natural values.
Indigenous Peoples OP/BP 4.10	Yes	In Lao PDR, there are 49 ethnic groups living alongside the Lao-Tai ethnic population throughout the country. The OP4.10 is triggered due to the fact that districts and communities where Components 2 and 3 are implemented will include areas where poor ethnic groups reside. The Department of Planning and International Cooperation together and the Department of Hygiene and Health Promotion conducted a social assessment (SA) in 2015 on which basis the Ethnic Group Development Plan (EGDP) developed for HSIP in 2014 was updated to be specific for HGNDP. The Plan provides measures to ensure free, prior and informed consultations with ethnic minorities during implementation for their broad community support, as well as measures to address barriers for them to receive project's benefits

		or to be negatively impacted, if any. Despite delays, Free, Prior and Informed consultations (FPIC) were organized in 14 provinces and 120 village health centers, according to the EGDP. It is expected that FPICs will be organized in the new targeted areas under the AF prior to the implementation. The EGDP is revised to ensure better access to project information and the feedback and resolution mechanism by local communities, and to ensure there are clear Feedback and Response Mechanism (FRM) focal points managing information and grievances from the village up to the national level. The revised EGDP was re-disclosed on the MOH website on July 21, 2017 and sent to Infoshop the same day.
Involuntary Resettlement OP/BP 4.12	No	The Project will not finance civil works nor will it involve land acquisition or involuntary resettlement.
Safety of Dams OP/BP 4.37	No	The Project does not involve any dam construction or rehabilitation or works on related reservoirs.
Projects on International Waterways OP/BP 7.50	No	The Project does not involve international waterways.
Projects in Disputed Areas OP/BP 7.60	No	The Project will not be located in any known disputed Areas as defined in the 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:

Environmental Safeguards. The AF will have the same environmental rating (B partial) and the same safeguards originally triggered, as described in the PAD and ISDS of the original project. Overall safeguards compliance of the original project has been rated Satisfactory for the last year of project implementation. There is no change in scope of activities. Activities under the additional financing will not finance any input-based civil works. No major impact is foreseen on physical cultural resources, natural habitats or forests, except possible minor site-specific environmental impact that may arise from Component 2 (service delivery), where the DLI approach could involve minor renovations or refurbishment of health facilities. Similar to the original project, the additional financing is expected to generate medical waste but impact is considered minor and will be addressed through the EMP prepared for HSIP which the MOH has adopted and implemented since 2006 and updated in 2014.

Social Safeguards. Lao PDR has 49 different ethnic groups, with three major non Lao-tai groups, (Mon-Khmer, Sino-Tibetan and Hmong-Mien), who together constitute about 33% of the population. Ethnic populations in each province range from 13% up to 89%. The four

provinces under component 3 also have a high percentage of ethnic minorities residing in the areas: Oudomxai 78.5%, Phongsaly 80.4%, Xiengkhouang 51.3% and Huaphan 44.4%. The country is considered one of the most ethnically diverse in Southeast Asia. Given that the project will cover almost the whole country covering various ethnic minorities, the project triggered OP/BP 4.10 on Indigenous Peoples, and the EGDP was developed.

NPCO conducted public consultations in all 14 project provinces and 120 villages in selected 12 districts for SBCC activities (covered under Component 3). This is to ensure that the poor and ethnic groups access and benefit from the Project in culturally appropriate ways.

Government representatives from districts and provinces, and representatives from civil society organizations – including ethnic groups (Lao Front), Lao Women’s Union, Youth Union – participated in the consultations. It was confirmed that there has been no negative impact from the Project and that the project received broad community support.

Key safeguards issues that emerged during the implementation of the original project include: i) the Government has limited knowledge and capacity to implement safeguards-related requirements; ii) there is sometimes no designated Government staff or technical assistance (consultant) to provide support in this areas; iii) the current structure of the feedback and resolution mechanisms are not often accessible to the local communities that they are designed to address; there is no FRM reporting system for the government to monitor and manage grievances.

Prior to the AF, the Government has addressed these safeguards issues by: i) officially appointing safeguard staff and village focal points, and establishing a structure to oversee implementation of social and environmental safeguards plans and activities in February 2017; ii) integrating safeguards into all the relevant staff and training; iii) completing the FPI Consultations of the original project; the expanded areas under the additional financing will be consulted prior to the implementation of the project; iv) revising the EGDP to provide a clearer plan and guidelines for FPIC, feedback and resolution mechanisms where local communities can get access to information and provide feedback to safeguards focal points at all levels; and v) setting up a simplified reporting system for feedback and how they have been addressed in a timely manner. The recently revised EDGP was discussed as part of the project consultation at the provincial and village health center consultations and will be displayed at the MOH website and distributed to all concerned. The World Bank will be working closely with the Government in the implementation of safeguards along the revised guidelines.

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

N/A

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

N/A

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.

The MOH has about 10 years of experience in implementing projects financed by the World Bank, and has carried out, both in planning and in implementation, activities associated with an EMP and EGDP satisfactorily. Since 2006, MOH established a safeguard oversight committee chaired by Vice Minister of Health to provide guidance and ensure the implementation of EMP and EGDP in the World Bank-financed project provinces under the Health Service Improvement Project. This committee, however, has not been able to continue with this project.

As stated in section 1, the Government has limited capacity to implement safeguards, but has recently tried to address safeguards issues and their limitations. In 2017, the Government appointed staff to oversee the implementation of social and environmental safeguards for HGNDP. The EGDP was used to guiding the implementation of the project especially with regard to conducting public consultations and ensuring that all information and communication tools are gender and ethnic sensitive. The NPCO conducted FPICs in 14 project provinces and in 120 villages in 12 selected districts for SBCC activities.

The newly revised EGDP of 2017 has a clearer consultation guideline and reporting system, as well as clearer feedback and resolution mechanisms especially for local ethnic groups. The revised EGDP will be used for staff and village facilitator training and to guide the implementation especially with regard to feedback and resolution mechanisms and monitoring of feedbacks.

Capacity and knowledge with regard to safeguards need to be strengthened. Under the AF, sufficient budget will be provided for: i) conducting consultations in the expanded districts and villages; ii) providing safeguards training to all relevant staff, especially at the village level; and iii) establishing a simplified FRM data and information system to ensure effective monitoring and management of feedback and resolution. Safeguards will be included in the progress and annual project report to be submitted to the World Bank. The World Bank will work closely with the Government to ensure that staff capacity is enhanced and that the implementation is effective as planned.

Medical waste from the original project has been managed and will be addressed through EMP prepared for the HSIP which the MOH adopted and implemented since 2006 has been and was updated for HSIP AF in 2014. The AF will continue to use the existing and proven HSIP EMP which is already in the public domain. However, since the HSIP was already closed, the MOH is updating the EMP to be specific for HGNDP. The World Bank team will work closely with Government to ensure the revision is accepted to the Bank.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.

The AF plans to expand the implementation of SBCC for nutrition and CLTS activities to all communities in the 12 selected districts in four northern provinces, and improve immunization coverage though DLIs in selected target districts. District health officers and village facilitators of the expanded districts and communities will be trained to conduct consultations and manage feedback and resolution mechanisms within their communities. Reports on all the consultations will be distributed to the provincial, district health offices and

village health centers, and will be included in the progress and annual project report to be submitted to the World Bank.

The GoL revised the FRM to enhance information dissemination to the public, gathering of feedbacks and addressing concerns - especially at the community levels. Village facilitators will be trained and will work closely with the district and provincial health offices (PHO) to provide information and to address any concerns the villagers may have with regard to the project.

The first batch of information, education and communication (IEC) materials were developed to reflect potential gender and ethnic sensitivities. All IEC materials will include contact information of the Center of Information and Education for Health (CIEH) – the government public information center - as the national point of contact for Project information and feedback. The government has produced three VDOs related to the Project in Kamu and Mong languages. These videos will be broadcasted via national and provincial television channels.

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other	
Date of receipt by the Bank	19-Jul-2017
Date of submission to InfoShop	21-Jul-2017
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	
"In country" Disclosure	
Lao People's Democratic Republic	21-Jul-2017
<i>Comments:</i> Published on MOH website.	
Indigenous Peoples Development Plan/Framework	
Date of receipt by the Bank	19-Jul-2017
Date of submission to InfoShop	21-Jul-2017
"In country" Disclosure	
Lao People's Democratic Republic	21-Jul-2017
<i>Comments:</i> Published on MOH website.	
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.	
If in-country disclosure of any of the above documents is not expected, please explain why::	

C. Compliance Monitoring Indicators at the Corporate Level

OP/BP/GP 4.01 - Environment Assessment						
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"/>
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	<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"/>
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?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
The World Bank Policy on Disclosure of Information						
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"/>
All Safeguard Policies						
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 been included in the project cost?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
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	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>

documents?

V. Contact point

World Bank

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Borrower/Client/Recipient

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Implementing Agencies

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VI. For more information contact:

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VII. Approval

Task Team Leader(s):	Name: Somil Nagpal	
<i>Approved By:</i>		
Safeguards Advisor:	Name: Svend Jensby (SA)	Date: 28-Jul-2017
Practice Manager/Manager:	Name: Toomas Palu (PMGR)	Date: 01-Aug-2017
Country Director:	Name: Jean-Christophe Carret (CD)	Date: 04-Aug-2017